

EXECUTIVE DIRECTOR REPORT

February 6, 2015

I. FY 2015-2016 BUDGET UPDATE

- **Attachment #1:** FY 2015-2016 Governor's Budget Highlights for Department of Developmental Services
- **Attachment #2:** ARCA Analysis of FY 2015-2016 Governor's Budget Proposal for Regional Centers
- **Attachment #3:** The Lanterman Coalition 10% Across the Board Rate Increase for Regional Centers and Service Providers: Ten Things You can Do
- **Attachment #4:** Tri-Counties Area State Legislators - 2015/2016 Session
- **Attachment #5:** ARCA Change.org Petition: 10% - Yes! AFPP – NO!
- **Attachment #6:** Key Legislators List – 2015/2016 Session
- **Attachment #7:** Annual Budget Process Flow Chart

Governor Brown issued his official annual State Budget Proposal on January 9, 2015. After almost a decade of ongoing reductions, the Governor's FY 2015-2016 State Budget Proposal does not, for a third consecutive year, call for any new reductions to the Developmental Services budget. While the Governor's proposed budget is a status quo budget compared to the current FY 2014-2015 budget given it does not provide any urgently needed Cost of Living Adjustments (COLAs) or rate increases for regional centers and service providers, it includes \$62.3 million in funding for the minimum wage increase per AB 10 effective January 1, 2016 that

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affects community care facilities, day program services, habilitation services, respite services, supported living services and transportation. The Governor's Budget also provides an additional \$20.7 million increase to fund the changes in the Fair Labor Standards Act regulations regarding the payment of overtime by service providers who were previously not required to pay overtime. However, recent court decision which is being appealed by the Department of Labor has declared the overtime regulations illegal. The funds proposed may be eliminated depending on the decision of the appellate court. The Governor's budget proposal additionally includes a \$25.3 million increase to fund the implementation of AB 1522 which requires employers to provide sick pay to employees who work more than 30 days or more in a calendar year. Given the number of persons served by the regional center system is expected to grow to 288,317 persons in FY 2015-2016, an increase of 9,724 persons (3.5% increase) over current FY 2014-2015, the Governor's budget provides \$174.0 million increase for caseload and utilization growth in the Purchase of Services (POS) budget and a \$23.8 million increase in the Operations budget (OPS) for increased caseload growth. In total, the regional center Purchase of Service (POS) budget is provided with a \$267.3 million increase (6.3% increase) over current FY 2014-2015 budget and the regional center Operations budget (OPS) is provided with a \$26.0 million increase over current FY 2014-2015 budget (4.4% increase). The Governor's budget proposal also provides an additional \$158.8 million in funding for the current FY 2014-2015 in the form of "deficiency funding" due to increased caseloads, changes in Early Start services and higher costs due to transition of persons from Developmental Centers to the community. **(Attachments #1-#2).**

Given the Governor's Budget Proposal does not contain any provisions to restore any portion of the over \$1 billion in reductions the regional centers incurred during the Great Recession in spite of California projecting several billions in budget surpluses,

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the Lanterman Coalition consisting of Association of Regional Center Agencies (ARCA), service providers associations, advocacy groups and SEIU have unified in calling for a 10% across the board rate increase for regional centers and service providers in FY 2015-2016, and 5% increases yearly, until funding for regional centers and service provider rates is reformed. The Lanterman Coalition is urging all regional centers and their communities to engage in various advocacy efforts at the local level and attend budget hearings in Sacramento (**Attachment #3**). As a result ARCA has formed a Regional Center Local Advisory Coordinator's Committee that meets every two weeks to plan and coordinate advocacy efforts across the state. TCRC plans on the following advocacy activities in the near future: (1) TCRC will schedule face to face meetings by a community delegation consisting of board members, staff, service providers, persons served, families and SEIU with each of the Assemblymembers and Senators who represent the TCRC Service area to advocate for a 10% rate increase now and 5% increases yearly until funding for the regional centers and service providers is reformed (**Attachment #4**) (2) Encourage everyone to sign the ARCA Change.org petition to advocate for the rate increases by posting the petition on the TCRC website and by emailing the petition multiple times in the weeks to come to community stakeholders using our distribution lists (**Attachment #5**) (3) Work with the Leadership Project, Family Resource Centers and Service Providers to send persons served and families to Sacramento to testify at upcoming budget hearings which have yet to be scheduled (**Attachments #6-#7**).

Tri-Counties Regional Center (TCRC) has developed a "Budget Watch" page on the TCRC website (www.tri-counties.org). Current information and resources related to the budget is posted on this page and will be kept updated.

II. Self Determination

- **Attachment #8:** DDS Self Determination Program – FQA
- **Attachment #9:** Disability Rights California Self Determination Program – FQA
- **Attachment #10:** Similarities and Differences Between Traditional Regional Center Service Provision and the New Self-Determination Program

In October of 2013, Governor Brown, signed into law SB 468 (Emmerson/Beall/Mitchel/Chesbro) authorizing the implementation of the Statewide Self-Determination Program that offers a voluntary, alternative to the traditional way of providing regional center services. The Self Determination Program is intended to provide individuals served by the regional center and their families more freedom, control, and responsibility in choosing services and supports to help them meet objectives in their Individual Program Plan (**Attachments #8-#10**).

It will take several years for the Self Determination Program to be fully in place. Securing federal funding is necessary in order to implement the Self-Determination program. On December 31, 2014, the Home and Community Based Services application seeking funding for Self-Determination was submitted to the Center for Medicare and Medicaid Services (CMS). CMS has 90 days to take one of three actions on the Waiver application (approve; deny; or request additional information). It is very likely that CMS will request additional information for clarification in the Waiver application which will lead to an extended review period beyond the initial 90 days.

Once federal approval of matching funds is authorized, the program must be available in every regional center. For the first three years, the number of participants in the Self-Determination Program is capped at 2,500 individuals

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throughout the state. After the three year phase-in period, the program will be available to all eligible persons served and families on a voluntary basis with no limit on the number of participants. TCRC will have 114 individuals or families enrolled in the program for the first three years. This includes the 16 individuals who are currently in our Self-Determination pilot project plus an additional 98 people that TCRC will be able to add under the new program.

TCRC is actively participating on the Self-Determination Committee through the Association of Regional Center Agencies (ARCA) to provide feedback to the Department of Developmental Services (DDS) on the waiver and obtain input and direction from DDS on the timing and implementation of the various components of the program.

As we wait for more information, TCRC has formed an internal work group consisting of Omar Noorzad, Executive Director; Lorna Owens, CFO; Diva Johnson, Director of Community Development; Pam Crabaugh, Director of Services and Supports; Eulalia Apolinar, Assistant Director of Services and Supports SB/SLO Counties; Sha Azedi, Assistant Director of Services and Supports Ventura County; Cheryl Wenderoth, Assistant Director of Federal Programs; Mary Beth Lepkowsky, Assistant Director of Training and Organizational Development; Judith White, Manager of Resource Development; and Anastasia Bacigalupo, Executive Director, State Council on Developmental Disabilities Central Coast Office. The group will be working together on a variety of activities in preparation for the Self-Determination Program.

These include:

1. Identification and selection of our local advisory committee.
2. Guidelines on participant eligibility, selections and enrollment
3. Self-Determination services and definitions
4. Budget setting and tracking.

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5. Fiscal Management Services (FMS)
6. Training
7. Person-Centered Planning
8. Community outreach
9. Monitoring of the Self-Determination program
10. Billing and payment procedures

TCRC plans on posting information about the Self Determination Program on the TCRC website in the near future. The information will be kept updated to keep the community informed about the status of the Self Determination Program.

III. PURCHASE OF SERVICE EXPENDITURE DATA PRESENTATIONS

- **Attachment #11:** Senate Bill 1093 (Liu)
- **Attachment #12:** TCRC Expenditure Data Presentations Flyer

Existing law requires the Department of Developmental Services (DDS) and the regional centers to annually collaborate to compile specified data relating to purchase of service authorizations, utilization, and expenditure by each regional center and requires that data to include the number and percentage of individuals, categorized by age, race or ethnicity, and disability, who have been determined to be eligible for regional center services, but who are not receiving purchase of service funds. Existing law requires DDS and each regional center to annually post this information on their respective internet web sites, as prescribed, and requires each regional center to hold annual stakeholder meetings regarding the data. Recently approved legislation, SB 1093 (Liu) additionally requires the data to include, and be categorized by, residence type and subcategorized by age, race or ethnicity, and primary language. SB 1093 would also require the regional centers to hold the

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annual stakeholder meetings regarding the data separately from any meetings of its board of directors, schedule the meetings at times and locations designed to result in a high turnout by the public and underserved communities, and, in holding the meetings, consider the language needs of the community.

TCRC plans on holding three main meetings scheduled to take place in March at TCRC office locations in Santa Barbara, Oxnard and San Luis Obispo. TCRC representatives, Family Resource Center staff, Central Coast State Council on Developmental Disabilities and Clients Rights Advocates will be in attendance to participate in the presentations. TCRC will be providing child care and Spanish translation. Additionally, TCRC plans on holding three additional meetings which will be held in local community settings at other locations in TCRC's catchment area including Santa Paula, Santa Maria/Lompoc, Grover Beach/Arroyo Grande/Paso Robles. Specific locations, dates and times are to be finalized in the near future **(Attachment #11-#12)**.

