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**Support Federal Initiatives that Strengthen Community Mental Health
Services and Disability Rights California's Advocacy Services¹**

**California Organizations Support Disability Rights California's (DRC) Efforts
to Ensure Effective Mental Health and Other Critical Services**

DRC, the nation's largest protection and advocacy agency, assisted 21,978 Californians with disabilities including 7,981 individuals with mental health disabilities in 2014.² DRC used a variety of advocacy approaches including individual advice and representation, systems and policy reform, patient advocacy and training about service rights. Significant work includes litigation to secure access to mental health services, elimination of cuts to personal care and adult day health services that allow individuals to remain in their own home, and policy advocacy to reduce abuse and neglect including report of deaths and serious injuries in state institutions to DRC and requiring independent sexual assault exams.³

Last year, federal legislation was introduced that would have seriously impeded DRC's ability to obtain these results through devastating funding cuts to protection and advocacy agencies (P&A), like DRC. It also would have prohibited DRC and other P&A's, from representing individuals in a class action, and from assisting individuals about their right to refuse medical treatment or act against the wishes of their caretakers.⁴ DRC plays

¹ For more information about this letter, please contact Evelyn Abouhassan or Leslie Morrison.

² Protection and Advocacy for Individuals with Mental Illness, Pub. L. No.99-319, 100 Stat. 478.

³ *Napper v. Sacramento County*: stopped cuts to community mental health services; *Oster et al. v. Wagner*: stopped cuts to the In-Home Supportive Services (IHSS) program that provide individuals with services, which assist them in living independently in the community; *Darling v. Douglas*: stopped cuts to the adult day health care program that provide among other services medication monitoring for seniors and individuals with psychiatric disabilities; *Katie A v. Bonta and Emily Q v. Bonta*: secured access to mental health behavior "wrap-around" services to foster children who otherwise were at risk of institutionalization.

⁴ HR 3717 (Murphy): <https://www.congress.gov/bill/113th-congress/house-bill/3717>

a critical role in ensuring Californians have access to necessary mental health services and we oppose efforts which will limit that authority.

California Organizations Support Access to Community Based Mental Health Services

We urge support for future federal measures that seek to maximize individuals with mental health disabilities' access to voluntary community-based mental health services. Individuals with psychiatric disabilities want the same opportunities available to everyone in the community. They want to live and work where they choose, and make decisions about their lives and their futures. Yet, many people with psychiatric disabilities face discrimination, segregation and lack of control over even the most basic activities of everyday living. Therefore, it is critical that any federal policy initiatives support efforts to make new investments in prevention, early intervention, recovery and mental wellness services. Equally important, initiatives must support efforts that promote recovery and community inclusion for diverse populations.⁵

California Organizations Oppose Efforts to Limit Access to Community Based Mental Health Services

We urge you not to support any future federal measures that limit access to advocacy services and community based supports, like last year's **H.R. 3717 (Murphy)**. The measure was introduced last year, and if passed, in addition to interfering with DRC's successful advocacy efforts, it would have eliminated initiatives such as evidence-based, peer-run services and family supports which promote recovery oriented, trauma informed mental health services; and changed federal medical privacy laws (HIPPA) by allowing parents to access their adult children's medical records without their consent.

Conclusion

Community based mental health services and advocacy efforts are critical cornerstones to promoting recovery and inclusion, in California and nationwide. We urge your support of federal legislation that advances these goals and thank you for your support on behalf of Californians' with disabilities.

⁵ **H.R. 4574 (Barber)**: <https://www.congress.gov/bill/113th-congress/house-bill/4574>; sought to accomplish many of these goals without reducing funding to P&As or imposing limits on the critical work DRC does to increase access to vital services and protect the rights of individuals with mental health disabilities.

LIST OF CALIFORNIA ORGANIZATIONS IN SUPPORT

County Behavioral Health Directors Association of California (CBHDA)
University Center for Excellence in Developmental Disabilities (UCEDD)
California Association of Mental Health Peer Run Organizations (CAMHPRO)
Westside Center for Independent Living Northern California ADAPT (NCADAPT)
California Foundation for Independent Living Centers (CFILC)
Independent Living Resource Center of San Francisco
Disability Resource Agency for Independent Living (DRAIL)
Placer Independent Resource Services (PIRS)
Disability Rights Education and Defense Fund (DREDF)
Center for Independence (San Mateo)
Service Center for Independent Life (SCIL)
California Alliance for Retired Americans (CARA)
Westside Center for Independent Living
Mental Health Advocacy Services (MHAS)
San Francisco Mental Health Association
National Senior Citizens Law Center
California Association of Public Authorities (CAPA)
Western Center on Law and Poverty
Western Center for Independent Living (WCIL)
Jewish Labor Committee Western Region
Legal Aid Association of California
Maternal and Child Health Access
AIDS Legal Referral Panel
Southside Art Center
Californians for Disability Rights
Hunger Action Los Angeles
Disability Rights Advocate
People First of California
Maternal and Child Health Access
Educate Advocate
Public Counsel
California Partnership
Bet Tzedek
Cal TASH
The ARC
OneJustice

California State Senate

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SENATOR
JIM BEALL

FIFTEENTH SENATE DISTRICT



COMMITTEES
BUDGET AND
FISCAL REVIEW
GOVERNANCE AND FINANCE
HEALTH
JOINT LEGISLATIVE AUDIT
TRANSPORTATION
AND HOUSING
SUBCOMMITTEE
BUDGET AND FISCAL
REVIEW SUBCOMMITTEE #2
ON RESOURCES,
ENVIRONMENTAL
PROTECTION, ENERGY
AND TRANSPORTATION
CHAIR

February 19, 2015

The Honorable Holly Mitchell
Senate Subcommittee 3 on Health and Human Services, Chair
State Capitol, Room 5080
Sacramento, CA 95814

The Honorable Tony Thurmond
Assembly Subcommittee 1 on Health and Human Services, Chair
State Capitol, Room 5150
Sacramento, CA 95814

RE: Funding for Department of Developmental Services (DDS) Regional Operations and Services

Dear Sub Committee Chairpersons,

Last October, many of our colleagues joined us in asking Governor Brown to ensure the budget would more clearly account for the costs of mandates imposed on our fragile developmental disabilities system that serves more than 270,000 people with intellectual and developmental disabilities. In response, the Governor pointed to the Developmental Services Task Force, a group chaired by Secretary Diane Dooley and charged to address a variety of issues affecting the provision of services, including rate structure for services and support and core staffing ratios at regional centers. Although we are confident the task force will develop sound recommendations, the issues they are grappling with are complex and not easily resolved. Consequently, it is unclear whether recommendations will be ready in time for this year's budget debate.

Waiting is no longer an option. The system is in crisis and we must act now. People with developmental disabilities have seen the quality and effectiveness of services and supports



wither. Many individuals and families are not receiving the services and supports they need to remain independent as promised by the Lanterman Act.

The latest Fact Book published by the Department of Developmental Services reflects a 30 percent loss in real terms of the service vendors in the system of care since 2009. At the same time, the community system grew by more than 30,000 consumers, including more than 1,000 former residents of state developmental centers.

Delaying action not only risks the lives of the 270,000 consumers, it also jeopardizes federal funding. Potential losses in the developmental center budget is in the hundreds of millions. Potential losses in the community budget is in the billions. Both circumstances require our immediate attention and action.

In response to a federal audit, the state lost \$933 million in federal funding. Approximately \$2 billion is now at risk because the developmental services system relies on more federal funds than it did at that time.

California's Developmental Centers have already been financially sanctioned. And none of the regional centers meet all legally-mandated caseload ratios. System wide, regional centers employ only 84 percent of the service coordinators they would need to meet all caseload ratios. The State would need to hire over 650 more service coordinators to meet the required caseload ratios.

California must embrace a new series of provisions presented by federal Medicaid regulations that demand more than \$2 billion in federal money funding local services be better spent, open doors of choice and opportunities for consumers. But we cannot focus on adding needed new service responsibilities while the foundation is crumbling under our current service system.