ARCA has also formed an "Equity Committee" to review the expenditure data for regional centers and determine what additional steps can be taken to address the variances in the regional center Purchase of Service data including considering engaging an outside research organization to conduct a statewide study to better understand the underlying causes of the variances. Omar Noorzad, TCRC Executive Director, is a member of the newly formed ARCA Equity Committee.

IV. Q&A

Department of Developmental Services

Governor's Budget Highlights



**Edmund G. Brown Jr.
Governor
State of California**

**Diana S. Dooley
Secretary
California Health and Human Services Agency**

**Santi J. Rogers
Director
Department of Developmental Services**

January 2015

**DEPARTMENT OF DEVELOPMENTAL SERVICES
GOVERNOR'S BUDGET HIGHLIGHTS**

PROGRAM HIGHLIGHTS

The Department of Developmental Services (Department or DDS) under the Lanterman Developmental Disabilities Services Act (Lanterman Act) is responsible for ensuring that approximately 280,000 individuals with intellectual and developmental disabilities receive the services and support they require to lead more independent and productive lives, and the ability to make choices and decisions about their lives.

Services and support are provided to individuals in two ways:

- The vast majority live with their family or in other community settings, and receive state-funded services coordinated by one of twenty-one non-profit corporations known as regional centers (RCs).
- A small number live in three state-operated developmental centers (DCs) and one state-operated community facility. A fourth DC, Lanterman, transitioned its last resident into community living on December 23, 2014, and the facility has moved into warm shutdown.

The number of consumers with developmental disabilities in the community served by RCs is expected to increase from 278,593 in the current year to 288,317 in 2015-16. The Department projects 951 individuals living in state-operated residential facilities by the end of 2015-16.

The January 2015 Governor's Budget includes \$5.7 Billion total funds (TF) (\$3.3 Billion General Fund (GF)) for the Department in 2015-16; a net increase of \$246 Million above the updated 2014-15 budget, a 4.5 percent TF increase (6.5 percent GF).

BUDGET SUMMARY <i>(Dollars in Thousands)</i>				
	Updated 2014-15	2015-16	Difference	Percent of Change
TOTAL FUNDS				
Community Services	\$4,848,508	\$5,141,657	\$293,149	6.0%
Developmental Centers	562,894	515,213	-47,681	-8.5%
Headquarters Support	42,484	42,579	95	0.2%
TOTALS, ALL PROGRAMS	\$5,453,886	\$5,699,449	\$245,563	4.5%
GENERAL FUND				
Community Services	\$2,761,388	\$2,991,911	\$230,523	8.3%
Developmental Centers	309,648	279,839	-29,809	-9.6%
Headquarters Support	27,043	27,070	27	0.1%
TOTALS, ALL PROGRAMS	\$3,098,079	\$3,298,820	\$200,741	6.5%

For more details see Budget Summary and Funding Charts on Pages 10-11.

COMMUNITY SERVICES PROGRAM

2014-15

To provide services and support to 278,593 individuals in the community, the Governor's Budget updates the enacted budget to \$4.8 Billion TF (\$2.8 Billion GF). The Governor's Budget includes an increase of \$158.8 Million TF (\$102.2 Million GF) above the 2014-15 enacted budget for regional center operations (OPS) and purchase of services (POS). This is composed of:

Caseload and Utilization:

\$110.8 Million increase (\$56.0 Million GF increase) in regional center OPS and POS costs to reflect changes in caseload and utilization due to updated population and expenditure data, including Home and Community Based Services (HCBS) waiver enrollment above budgeted levels.

- OPS increase of \$6.2 Million (-\$2.1 Million GF decrease)
- POS increase of \$104.6 Million (\$58.1 Million GF increase)

The major increase in POS expenditures is within the budget categories of community care facilities (CCFs) and support services. The increase in CCFs reflects increased utilization of Specialized Adult Residential Facilities and for support services increased utilization and costs of supported living services.

Restoration of Unrealized Savings from Senate Bill (SB) 946, Chapter 650, Statutes of 2011:

\$44.3 Million GF increase in POS to reflect restoration of funding as a result of unrealized savings from SB 946, which requires health care insurers to provide coverage for behavioral health treatment for pervasive developmental disorder or autism. The 2012 May Revision included estimated GF savings of \$80 Million for implementation of SB 946. Since implementation, the Department has realized savings of \$35.7 Million which is reflected in the trends used to develop the 2014 November Estimate. DDS will review updated expenditure data for the 2015-16 May Revision.

Update of Federal Labor Regulations:

\$3.7 Million increase (\$1.9 Million GF increase) in POS to reflect an update of costs related to implementation of Federal Labor Regulations regarding overtime based upon updated expenditure data. While the Governor's Budget includes funding for a 5.82% rate increase for some services, the rate increase has been stayed for 14 days until January 15, 2015. A hearing on the issue is scheduled for January 9, 2015, in federal district court.

2015-16

The Governor's Budget projects a total community caseload of 288,317 consumers by January 31, 2016, and assumes an increase of 9,724 consumers over the updated 2014-15 caseload. The estimate proposes 2015-16 funding for services and support to consumers in the community at \$5.1 Billion TF (\$3.0 Billion GF), an increase of \$452.0 Million (\$332.7 Million GF) over the enacted budget. The RC budget changes include:

Caseload and Utilization:

\$308.8 Million increase (\$236.5 Million GF increase) in OPS and POS to reflect changes in caseload and utilization due to updated population and expenditure data including HCBS Waiver enrollment above budgeted levels.

- OPS increase of \$30.3 Million (\$22.5 Million GF increase)
- POS increase of \$278.5 Million (\$214.0 Million GF increase)

The major increase in POS expenditures is within the budget categories of community care facilities (CCFs) and support services. The increase in CCFs reflects increased utilization of Specialized Adult Residential Facilities and for support services increased utilization and costs of supported living services.

Restoration of Unrealized Savings from Senate Bill (SB) 946, Chapter 650, Statutes of 2011:

\$44.3 Million GF increase in POS to reflect restoration of funding as a result of unrealized savings from SB 946, which requires health care insurers to provide coverage for behavioral health treatment for pervasive developmental disorder or autism. The 2012 May Revision included estimated GF savings of \$80 Million for implementation of SB 946. Since implementation, the Department has realized savings of \$35.7 Million which is reflected in the trends used to develop the 2014 November Estimate. DDS will review updated expenditure data for the 2015-16 May Revision.

Update of Federal Labor Regulations:

\$24.4 Million increase (\$13.1 Million GF increase) in POS to reflect the full-year impact of the change in the Federal Labor Regulations regarding overtime. While the Governor's Budget includes funding to implement the Federal Labor Regulations regarding overtime effective January 1, 2015, implementation of these regulations has been stayed for 14 days until January 15, 2015. A hearing on the issue is scheduled for January 9, 2015, in federal district court.

Minimum Wage Increase:

\$64.2 Million increase (\$36.6 GF increase) due to Assembly Bill (AB) 10, Chapter 351, Statutes of 2013 that increases the State minimum wage from \$9.00 to \$10.00 effective January 1, 2016. The following adjustments are associated with this increase:

- \$1.9 Million increase (\$1.6 Million GF increase) in OPS to adjust the budgeted salary for Account Clerks and Secretary I positions, which currently are budgeted at salary levels that are below \$10.00 per hour.
- \$62.3 Million increase (\$35.0 Million GF increase) in POS applies to services such as community-based day programs, work activity programs, respite services, etc. which rely on employees who are paid minimum wage.

AB 1522 Healthy Workplace, Healthy Families Act of 2014:

\$25.3 Million increase (\$16.2 Million GF increase) in POS to reflect costs associated with the implementation of AB 1522. Effective July 1, 2015, AB 1522 requires that an employee who works in California for 30 days or more in a calendar year is entitled to paid sick days.

Implementation of Behavioral Health Treatment (BHT) Services by Department of Health Care Services (DHCS):

\$2.0 Million decrease (\$1.0 Million GF decrease) in POS to reflect a reduction in POS expenditures for an estimated 292 new consumers who would receive BHT services through the DHCS as a Medi-Cal benefit per SB 870.

Reduction of One-Time Funding:

\$13.0 GF Million decrease in POS to reflect a reduction of one-time funding from 2011-12 for a re-appropriation of Community Placement Plan funds to implement the recommendations of the Developmental Centers Task Force.

Developmental Services Task Force on Strengthening Community Services:

On July 24, 2014, the Secretary of the California Health and Human Services Agency convened the Developmental Services Task Force, which is focused on strengthening community services. At the subsequent Task Force meeting on October 8, 2014, the Task Force members prioritized the subject areas most in need of review for sustainability of the community services system. Four general workgroups are being convened on the following topics:

- Rates/Rate Structure
- Caseload Ratios/RC Operations
- Medical and Mental Health Services and Supports
- Housing and Employment

The Rates Workgroup convened on December 16, 2014, to begin examining the current rate structure and rate-setting methodologies and to decide how best to move forward on the remaining subject areas. They will reconvene in February 2015 to continue their efforts. Workgroups also will convene in January and March 2015 to review RC caseload ratios and operations.