The administration's budget proposal for fiscal year 2015-16 is now being examined by the Legislature. The proposal allows for some increased costs associated with the minimum wage increase and some adjustment for new sick leave benefits. But it overlooks other personnel increases caused by the minimum wage increase. It also offers no fiscal relief for new costs imposed from the passage of the Affordable Care Act and ignores the increasing fiscal impacts on local governments enacting Living Wage Ordinances.

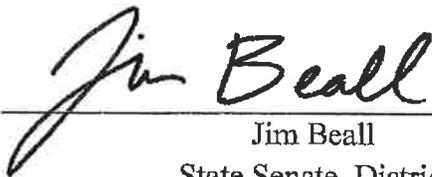
Despite recognition in the 2015-16 budget of substantial savings to the state from other actions, such as the closure of Lanterman Developmental Center, the budget proposal offers no relief in terms of a rate increase or cost-of-living adjustment to address the shortfalls in Regional Center Operations or the serious cutbacks endured by thousands of service providers over the last decade.

We still have substantial opportunity in the state budget process to rectify the system's continuing deterioration. While much of the economy has recovered from the deep recession, the state's system of care under the Lanterman Act remains in real jeopardy. Those of us who remain powerfully committed to maintaining the benefits of the Lanterman Act are also responsible public officials who would not encourage the state to veer from prudent public finance and accountability. But we are convinced that this particular system needs our help now if it is to continue supporting consumers and families to live lives with purpose and meaning.

Please consider offering substantive financial relief and support as we negotiate this budget. We urge you to support a 10 percent increase in the regional center operations and purchase of services budgets. We pledge our partnership in finding savings to finance this request.

Thank you in advance for your time and consideration.

Sincerely,



Jim Beall
State Senate, District 15

Cc: Diana S. Dooley, Secretary, California Health and Human Services Agency
Santi Rodgers, Director, Department of Developmental Services
Senate Subcommittee 3 on Health and Human Services Members
Assembly Subcommittee 1 on Health and Human Services Members
Senate Budget Committee Members
Assembly Budget Committee Members

CALIFORNIA LEGISLATURE

STATE CAPITOL
SACRAMENTO, CALIFORNIA
95814

October 27, 2014

Governor Jerry Brown
Office of the Governor
State Capitol, Suite 1173
Sacramento, CA 95814

Dear Governor Brown:

Since the ratification of the Lanterman Act in 1977, California has recognized the right of people with developmental disabilities to live an independent and normal life. To facilitate the promise of the Lanterman Act, California created 21 regional centers to triage and direct more than 260,000 people with developmental disabilities to some 65,000 providers who furnish the appropriate support and services they need.

But the state's ability to meet our basic obligations to Californians with developmental disabilities is being severely hindered by a lack of employee cost of living increases for regional center employees and inadequate service provider rates.

Cost of living increases for employees and providers lag far behind inflation. The result has not only imperiled service providers who are struggling to remain open but has seriously undermined the ability of our regional centers to recruit and retain a qualified staff.

While state agencies generally build in cost increases such as health benefits, transportation cost increases and negotiated salary COLAs, regional centers and vendors within the California Department of Developmental Services (DDS) system do not have these accepted adjustments.

The California Department of Developmental Services (DDS) has seen some adjustments to their budget for policies such as federally mandated overtime changes and the state minimum wage adjustment. However, these increases went through an arduous legislative budget process instead of being built into the January base budget. Moreover, many other new federal and state mandates have not been included and these costs are absorbed by regional centers and providers. These include adjustments for transportation increases, health benefits, minimum wage mandates by local municipalities and other costs.

In the current budget year, funding for DDS is \$5.2 billion. Since 2009, the state has reduced costs to developmental services programs by more than \$1 billion (GF) instituting restrictions on payments for specific services, across-the-board reductions, mandated furlough days, suspension of services and other cuts. Prior to that, the state had frozen rates to providers in order to contain costs. These freezes and caps have fractured the infrastructure of the community services and support systems. Without building in adjustments for cost of living increases, it will not be sustainable. In 1999, even before the substantial reductions and freezes prompted by the Great Recession, the Bureau of State Audits released a report concluding that community services were "undermined by insufficient state funding and budget cuts."

Meanwhile, pending mandates from the Federal government will require California to restructure day programs, work programs and residential settings to reduce the number of consumers and require more community inclusion. State mandates that will be implemented include the Employment First model, self-determination pilot program, and others that require more intensive case management and development of new programs.

At a Senate Human Services hearing this month, many providers testified that they are unable to sustain innovative and inclusive programs, much less expand them or create new ones because of historic freezes and caps. I realize that the cost of total restoration is outside our reach today. However, we must take steps to address the gap -- 260,000 Californians who rely on the Lanterman Act need our help.

We urge you to apply fair budget policies that treat the regional centers and providers equal to other state agencies that build COLAs and fund new federal and state mandates in their base budget.

And, we respectfully request an end to the shifting of our financial responsibility for federal and state mandates onto our already fragile regional centers and providers. We strongly urge these costs -- as well as a COLA for regional center employees and providers -- be included in the January budget.

Thank you in advance for your consideration.

Sincerely,



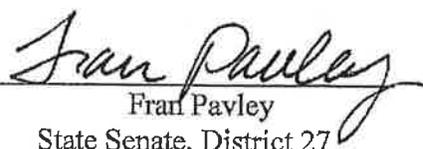
Jim Beall
State Senate, District 15



Marty Block
State Senate, District 39



Carol Liu
State Senate, District 25



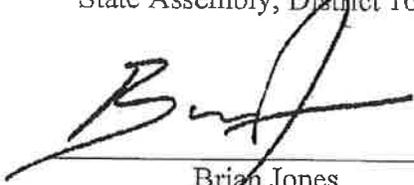
Fran Pavley
State Senate, District 27



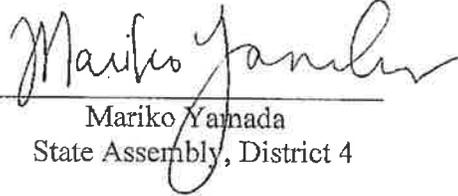
Joan Buchanan
State Assembly, District 16



Rich Gordon
State Assembly, District 24



Brian Jones
State Assembly, District 71



Mariko Yamada
State Assembly, District 4

Cc: Diana S. Dooley, Secretary, California Health and Human Services Agency
Santi Rogers, Director, Department of Developmental Services
California Senate Budget Committee Members
California Assembly Budget Committee Members

2015/16 LPPC Legislative Report Short Analysis

AB 11**(Gonzalez D) Employment: paid sick days: in-home supportive services.****Introduced:** 12/1/2014**Status:** 1/16/2015-Referred to Com. on L. & E.**Location:** 1/16/2015-A. L. & E.**Summary:** Would revise the definition of an employee under the Healthy Workplaces, Healthy Families Act of 2014 to, as of July 1, 2016, include providers of in-home support services, as described.**Position**

Watch

AB 68**(Waldron R) Medi-Cal.****Introduced:** 12/18/2014**Status:** 1/5/2015-Read first time.**Location:** 12/18/2014-A. PRINT**Summary:** The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Current law provides that it is the intent of the Legislature to provide, to the extent practicable, for health care for those aged and other persons who lack sufficient annual income to meet the costs of health care, and whose other assets are so limited that their application toward the costs of care would jeopardize the person's or family's future minimum self-maintenance and security. This bill would make technical, nonsubstantive changes to those provisions.**Position**

Watch

AB 74**(Calderon D) Care facilities: regulatory visits.****Introduced:** 1/5/2015**Status:** 2/9/2015-Referred to Coms. on HUM. S. and AGING & L.T.C.**Location:** 2/9/2015-A. HUM. S.**Summary:** Current law requires the State Department of Social Services to conduct an annual unannounced visit for care facilities under specified circumstances, including when a license is on probation, and to conduct annual unannounced visits to no less than 20% of the facilities, other than foster family homes, that are not subject to an inspection under those specified circumstances. This bill would make every facility of the types described above, except for, subject to an annual unannounced visit by the department on and after July 1, 2018. The bill would revise the provisions requiring the department to conduct annual unannounced visits to no less than 20% of the facilities by instead requiring the department to conduct annual unannounced visits to no less than 30% of facilities on or before July 1, 2016, and no less than 20% of those facilities on or before July 1, 2017.**Position**