DEVELOPMENTAL CENTERS PROGRAM

2014-15

To provide services and support to 1,116 residents in DCs (average in-center population), the Governor's Budget updates the enacted budget to \$562.9 Million TF (\$309.6 Million GF), a net increase of \$34.7 Million TF (\$33.6 Million GF) for Developmental Centers' State Operations funding. The increase is comprised of:

Various Employee Compensation and Staff Benefit Contribution Increases:

~~\$13.3 Million increase (\$8.0 Million GF increase)~~ due to 2014-15 employee compensation augmentations approved through the collective bargaining process, as well as increases in retirement and other staff benefit employer contribution rates.

Program Improvement Plan (PIP) for Fairview and Porterville DCs:

\$11.9 Million increase (\$7.5 Million GF increase) and 119.7 Full Time Equivalent (FTE) positions to effectively implement the PIP, which DDS entered into on January 15, 2014, to bring the Intermediate Care Facilities (ICF) at Fairview and Porterville DC into compliance with federal certification requirements, while allowing DDS to retain federal funding for services in the ICFs.

Expansion of Secure Treatment Program (STP) at Porterville DC:

\$9.0 Million GF increase and 92.3 FTE positions to expand the STP capacity at Porterville DC by 32 beds, to accommodate the increasing number of individuals deemed incompetent to stand trial.

Sonoma DC Funding Backfill of Four Decertified ICF Units:

\$8.8 Million GF increase is needed to replace the loss of \$8.8 Million in federal funding as a Reimbursement (FFP) for the four ICF units. DDS voluntarily decertified these units on January 17, 2013, to retain FFP for the remaining ICF units. The assumption was that Sonoma DC would receive a favorable outcome on the survey and have all eleven ICF Units recertified by July 1, 2014. In July 2014, the California Department of Public Health (CDPH) did not find sufficient progress in the PIP to warrant recertification. DDS has appealed that action. However, the four ICF units voluntarily decertified are not eligible for FFP during the appeal process period. DDS

assumes a successful recertification survey of the four ICF units in February 2015 and receipt of FFP starting on March 1, 2015.

**Various Baseline Adjustments within the Developmental Center
Appropriation:**

\$0.5 Million increase (\$0.3 Million GF increase) net total adjustments for various appropriation items; \$0.53 Million (\$0.33 Million GF) and 8.0 FTE positions related to staffing population adjustments; reduction of \$0.02 Million GF to the appropriation item for rental payments on lease-revenue bonds, as a result of changes from amount budgeted for the costs for 2014-15; and a reduction of \$0.04 Million in Lottery Education Funds.

2015-16

The Governor's Budget provides services and support for 1,010 residents (average in-center population) in DCs, a decrease of 102 residents from the 2014-15 enacted budget. Funding decreased to \$515.2 Million TF (\$279.8 Million GF); a decrease of \$13.0 Million in TF, with a net increase in GF of \$3.8 Million. Authorized positions decreased to 4,270.2, a decrease of 190.9 positions below enacted budget. By the end of the budget year, DDS projects 951 individuals residing in the state-operated facilities. DC costs are also adjusted to reflect closure of the Lanterman DC facility on December 31, 2014, and assumes the property will be transferred to the California State University System on July 1, 2015. Adjustments to the enacted budget for the DCs include:

Various Employee Compensation and Staff Benefit Contribution Increases:

\$13.2 Million increase (\$7.9 Million GF increase) due to employee compensation augmentations approved through the collective bargaining process, as well as increases in retirement and other staff benefit employer contribution rates.

**Various Baseline Adjustments Within the Developmental Center
Appropriation:**

\$0.3 Million increase (\$0.3 Million GF increase), as a net adjustment, resulting from an increase of \$0.28 Million GF for rental payments on lease-revenue bonds and a reduction of \$0.04 Million in Lottery Education Funds.

DC Population Staffing Adjustments (Excluding Lanterman):

\$12.0 Million decrease (\$6.6 Million GF decrease) for population staffing adjustments, and a total reduction of 149.4 positions (138.5 Level of Care (LOC) and 10.9 Non-Level of Care (NLOC)) (excluding Lanterman DC).

PIP for Fairview and Porterville DC:

\$12.2 Million increase (\$6.5 Million GF increase) and 179.5 FTE positions, now reflecting full year costs, to effectively implement the PIP, which DDS

entered into on January 15, 2014, to bring the ICFs at Fairview and Porterville into compliance with federal certification requirements, while allowing DDS to retain federal funding for services in the ICFs.

Expansion of Secure Treatment Program (STP) at Porterville DC:

\$18.0 Million GF increase and 184.5 FTE positions, now reflecting full year costs, supporting the expansion of the STP at Porterville DC by 32 beds to accommodate the increasing number of individuals deemed incompetent to stand trial.

Replacement of the Sonoma Creek Pump Station Intake System at Sonoma DC:

\$1.6 Million GF increase for the replacement of the Sonoma Creek Pump Station Intake System located at the Sonoma DC, for Phase I funding to prepare Preliminary Plans and Working Drawings. The structure that was designed and built to divert water for use by the residents and staff at Sonoma DC was damaged, and various components require replacement.

Lanterman DC Post Closure Adjustments:

\$46.3 Million decrease (\$23.9 GF decrease) associated with the closure of Lanterman DC, and with DDS no longer being responsible for the property on July 1, 2015, the following budget adjustments are needed:

- \$64.8 Million decrease (\$33.9 Million GF decrease) and elimination of 418.5 positions from the Developmental Center budget, reflecting full year budgeted levels for Personal Services and Operating Expenses and Equipment.
- \$0.3 Million decrease (\$0.2 Million GF decrease) in funding level for the Foster Grandparent/Senior Companion Program at the Lanterman DC moving to the Community Services Program.
- \$17.3 Million increase (\$9.1 Million GF increase) to pursue the settlement of open Workers' Compensation claims assigned to the Lanterman DC. For one year after closure of the facility, the State may claim matching federal funds for these expenditures.
- \$0.6 Million increase (\$0.4 Million GF increase) and 6.0 positions to extend the Regional Resource Development Projects to ensure that individuals who moved from Lanterman DC to community settings, successfully maintain their placements and living arrangements.
- \$0.3 Million increase (\$0.2 Million GF increase) and 2.0 positions for the Community State Staff program administration.
- \$0.6 Million increase (\$0.5 Million GF increase) and 5.0 positions stationed at Headquarters that supported the closure of Lanterman DC, are now needed to continue working on post-closure workload and on future statewide downsizing in the overall DC system.

The Lanterman Closure Update Report and closure milestones will be released separately.

CAPITAL OUTLAY

The Governor's Budget for 2015-16 contains a request for \$0.8 Million GF for Phase I of the project to upgrade the fire alarm system at Porterville DC. Phase I consists of preparation of Preliminary Plans and Working Drawings. The purpose of the project is to improve the safety of the consumers and staff by designing, purchasing, and installing an updated and integrated fire alarm system that meets current fire, life, and safety codes in thirteen occupied buildings.

HEADQUARTERS

2014-15

The Governor's Budget reflects changes to 2014-15 Headquarters' enacted operations funding of \$1.3 Million TF (\$0.8 Million GF) for Retirement Rate Contribution, Employee Compensation, and other Staff Benefit increases. The mid-year adjusted 2014-15 budget is \$42.5 Million TF (\$27.1 Million GF).

2015-16

The Governor's Budget proposes Headquarters operations funding for 2015-16 of \$42.6 Million TF (\$27.1 Million GF). This is an increase of \$0.1 Million Other Funds from the 2014-15 Governor's Budget, reflecting the full year Other Staff Benefits contribution increase.

DEPARTMENT OF DEVELOPMENTAL SERVICES
November 2014 Estimate

FUNDING SUMMARY
(Dollars in Thousands)

	2014-15	2015-16	Difference
BUDGET SUMMARY			
Community Services	\$4,848,508	\$5,141,657	\$293,149
Developmental Centers	562,894	515,213	-47,681
Headquarters Support	42,484	42,579	95
TOTALS, ALL PROGRAMS	\$5,453,886	\$5,699,449	\$245,563
FUND SOURCES			
General Fund	\$3,098,079	\$3,298,820	\$200,741
Reimbursements: Totals All	2,279,598	2,339,750	60,152
<i>Medicaid (aka HCBS) Waiver</i>	1,336,818	1,409,047	72,229
<i>Medicaid (HCBS) Waiver Administration</i>	15,266	15,318	52
<i>Medicaid Administration (NHR)</i>	10,493	10,493	0
<i>Targeted Case Management</i>	153,335	153,578	243
<i>Targeted Case Management Admin.</i>	4,681	4,681	0
<i>Medi-Cal</i>	242,054	228,214	-13,840
<i>Title XX Block Grant</i>	214,555	214,555	0
<i>ICF-DD/State Plan Amendment</i>	55,947	55,947	0
<i>Quality Assurance Fees (DHCS)</i>	9,900	9,900	0
<i>1915(i) State Plan Amendment</i>	186,603	192,861	6,258
<i>Money Follows the Person</i>	8,267	6,618	-1,649
<i>Homeland Security Grant</i>	411	411	0
<i>Race to the Top</i>	341	143	-198
<i>Early Periodic Screening Diagnostic & Treatment</i>	25,288	26,274	986
<i>Other</i>	15,639	11,710	-3,929
Federal Trust Fund	70,116	54,699	-15,417
Lottery Education Fund	367	367	0
Program Development Fund (PDF)	4,396	4,452	56
Mental Health Services Fund	1,180	1,211	31
Developmental Disabilities Svs Acct	150	150	0
AVERAGE CASELOAD			
Developmental Centers	1,116	1,010	-106
Regional Centers	278,593	288,317	9,724
AUTHORIZED POSITIONS			
Developmental Centers	4,681.1	4,270.2	-410.9
Headquarters	381.5	381.5	0.0

DEPARTMENT OF DEVELOPMENTAL SERVICES
November 2014 Estimate

(Dollars in Thousands)

	2014-15	2015-16	Difference
Community Services Program			
Regional Centers	\$4,848,508	\$5,141,657	\$293,149
Totals, Community Services	\$4,848,508	\$5,141,657	\$293,149
General Fund	2,761,388	\$2,991,911	\$230,523
Dev Disabilities PDF	4,071	4,103	32
Developmental Disabilities Svs Acct	150	150	0
Federal Trust Fund	67,172	51,853	-15,319
Reimbursements	2,014,987	2,092,900	77,913
Mental Health Services Fund	740	740	0
Developmental Centers Program			
Personal Services	\$472,632	\$430,243	-\$42,389
Operating Expense & Equipment	90,262	84,970	-5,292
Total, Developmental Centers	\$562,894	\$515,213	-\$47,681
General Fund	\$309,648	\$279,839	-\$29,809
Federal Trust Fund	384	285	-99
Lottery Education Fund	367	367	0
Reimbursements	252,495	234,722	-17,773
Headquarters Support			
Personal Services	\$36,290	\$36,385	\$95
Operating Expense & Equipment	6,194	\$6,194	0
Total, Headquarters Support	\$42,484	\$42,579	\$95
General Fund	\$27,043	\$27,070	\$27
Federal Trust Fund	2,560	2,561	1
PDF	325	349	24
Reimbursements	12,116	12,128	12
Mental Health Services Fund	440	471	31
Totals, All Programs	\$5,453,886	\$5,699,449	\$245,563
Total Funding			
General Fund	\$3,098,079	\$3,298,820	\$200,741
Federal Trust Fund	70,116	54,699	-15,417
Lottery Education Fund	367	367	0
Dev Disabilities PDF	4,396	4,452	56
Developmental Disabilities Svs Acct	150	150	0
Reimbursements	2,279,598	2,339,750	60,152
Mental Health Services Fund	1,180	1,211	31
Caseloads			
Developmental Centers	1,116	1,010	-106
Regional Centers	278,593	288,317	9,724
Authorized Positions			
Developmental Centers	4,681.1	4,270.2	-410.9
Headquarters	381.5	381.5	0

**ASSOCIATION OF REGIONAL CENTER AGENCIES
ANALYSIS OF THE FY 2015-16 NOVEMBER ESTIMATE
(GOVERNOR'S BUDGET)
JANUARY 9, 2015**

FY 2014-15 (Current Year)

1. CASELOAD

The FY 2014-15 May Revision estimated the regional center Community Caseload to be 277,196 consumers for January 31, 2015. The November Estimate increases the January 31, 2015 caseload to 278,593, an increase of 1,397 consumers (a 0.5% increase).

2. PURCHASE OF SERVICE - \$ 152.6 million Increase (3.7% Increase)

- \$ 104.6 million increase to Purchase of Services due to updated caseload and expenditure data trends through June 30, 2014.
- \$3.7 million increase due to update costs related to the implementation of the Federal Labor Regulations regarding payment of overtime. However, this is currently on hold until the results of the hearing scheduled for January 15.
- \$44.3 million restoration due to unrealized savings from implementation of SB 946 which required health insurance plans to cover ABA services. This bill was originally estimated to save \$80 million. However, actual savings has only been \$35.7 million.

3. OPERATIONS - \$6.2 Million Increase (1.1% Increase)

- \$5.7 million increase to reflect updated caseload, expenditure data, and reimbursements from the HCBS Waiver and TCM.
- \$0.5 million increase for additional CPC positions to meet HCBS Waiver requirements.

FY 2015-16 (Budget Year)

The following increases and decreases are in comparison to the revised budget for FY 2014-15.

1. CASELOAD

The budget anticipates an increase of 9,724 consumers (a 3.5% increase) over the 278,593 consumers projected for January 31, 2015.

2. PURCHASE OF SERVICE - \$267.3 Million Increase (6.3% Increase)

- \$174.0 million increase over current fiscal year for caseload and utilization growth (a 4.1% increase).
- \$13.0 million *decrease* due to the one-time re-appropriation of CPP funds from FY 2011-12.
- \$62.3 million increase for the minimum wage increase per AB 10 effective January 1, 2016. The affected services are community care facilities, day program services, habilitation services, respite services, supported living services, and transportation.
- \$20.7 million increase for full-year funding of the changes in the Fair Labor Standards Act regulations regarding the payment of overtime by service providers that previously were not required to pay overtime.
- \$25.3 million increase to fund the implementation of AB 1522 which requires employers to provide sick pay to employees who work more than 30 days or more in a calendar year.
- \$2.0 million *decrease* due to funding of certain behavior health treatment services by Medi-Cal.

3. OPERATIONS – \$26.0 Million Increase Over Current Year (4.4% Increase)

- \$23.8 million increase in Staffing due to the projected increase in caseload.
- \$1.9 increase for the minimum wage increase per AB 10.
- \$125,000 increase for additional CPC positions to meet HCBS Waiver requirements.
- \$96,000 decrease in funds for the Lanterman DC closure.

- \$294,000 increase in Projects for the Client's Rights Advocacy contract and the Foster Grandparent Program.

Future Fiscal Issues

DDS listed one future fiscal issue which has to do with the new HCBS rules.

Centers for Medicare & Medicaid Services Final Regulations for Home and Community-Based Services

In early 2014, Centers for Medicare & Medicaid Services (CMS) published final regulations affecting 1915(c) Waiver programs, 1915(i) State Plan programs, and 1915(k) Community First Choice State Plans for Home and Community-Based Services (HCBS) provided through Medicaid (Medi-Cal in California). The purpose of the regulations is to ensure that individuals receive HCBS in settings that are integrated in and support full access to the greater community, including opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree as individuals who do not receive HCBS. The regulations also aim to ensure that individuals have a free choice of where they live and who provides services to them, and that individual rights and freedoms are not restricted, among other provisions. CMS has moved away from defining Home and Community-Based (HCB) settings based on specific locations, geography, or physical characteristics, to defining them by the nature and quality of the individual's experiences. Basically, the regulations set higher standards for HCB settings in which it is permissible for states to pay for services using federal financial participation under Medicaid.

In California, there are currently eight 1915(c) Waiver programs and two 1915(i) State Plan programs impacted by the regulations, as overseen by the Department of Health Care Services (DHCS) as the single state agency for Medicaid/Medi-Cal. The Department of Developmental Services (DDS) administers one 1915(c) Waiver (the HCBS Waiver for Persons with Developmental Disabilities) and the two 1915(i) State Plan programs. These programs provide HCBS to approximately 130,000 consumers. Because the DDS programs only use HCBS eligibility for identification and billing purposes, providers are not separately identified for participation in these programs. Therefore, all providers that could potentially be utilized for HCBS must meet the new requirements, which could impact residential and nonresidential services across the State.

On December 19, 2014, DHCS submitted the Statewide Transition Plan for CMS approval that describes at a high level California's overall commitment to, and plan for achieving compliance by or before March 17, 2019. However, guidance is still being provided by CMS on the application of the regulations and, at this point, many unknowns remain concerning how the regulations will affect consumers, providers, regional centers and state operations.

DDS is at the very beginning stages of a multi-year process for implementing the regulations. Under the framework of the Statewide Transition Plan, DDS is proceeding by organizing a comprehensive stakeholder process to guide and develop the activities and specificity needed for achieving compliance, and will prepare its own, more detailed transition plan. Because the regulations may require

modifications for some services and providers in order to maintain eligibility for federal funding, fiscal impacts are expected but cannot be determined at this time. In future budget cycles, DDS will provide essential information about the specific measures that will be necessary to achieve compliance, as they become known.



Ten Things You Can Do (Groups and Organizations)

The Lanterman Coalition, made up of the 21 major stakeholders in California's community-based developmental service system, is uniting around a single critical goal. Years of underfunding, cuts, rate freezes, old funding formulas, and inflation have hurt service providers and regional centers' ability to ensure people with developmental disabilities and their families get the services and supports they need. To fix this, our system needs a 10% across-the-board funding increase now, and 5% increases yearly, until funding for provider rates and regional center services is reformed.

Your advocacy matters! Our system is facing a monumental challenge. It's big, it's complicated, and there are a lot of moving parts. But we have to start somewhere, and a 10% budget increase for our system is the first step the Lanterman Coalition is rallying around. To make that – and comprehensive reform – happen, we need you to stand up for people with developmental disabilities, their families, service providers, and regional centers. The system that supports people to live in communities of their choosing needs you. Every voice throws light on a part of this common problem we are facing, and we need you to let your light shine!