Watch

AB 97**(Weber D) In-home supportive services: provider wages.****Introduced:** 1/8/2015**Status:** 1/9/2015-From printer. May be heard in committee February 8.**Location:** 1/8/2015-A. PRINT**Summary:** Would declare the intent of the Legislature to enact legislation to create a mechanism to pay In-Home Supportive Services program providers for additional hours worked through the Coordinated Care Initiative. This bill contains other existing laws.**Position**

Watch

AB 187**(Bonta D) Medi-Cal: managed care: California Children's Services program.****Introduced:** 1/27/2015**Status:** 1/28/2015-From printer. May be heard in committee February 27.**Location:** 1/27/2015-A. PRINT**Summary:** Would make technical, nonsubstantive changes to the California Children's Services managed care contract provisions. This bill contains other existing laws.**Position**

Watch

AB 211 (Gomez D) In-home supportive services.**Introduced:** 2/2/2015**Status:** 2/9/2015-Referred to Com. on HUM. S.**Location:** 2/9/2015-A. HUM. S.

Summary: Current law requires the California In-Home Supportive Services Authority (Statewide Authority), no sooner than March 1, 2013, to assume specified responsibilities in a county upon notification by the Director of Health Care Services that the enrollment of eligible Medi-Cal beneficiaries described in specified provisions of law has been completed in that county. Under current law, the date of assumption of these responsibilities by the Statewide Authority is known as the county implementation date. This bill would, instead, make the implementation date January 1, 2016, would delete the reference to the "county" implementation date, and would make conforming changes.

Position

Watch

AB 286 (Achadjian R) Developmental services: supported living services.**Introduced:** 2/11/2015**Status:** 2/12/2015-From printer. May be heard in committee March 14.**Location:** 2/11/2015-A. PRINT

Summary: The Lanterman Developmental Disabilities Services Act requires the State Department of Developmental Services to contract with regional centers to provide services and supports, including supported living services, to individuals with developmental disabilities and their families. This bill would require direct care workers providing supported living services to satisfactorily complete 15 hours of training in behavioral intervention within 3 months from the date the provider was hired.

Position

Watch

AB 332 (Calderon D) Long-term care insurance.**Introduced:** 2/13/2015**Status:** 2/17/2015-From printer. May be heard in committee March 19.**Location:** 2/13/2015-A. PRINT

Summary: Would require the Insurance Commissioner to convene a task force composed of specified stakeholders and representatives of government agencies to examine the components necessary to design a statewide long-term care insurance program, as specified. The bill would require the task force to recommend options for establishing this program and to comment on their respective degrees of feasibility in a report submitted to the commissioner, the Governor, and the Legislature by January 1, 2017.

Position

Watch

SB 11 (Beall D) Peace officer training: mental health.**Introduced:** 12/1/2014**Status:** 1/15/2015-Referred to Com. on RLS.**Location:** 1/15/2015-S. RLS.

Summary: Would declare the intent of the Legislature to enact legislation to increase the minimum mental health training standard for California peace officers.

Position

Watch

SB 23 (Mitchell D) CalWORKs: eligibility.**Introduced:** 12/1/2014**Status:** 2/3/2015-Set for hearing March 24.**Location:** 1/15/2015-S. HUM. S.

Summary: Under current law, for purposes of determining a family's maximum aid payment under the CalWORKs program, the number of needy persons in the same family is not increased for any child born into a family that has received aid under the CalWORKs program continuously for the 10 months prior to the birth of the child, with specified exceptions. This bill would repeal that exclusion for purposes of determining the family's maximum aid payment and would expressly prohibit the denial of aid, or the denial of an increase in the maximum aid payment, if a child, on whose behalf aid or an increase in aid is being requested, was born into an applicant's or recipient's family while the applicant's or recipient's family was receiving aid under the CalWORKs program.

Position

Watch

SB 67 (Galgiani D) Disability access: statutory damages.**Introduced:** 1/7/2015**Status:** 1/15/2015-Referred to Com. on JUD.**Location:** 1/15/2015-S. JUD.