1) Collaborate!

Step one is reaching out to others. What groups or organizations are you a part of, or work with? It can be a service provider, an advocacy organization, a civic organization (Rotary?), or any other group that might be interested. Think big! Anybody that might care about with developmental disabilities will be worth contacting. This historic effort must be bigger than just our small communities – it's about the whole community! The simple question "do you want to work together?" may get you some surprising results.

2) Get in touch with your Legislator

While each person in the state is represented by one Senator and one Assemblymember, your actual facility may be in another location. Both count! Reach out to your representatives by phone, by letter, even on Twitter and Facebook, and ask them to support a 10% rate increase, coupled with long-term funding reform.

3) Meet your Legislator

If you've been able to collaborate and draw together a group of like-minded folks, you are in a great spot to make a huge impact in person. After getting in touch with your Legislator, make a group visit to their district office. All politics is local, and when they can put faces to the stories they hear, it makes a powerful memory.

4) Organize a site visit

Once you know who to contact, reach out to them and extend an invitation to see the services you provide. Legislators from around the state need to hear – and see – how budget cuts have hurt people with developmental disabilities, their families, and the dedicated providers who are a key component of our state's system of service.

5) Stay in touch

Are you following your Legislators online? Nearly every Legislator has a mailing list, many have Twitter accounts, and quite a few have Facebook accounts. If you can send even one tweet, or make one Facebook post, do it! Share in honest, respectful terms why our system matters, and urge them to support it.

6) Ask your Legislator to sign on in support of Senator Beall's funding request

Looking for a specific request that can help identify supporters of this reform effort? Senator Beall has [authored a letter to Governor Brown](#) asking him to make developmental services funding a priority. He has also released a letter of support for other legislators to sign on to. Ask your Legislator, whenever you contact them, to talk to Senator Beall about his letter, and sign [this letter of support!](#)

7) Organize a town hall

If your group has already met with your Legislator, and have developed a rapport with them, you may want to consider organizing a town hall. This isn't a small task, and takes a lot of work – but done right, it can have a huge impact.

8) Meet other local officials

You may know your Senator and Assemblymember well, but they represent the entire community. This creates an excellent opportunity for you – reach out to other officials! City Council members, mayors, County supervisors, and fire and police chiefs are all important leaders in the community, and they should know about the people they serve. In the same way you build relationships with state Legislators, create bonds with local officials. This will help today, and it can help tomorrow. After all, a former member of the Los Angeles Community College Board of Trustees is now Governor.

9) Issue a press release

If your group has any press contacts, there are key times during the year when a press release can help shape, or even generate, coverage in the news. If you're not already on a mailing list that discusses things like the state budget, or other key legislative events, sign up today! Letting the media know about things that matter to you – as a group of groups – can bring our system's need for funding reform to the attention of local Legislators in a unique and powerful way.

10) Attend a hearing

If you can get to Sacramento, there are a few key hearings every year at the Capitol that focus on the whole developmental services system. If your organization can attend, there is always time for public comment, and time for you to share your story.

P.S. Please keep in touch, and let us know how it went! Go to www.lanternmancoalition.org to get the latest news. Also, while this is a grassroots push, your feedback will help us all. Have any questions? Get a Legislator to sign [this letter of support](#) for Senator Beall's [Budget request](#)? Learn that they have a family member with a developmental disability? Told directly that this isn't their priority? Sharing the intel will let us ensure everyone – including you – can make best use of their time and talents! Please go to www.lanternmancoalition.org/contact and drop us a line, or email info@lanternmancoalition.org!

Links

Senator Beall's Budget Request – www.arcenet.org/docs/Local-Advocacy-Beall-Request.pdf

Support Letter – www.arcenet.org/docs/Local-Advocacy-Beall-Support-Letter.pdf



Ten Things You Can Do (Individuals)

The Lanterman Coalition, made up of the 21 major stakeholders in California’s community-based developmental service system, is uniting around a single critical goal. Years of underfunding, cuts, rate freezes, old funding formulas, and inflation have hurt service providers and regional centers’ ability to ensure people with developmental disabilities and their families get the services and supports they need. To fix this, our system needs a 10% across-the-board funding increase now, and 5% increases yearly, until funding for provider rates and regional center services is reformed.

Your advocacy matters! Our system is facing a monumental challenge. It’s big, it’s complicated, and there are a lot of moving parts. But we have to start somewhere, and a 10% budget increase for our system is the first step the Lanterman Coalition is rallying around. To make that – and comprehensive reform – happen, we need you to stand up for people with developmental disabilities, their families, service providers, and regional centers. The system that supports people to live in communities of their choosing needs you. Every voice throws light on a part of this common problem we are facing, and we need you to let your light shine!

1) Connect with your Legislator

Unless you know who represents you, they won’t know they represent you! Look them up online, and you can learn the names of your Senator and Assemblymember. Once you know who to contact, do so! Send an email, write a letter, or make a call. Tell them what matters to you – in this case, supporting the Lanterman Coalition’s budget reform request. If you’re on Twitter or Facebook, consider sharing your message with your representatives directly! Respectful but honest tweets or Facebook posts can provide great ways to help your voice be heard.

2) Ask your Legislator to sign on in support of Senator Beall’s funding request

Looking for a specific request that can help identify supporters of this reform effort? Senator Beall has authored a letter to Governor Brown asking him to make developmental services funding a priority. He has also released a letter of support for other legislators to sign on to. Ask your Legislator, whenever you contact them, to talk to Senator Beall about his letter, and sign this letter of support!

3) Meet your Legislator at their district office

How much more of an impact does it make when you meet someone in person? A lot more! This can change you from a statistic into a real person with real stories. Yes, letters count... but this type of meeting can make a lifelong impression. Contact their office and tell them you’d like to meet with the Legislator. When you get a meeting set, three things will help it be a success: know what you want to talk about (supporting the 10% budget increase and talking to Senator Beall about his leadership in developmental services), be respectful (of them and their time), and follow up with a thank you.

4) Participate in a Legislator-sponsored event

Legislators – and candidates – will often have public meetings. “Office hours” at a local coffee shop, town halls, meet-the-candidate forums, and other events are all great places to meet with the people who represent you, and tell them about why Lanterman Act services and supports matter to you. Find out about these events by signing up for their mailing lists, following them on Twitter, or “liking” them on Facebook.

5) Invite them to meet you – have a site visit!

If you are looking for the one way to have the biggest impact, a site visit is it. You’ll get to meet your legislator, talk to them about what our system needs, and show them how Lanterman Act services and supports help people live fuller, more independent lives. This takes a bit more work, but it builds on everything above, and starts with contacting their office to extend an invitation.

6) Tell the press

Letters to the editor may seem old-fashioned, but they have an impact, and can be done online. By sharing your views with the community, they will start to learn – and care – about your issues. People with developmental disabilities are family, friends, co-workers, us – and we are all part of a community. Let your community know why and how a 10% increase for developmental services will have a real effect on you!

7) Contact local journalists

You’ve written in – but are you talking with the local media? Contacting local media outlets, particularly if there is a story coming up, can be a great way for your stories and lives to be shared with the public. Our issues regularly connect to timely, relevant news stories. When journalists know you, they can talk to you. And when they do, your story can become part of the bigger picture – or if may just become a story of its own!

8) Tell your friends and family

Can you tell ten of your friends, family members, or even neighbors about this effort, and ask them to join in? This message isn’t just about you, it’s about all of us. Something as simple as directly, politely asking someone for their help can have a profound impact.

9) Keep your network informed

Does social media have a place in your life? Share your story, and tell about this campaign, online! Facebook posts, tweets, and even Tumblr or other blog platforms can be a great way to spread the word. A list of Lanterman Coalition members with active Twitter accounts is at the bottom; you can start by connecting with them!

10) Keep yourself – and the community – informed!

Go to www.lantermancoalition.org to get the latest news. Also, while this is a grassroots push, your feedback will help us all. Have any questions? Get a Legislator to sign this letter of support for Senator Beall’s Budget request? Learn that they have a family member with a developmental disability? Told directly that this isn’t their priority? Sharing the intel will let us ensure everyone – including you – can make best use of their time and talents! Please go to www.lantermancoalition.org/contact and drop us a line!

The advocacy of individuals and families like you is how our system was created. And with that same advocacy, it can be renewed!

Links

Legislator Finder – www.legislature.ca.gov/legislators_and_districts/legislators/your_legislator.html

Senator Beall’s Budget Request – www.arcanet.org/docs/Local-Advocacy-Beall-Request.pdf

Support Letter – www.arcanet.org/docs/Local-Advocacy-Beall-Support-Letter.pdf

Tri-Counties Regional Center

State Legislators

For the 2015-16 Session

Prepared by Daniel Savino, Legislative Coordinator, Association of Regional Center Agencies

- Notes -

For Senate and Assembly districts containing three or fewer zip codes served by your regional center, the district number is marked with a double dagger (‡). When another regional center shares a district with your center, and they serve three or fewer zip codes in that district, they will be marked with a double dagger (‡).