Summary: Would except a small business from statutory damage liability in connection with a construction-related accessibility claim, and would instead limit recovery to injunctive relief and reasonable attorney's fees as deemed appropriate by the court. The bill would also extend the period for correcting construction-related violations that are the basis of a claim from 60 days to 120 days of being served with the complaint, for purposes of reducing a defendant's minimum statutory damage liability to \$1000.

Position

Watch

SB 128 (Wolk D) End of life.**Introduced:** 1/20/2015**Status:** 2/5/2015-Referred to Coms. on HEALTH and JUD.**Location:** 2/5/2015-S. HEALTH

Summary: Would enact the End of Life Option Act authorizing an adult who meets certain qualifications, and who has been determined by his or her attending physician to be suffering from a terminal illness, as defined, to make a request for medication prescribed pursuant to these provisions for the purpose of ending his or her life. The bill would establish the procedures for making these requests. This bill contains other related provisions and other existing laws.

Position

Watch

SB 190 (Beall D) Health care coverage: acquired brain injury.**Introduced:** 2/10/2015**Status:** 2/19/2015-Referred to Com. on HEALTH.**Location:** 2/19/2015-S. HEALTH

Summary: Would require health care service plan contracts and health insurance policies issued, amended, renewed, or delivered on or after January 1, 2016, to include coverage for post-acute residential transitional rehabilitation services made necessary as a result of and related to an acquired brain injury. This bill contains other related provisions and other existing laws.

Position

Watch

SB 199 (Hall D) In-home supportive services: reading services for blind and visually impaired recipients.**Introduced:** 2/10/2015**Status:** 2/19/2015-Referred to Com. on HUMAN S.**Location:** 2/19/2015-S. HUM. S.

Summary: Would, commencing January 1, 2017, include within the definition of supportive services assistance in reading and completing financial and other documents for a recipient of services under the IHSS program who is blind. By expanding the scope of available services under the IHSS program, this bill would impose a state-mandated local program. The bill would also require the Director of Health Care Services to seek any federal approvals necessary to ensure that Medicaid funds may be used in implementing this provision.

Position

Watch

SB 251 (Roth D) Civil rights: disability access.**Introduced:** 2/18/2015**Status:** 2/19/2015-From printer. May be acted upon on or after March 21.**Location:** 2/18/2015-S. PRINT

Summary: Current law establishes remedies for discrimination on the basis of various specified personal characteristics, including disability. The Construction-Related Accessibility Standards Compliance Act establishes standards for making new construction and current facilities accessible to

persons with disabilities and provides for construction-related accessibility claims for violations of those standards. This bill would make technical, nonsubstantive changes to these provisions.

Position

Watch

Total Measures: 15

Total Tracking Forms: 15

POS Disparity Meeting Questions: Please answer the following:

Name of Staff attending: _____

Reg'l Center: _____ : Date: _____

Location: _____ Time of meeting: _____

1. Was there a public notice for the meeting and how was it provided to the community? (i.e., 30 days in advance? notice emailed? only on website?)
2. How was the underserved community notified by the RC? (Groups/orgs they targeted?)
3. Was the meeting held at time and location that would help increase turnout? (Hard/easy to find? Bad/good hours?)
4. How many people in attendance?
5. Ethnic/language makeup of people in attendance?
6. Were there consumers and families, or just RC staff?
7. Was the data handed out? Was the data discussed? What languages?
8. Was the meeting translated into multiple languages? Which ones? How was the translation?
9. What were family/consumer complaints about disparity? What was the RCs response?
10. What were RCs reasons for the disparity?
11. What were the RCs proposed remedies?
12. What are the RCs proposed next steps?
13. Can RC also send you a copy of the report RC has to produce for DDS of what happened at the stakeholder meeting? W&I § 4519.5(f). (This will allow you to see what information RC is reporting to DDS and whether it matches up to what you heard/saw when you were there)
14. Ask RC: Have you had an opportunity to update your POS Policy regarding changes to ILS services due to passage of SB 1093? (part of the same bill that required improved stakeholder process.)
15. Anything else at meeting that was interesting that you noticed?