With the passage of Proposition 28 in June, 2012, newly-elected legislators may spend up to twelve years in either the Assembly or the Senate (cf. State Constitution, Article IV, Sec. 2).

Senators have four-year terms. Half of them are up for election every two years, depending on whether or not the district is an even or odd number. In 2014, all even-numbered districts were up for election. Assemblymembers have two-year terms, and every seat is contested in the general election.

The top-two election system makes state-level primary elections non-partisan, allowing any registered voter to cast a ballot for any candidate. The top two vote-getters (regardless of party) face off in the general election, even if one of them received >50% of the vote. However, for special elections – to fill a sudden vacancy – if someone gets >50% of the vote in the primary, they are the outright winner, and no general election is held.

*The 2012 redistricting lines are now in full effect, and will remain so until 2021. This ends the “deferred” and “accelerated” Senate districts; if those terms are not familiar, please consider yourself fortunate! In all cases, see the following site for maps of districts:
http://www.legislature.ca.gov/legislators_and_districts/districts/districts.html*

Senators

SD 17 – Bill Monning

** Member, Senate Budget Subcommittee #3 on Health and Human Services*

** Senate Majority Leader*

Shared with San Andreas Regional Center

Democrat – Terms out in 2020

Contact Information

Website

<http://sd17.senate.ca.gov/>

Social Media:

Facebook: www.facebook.com/bill.monning.5

Twitter: -none-

Capitol Office

Room 313

Sacramento, CA 95814

(916) 651-4017

District Office (TCRC Region)

1026 Palm Street, Suite 201

San Luis Obispo, CA 93401

(805) 549-3784

SD 19 – Hannah-Beth Jackson

Democrat – Terms out in 2020

Contact Information

Website

<http://sd19.senate.ca.gov/>

Social Media

Facebook: www.facebook.com/SenHannahBeth

Twitter: @SenHannahBeth

Capitol Office

Room 2032

Sacramento, CA 95814

(916) 651-4019

District Offices

222 E. Carrillo Street, Suite 309

Santa Barbara, CA 93101

(805) 965-0862

(Sen. Jackson – District Offices)

300 E. Esplande Dr., Suite 430
Oxnard, CA 93036
(805) 988-1940

SD 27 – Fran Pavley

*Shared with North LA County Regional Center, Westside Regional Center
Democrat – Terms out in 2016*

Contact Information

Website

<http://sd27.senate.ca.gov>

Social Media

Facebook: www.facebook.com/pages/Senator-Fran-Pavley/267100189972173

Twitter: @SenatorPavley

Capitol Office

Room 5108
Sacramento, CA 95814
(916) 651-4027

District Office

5016 N. Parkway Calabasas, Suite 222
Calabasas, CA 91302
(818) 876-3352

Assemblymembers

AD 35 – Katcho Achadjian

Republican – Terms out in 2016

Contact Information

Website

<https://ad35.assemblygop.com/>

Social Media

Facebook: www.facebook.com/assemblymankatcho.achadjian

Twitter: @KatchoAchadjian [not active]

Capitol Office

Room 4098

Sacramento, CA 95814

(916) 319-2035

District Office

1150 Osos Street, Suite 207

San Luis Obispo, CA 93401

(805) 549-3381

AD 37 – Das Williams

Democrat – Terms out in 2016

Contact Information

Website

<http://www.asmdc.org/members/a37/>

Social Media

Facebook: www.facebook.com/das.williams

Twitter: @DasWilliams

Capitol Office

Room 4005

Sacramento, CA 95814

(916) 319-2037

District Offices

101 West Anapamu Street, Suite A

Santa Barbara, CA 93101

(805) 564-1649

(Asm. Williams - District Offices)

89 South California Street, Suite F
Ventura, CA 93001
(805) 641-3700

AD 38 – Scott Wilk

*Shared with North LA County Regional Center
Republican – Terms out in 2024*

Contact Information

Website

<http://ad38.assemblygop.com>

Social Media

Facebook: www.facebook.com/stwilk

Twitter: @ScottWilkCA

Capitol Office

Room 4158
Sacramento, CA 95814
(916) 319-2038

District Office

27441 Tourney Road, Suite 160
Valencia, CA 91355
(661) 286-1565

AD 44 – Jacqui Irwin

*Shared with North LA County Regional Center
Democrat – Terms out in 2026*

Contact Information

Website

<http://asmdc.org/members/a44>

Social Media

Facebook: www.facebook.com/ElectJacquiIrwin

Twitter: @jacquiirwin

Capitol Office

Room 6011
Sacramento, CA 95814
(916) 319-2044

(Asm. Irwin - District Office)

2301 East Daily Drive, Suite 200
Camarillo, CA 93010
(805) 482-1904

AD 45† – Matthew Dababneh

*Shared with North LA County Regional Center, Westside Regional Center‡
Democrat – Terms out in 2024*

Contact Information

Website

<http://asmdc.org/members/a45>

Social Media

Facebook: www.facebook.com/matt.dababneh

Twitter: @MattDababneh

Capitol Office

Room 4112
Sacramento, CA 95814
(916) 319-2045

District Office

6150 Van Nuys Blvd., Suite 306
Van Nuys, CA 91401
(818) 904-3840

Cathy Berry - Two of ARCA's top Budget priorities

From: Daniel at ARCA<dsavino@arcanet.org>
To: Cathy<cberry@tri-counties.org>
Date: 1/28/2015 3:00 PM
Subject: Two of ARCA's top Budget priorities

The 10% campaign and ending the AFPF are two of our major goals...

[View this email in your browser](#)

ARCA
ASSOCIATION OF
REGIONAL CENTER AGENCIES



10% - Yes! AFPF - No!

ARCA is working hard with the other Lanterman Coalition members for a 10% across-the-board rate increase for developmental services providers and regional centers. And [we still need your help!](#) But we've got another iron in the fire!

We're working to end the "Annual Family Program Fee" (AFPF), sometimes called "the disability tax." While it doesn't affect everyone, it requires impacted families to pay an annual fee to the state because they have at least one child who requires regional center services. This payment can be a barrier to services for some families because the cost of raising a child is high, but the cost of raising a child with a developmental disability is even higher. Last year, around 10,000 families were impacted by this.

Who is impacted by the Annual Family Program Fee?

If your child is not on Medi-Cal and receives Early Start or regional center services, your income is above a certain level, and you've ever been sent a \$150 or \$200 bill that looks [like this](#), you've been assessed that fee. It was introduced in 2011 as a cost-saving



There are two other fees that some individuals may be charged - don't get confused!

* The [Parental Fee](#) is only for parents whose children - younger than 18 - do **not** live at home.

* The [Family Cost Participation Program](#)

is just for respite, camp, and day care.

measure. But it's proven to be a bad policy.

**We need families' personal stories to help us fight to end
Annual Family Program Fees!**

It's time to remove this artificial barrier, and you can help us! Have you been assessed an Annual Family Program Fee, and has this fee made it harder for you to access regional center or Early Start services? We're looking to share your stories with the Legislature, to put faces to the numbers. Tell us how this has hurt you! Contact Daniel (dsavino@arcenet.org) by February 17th and describe what this has meant for you.

Your stories, your advocacy, and our shared goals. Together, we can work to improve the way California serves people with developmental disabilities!

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You're receiving this email because you signed up for ARCA's updates on the Renew Early Start campaign and similar issues, or via our petition on this.

Our mailing address is:

ARCA
915 L Street, Suite 1440
Sacramento, CA 95814

[Add us to your address book](#)

Got this from a friend and don't want it? Please hit "reply" and ask them to take you off future mailings.
Got this from directly from us and don't want to be on our list any more? Unsubscribe [here](#) =)



Drop me a line at dsavino@arcenet.org before February 17th if you have a story to share about your experience with the AFPP!

Asm. Human Services

Chair: Kansen Chu (D-25 | SARC/RCEB)

Vice Chair: Chad Mayes (R-42 | IRC)

Ian Calderon (D-57 | ELARC, SGPRC, LRC, HRC)

Patty López (D-39 | LRC, NLACRC)

Brian Maienschein (R-77 | SDRC)

Mark Stone (D-29 | SARC)

Tony Thurmond (D-15 | RCEB)

Sen. Human Services

Chair: Mike McGuire (D-02 | RCRC, NBRC, GGRC, FNRC)

Vice Chair: Tom Berryhill (R-08 | VMRC, CVRC, KRC, ACRC)

Loni Hancock (D-09 | RCEB)

Carol Liu (D-25 | LRC, NLACRC, SGPRC, ELARC, IRC)

Janet Nguyen (R-34 | RCOG, HRC)

Assembly Budget Subcommittee #1 on Health and Human Services

Chair: Tony Thurmond (D-15 | RCEB)

Rob Bonta (D-18 | RCEB)

David Chiu (D-17 | GGRC)

Shannon Grove (R-34 | KRC)

Brian Jones (R-71 | SDRC, IRC)

Senate Budget Subcommittee #3 on Health and Human Services

Chair: Holly Mitchell (D-30 | LRC, SCLARC, WRC)

Bill Monning (D-17 | SARC, TCRC)

Jeff Stone (R-28 | IRC)

Assembly Budget

Chair: Shirley Weber (D-79 | SDRC)

Vice Chair: Melissa Melendez (R-67 | IRC)

Senate Budget

Chair: Mark Leno (D-11 | GGRC)

Vice Chair: Jim Nielsen (R-04 | FNRC, ACRC)

Assembly Appropriations

Chair: Jimmy Gomez (D-51 | ELARC, LRC)

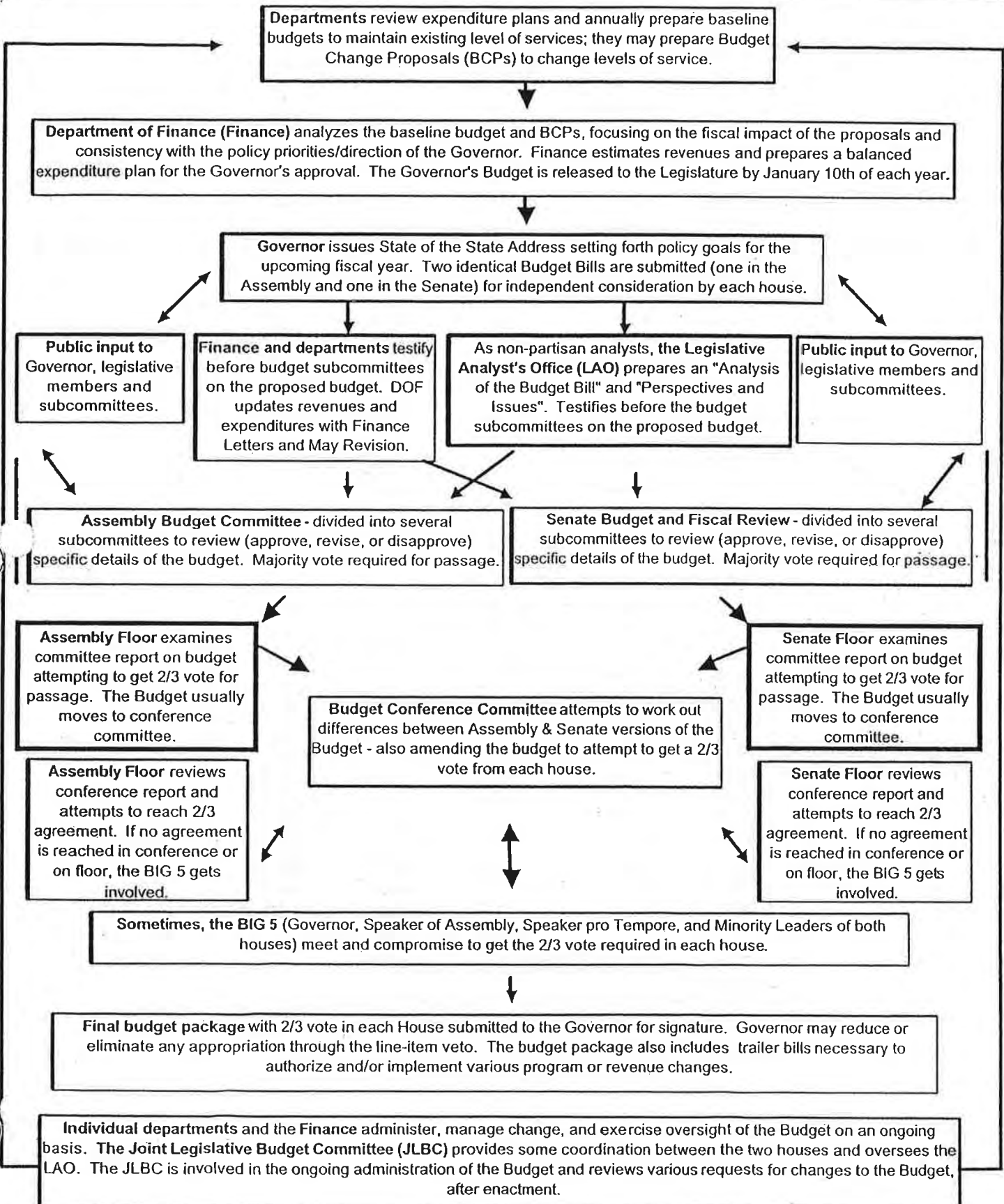
Vice Chair: Frank Bigelow (R-05 | VMRC, ACRC, CVRC, KRC)

Senate Appropriations

Chair: Ricardo Lara (D-33 | HRC, SCLARC)

Vice Chair: Patricia Bates (R-36 | RCOG, SDRC)

THE ANNUAL BUDGET PROCESS



*Department of Developmental Services***Self-Determination Program - Frequently Asked Questions**

Q1. What is the Self-Determination Program?

A. As authorized in Welfare and Institutions Code, Section 4685.8, "the Self-Determination Program (SDP) is a voluntary delivery system consisting of a mix of services and supports, selected and directed by a participant through person-centered planning, in order to meet the objectives in his or her Individual Program Plan (IPP). Self-determination services and supports are designed to assist the participant to achieve personally defined outcomes in community settings that promote inclusion."

Q2. When does the SDP start?

A. The program will start once it is approved for federal funding. The Department is working with stakeholders to draft a Home and Community-Based Services Waiver application that will be submitted for approval to the Centers for Medicare and Medicaid Services no later than December 31, 2014. Upon approval of the Waiver application, the SDP will be implemented for up to 2,500 participants during the first three years. After this three year phase-in period, the program will be available to all consumers.

Q3. How can I keep updated on the progress of the SDP?

A. Updates will be posted as they become available on the Self-Determination website. If you want to be notified when updates are made, email sdp@dds.ca.gov and ask to be included on the update notification list.

Q4. Who is eligible for the SDP?

A. An individual must meet the following eligibility requirements:

- Has a developmental disability and currently receives services from a regional center or is a new consumer of a regional center;
- Agrees to specific terms and conditions, which include but are not limited to, participation in an orientation to SDP, working with a Financial Management Services entity, and managing SDP services within an individual budget amount.
- An individual who lives in a licensed long-term health care facility (i.e., a Skilled Nursing Facility, Intermediate Care Facility) is not eligible to participate in the SDP. If someone lives in one of these facilities and is interested in the SDP, he or she can request that the regional center provide person-centered planning services in order to make arrangements for transition to the SDP, provided that he or she is reasonably expected to transition to the community within 90 days.

Q5. What if participants are happy with their current service delivery program and do not wish to enroll in the SDP?

A. Enrollment in the SDP is completely voluntary. Just like any other program offered under the Lanterman Developmental Disabilities Services Act in California, an individual chooses what is best for him or her. An individual may choose to participate in, and may choose to leave, the SDP at any time.

Q6. How much responsibility will participants or their family have if they choose to participate in the SDP?

A. The participant will need to develop a person-centered plan and select individuals or members from their planning team to help implement the plan. The participant will also need to choose a Financial Management Services entity that will work with him or her to monitor their individual budget.

Q7. What are Financial Management Services?

A. Financial Management Services assist the participant to manage and direct the funds contained in the individual budget, and ensure that the participant can implement his or her IPP throughout the year. Financial Management Services may include bill paying services and activities that facilitate the hiring of support workers for the participant.

Q8. What is an individual budget?

A. It is the amount of money a SDP participant has available to purchase needed services and supports.

Q9. How does the individual budget amount get determined? UPDATED

A. The individual budget is determined by the IPP team, and is based upon the amount of purchase of service (POS) funds used by the individual in the most recent 12-months. This amount can be adjusted, up or down, if the IPP team determines that the individual's needs, circumstances, or resources has changed. Additionally, the IPP team may adjust the budget to support any prior needs or resources that were not addressed in the IPP.

Q10. How does the individual budget amount get determined for an individual, who is either new to the regional center, or does not have a 12-month history of POS costs? NEW

A. For these individuals, the individual budget amount is determined by the IPP team, and is based upon the average POS cost of services and supports, paid by the regional center, that are identified in the individual's IPP. The average cost may be adjusted, up or down, by the regional center, if needed to meet the individual's unique needs.

Q11. Are there restrictions on what the individual budget can be used for?

A. Yes, a participant can only purchase services and supports as described in the SDP Waiver and in the IPP. Services funded through other sources (e.g., Medi-Cal, schools) cannot be purchased with SDP funds.

Q12. If I choose to participate in the SDP, will I still have the same rights? NEW

A. Yes, participants enrolled in the SDP will have the same rights established under the traditional service model (e.g. appeals, eligibility determinations, all rights associated with the IPP process).

Q13. How can someone learn more about the SDP?

A. Interested participants, families, or others are encouraged to visit the Self-Determination website (www.dds.ca.gov/sdp) to find out more information about SDP. The site will be updated as more information is available.

Q14. This sounds great; can I enroll in Self-Determination now?

A. The process for selecting and enrolling the 2,500 participants in the first three years has not been finalized. However, you can email sdp@dds.ca.gov to express your interest in the program and you'll receive notice of website updates on the progress of the SDP, including the enrollment process. Please include your name and/or the name of the person interested in enrollment and the regional center you are with in the email.



California's Protection & Advocacy System
Toll-Free (800) 776-5746

SB 468 (Emmerson/Beall/Mitchell/Chesbro) Statewide Self-Determination Program

December 2013, Pub. #F077.01

SB 468¹ creates a state-wide Self-Determination Program which is a voluntary, alternative to the traditional way of providing regional center services. It provides consumers and their family with more control over the services and supports they need. Consumers and families for example, may purchase existing services from services providers or local businesses, hire support workers or negotiate unique arrangements with local community resources. Self-determination provides consumers, and their families, with an individual budget², which they can use to purchase the services and supports they need to implement their Individual Program Plan (IPP).

1. When will the statewide Self-Determination Program be up and running?

It will take several years for self-determination to be in place. First, the Department of Developmental Services (DDS) has until December 31, 2014 to apply for federal Medicaid funding to establish and fund the program. Once federal approval is obtained, most likely in 2015, the program will be available statewide but for the first three years is capped

¹ http://www.leginfo.ca.gov/pub/13-14/bill/sen/sb_0451-0500/sb_468_bill_20131009_chaptered.pdf

² See question 6 for an explanation of the individual budget

at 2500 individuals. After the three-year phase-in period, the program is available to all eligible consumers on a voluntary basis.

2. Who is eligible for the Self-Determination Program?

To be eligible for the program, you must:

(1) Have a developmental disability, as defined in the Lanterman Act³, and currently be receiving services under the Lanterman Act. This means that consumers between the ages of birth through two who receive services under the California Early Intervention Services⁴ program are not eligible to participate. However, consumers who are age 3 or older but new to the regional center system are eligible to participate in self-determination.

(2) Not live in a licensed long-term health care facility unless transitioning from that facility⁵.

(3) Agree to do the following:

---Receive an orientation to the Self-Determination Program.

---Utilize self-determination services and supports only when generic services and supports are not available⁶.

---Manage the services and supports within your individual budget.

--Utilize the services of a fiscal manager you choose who is vendored by a regional center.

3. How will the Self-Determination Program be implemented?

Each regional center is required to implement the Self-Determination Program and do the following:

1) Contract with local consumer or family-run organizations to conduct outreach to consumers and families to provide information about the Self-Determination Program and help ensure that the program is available to a diverse group of participants and underserved communities; and

2) Collaborate with the local consumer or family-run organizations to jointly conduct training on the Self-Determination Program for interested consumers and their families.

³ See Welfare and Institutions Code Section 4512

⁴ The early intervention law is found in Government Code Section 95000 et seq.

⁵ These facilities are defined in paragraph (44) of subdivision (a) of Section 54302 of Title 17 of the California Code of Regulations

⁶ This requirement to use generic services is identical to the generic services requirement in the traditional regional center system

4. How will regional centers decide who participates in the program during the three year phase in period?

The Self-Determination Program must be available to individuals who reflect the disability, ethnic and geographic diversity of the state. While SB 468 does not specify how participants will be chosen during the initial phase-in period, regional centers must ensure that the program is available to the diverse group of consumers served in their catchment area.

In the first three years, DDS will determine the number of Self-Determination Program participants in each regional center. This will be based on the relative percentage of total consumers served by the regional centers minus any remaining participants in the self-determination pilot projects.

The bill also recognizes that consumers in traditionally underserved linguistic, cultural, socioeconomic, and ethnic communities have unique challenges in accessing needed regional center services and that the Self-Determination Program offers increased service flexibility, which will help promote access to needed services for these consumers and their families.

5. How is my IPP developed in the Self-Determination Program?

Your IPP team will use a person-centered planning process to develop your IPP. The IPP will include the services and supports, selected and directed by you to achieve the objectives in your IPP. Information about your IPP may be found in our publication "Rights Under the Lanterman Act", Chapter 4: Individual Program Plans:

<http://www.disabilityrightsca.org/pubs/PublicationsRULAEnglish.htm>

6. How is my individual budget determined in the Self-Determination Program?

The individual budget is the amount of regional center funding available to you to purchase the services and supports you need to implement your IPP and ensure your health or safety. The individual budget is calculated once during a 12-month period but may be revised to reflect a change in your circumstances, needs or resources.

For current regional center consumers, the budget will equal 100% of the amount of the total purchase of service expenditures made by the regional center during the past 12 months. This amount can be adjusted by the IPP team, if the team determine an adjustment is needed for one of the following reasons:

---There is a change in your circumstances, needs, or resources that would result in and increase or decrease in your purchase of service expenditures; or

--There are prior needs or resources that were unaddressed in the IPP, which would have resulted in an increase or decrease in your purchase of service expenditures.

For a participant who is new to the regional center system or does not have 12 months of purchase of service expenditures, the IPP team will determine the services and supports needed and available resources. The regional center will use this information to identify the cost of providing the services and supports based on the average cost paid by the regional center unless the regional center determines that you have unique needs that require a higher or lower cost. This amount will be your individual budget unless it is adjusted as described below.

The regional center must certify that regional center expenditures for the individual budget, including any adjustment for current consumers, would have occurred regardless of your participation in the Self-Determination Program.

The budget will not be adjusted to include additional funds for either the independent facilitator or the financial management services.

7. Who can assist me during the person-centered planning process?

You can use an independent facilitator that they select to assist in the person-centered planning and IPP processes. An independent facilitator must be a person who does not provide services to you and is not employed by a person who provides services to you. You may also use a regional center service coordinator to assist with these functions. An

independent facilitator can advocate for you during a person centered planning meeting, assist you in making informed choices about your budget, and help you identify and secure services. The cost of the independent facilitator is paid from your individual budget.

8. Who assists me with managing my budget so that my funds will last throughout the year?

Participants are required to use a fiscal manager, vendored through the regional center, to help manage and direct the distribution of funds contained in your individual budget and ensure you have enough funds to implement your IPP throughout the year. These services can include bill paying, facilitating the employment of service and support workers, accounting, and compliance with applicable laws. The cost of the fiscal manager is paid from your individual budget, except for the costs of any criminal background check. You and your regional center service coordinator will receive a monthly statement from the fiscal manager which shows the budget amount in each category, the amount you have spent and the amount remaining.

9. Can I move money around in my budget?

The bill allows you to annually transfer up to 10% of the funds originally distributed to any budget category to another budget category or categories, and allows transfers of more than 10% provided the transfer is approved by your IPP team or the regional center. DDS will determine the budget categories with input from stakeholders.

10. What services and supports can I get with self-determination?

The Self-Determination Program will fund only those services and supports that are eligible for federal matching funds and only when generic services (for example, other governmental services such as special education, IHSS, Medi-Cal or insurance) are not available. It will also allow the purchase of some services which were suspended

services such as social recreation, camping, non-medical therapies, and respite⁷.

**11. What happens if I move from one regional center to another?
Can I still participate in the Self-Determination Program?**

You will continue to receive self-determination services and supports if you transfer to another regional center catchment area, provided that you remain eligible for the program. The bill requires the balance of your individual budget to be reallocated to the receiving regional center.

12. What happens if I no longer want to participate in self-determination or am no longer eligible for the program?

The bill requires regional centers to provide for your transition from the Self-Determination Program to traditional regional center services and supports if you are no longer eligible for or voluntarily choose to leave the program..

13. If I leave the Self-Determination Program, can I return?

If the regional center finds you ineligible for the Self-Determination Program you can return to the program upon meeting all applicable eligibility requirements, and upon approval of your planning team. If you, leave the program voluntarily you cannot return to the program for at least twelve months. During the first three years of the program, your right to return is also conditioned on your regional center not having reached its limit on the number of participants.

14. Can my regional center require me to participate in self-determination if I don't want to?

The Self-Determination Program is fully voluntary. A regional center cannot require participation in the program.

15. What if I am in a licensed long-term care facility and I want to participate in the in Self-Determination?

⁷ Welfare and Institutions Code Section 4648.5(a) and 4686.5

If you currently live in a licensed long-term care facility you are not eligible for the Self-Determination Program. However, you may request that the regional center provide person-centered planning services in order to make arrangements for transition to the Self-Determination Program, provided that you are reasonably expected to transition to the community within 90 days. In that case, the regional center shall initiate person-centered planning services within 60 days of the request. If you are not ready to transition to the community, you may ask that your interest in self-determination be reflected in your IPP and request the regional center help you participation in self-determination as part of the transition process.

16. What if I do not receive Medi-Cal? Can I still participate in self-determination?

The bill authorizes participation in the Self-Determination Program for consumers who are not eligible for Medi-Cal, provided that they meet all other program eligibility requirements and the services and supports they receive are otherwise eligible for federal matching.

17. How does the Self-Determination Program ensure the safety of consumers?

The bill establishes criminal background check requirements for providers of services and supports under the Self-Determination Program. It requires DDS to issue a program directive identifying the non-vendored providers that must submit to a criminal background check, which shall include but not be limited to, individuals who provide direct personal care services to a participant and other non-vendored providers for whom a criminal background check is requested by a participant or his/her financial management service. The criminal background check includes a fingerprint requirement for all prospective providers. The cost of the background check is paid by the provider of services.

18. What happens to the individuals who are participating in the self-determination pilot programs?

Individuals receiving services and supports under the self-determination pilot projects can either continue to receive services and supports under the Self-Determination Program, or transition to the traditional model of providing services and supports within the regional center system.

19. What steps can I take if I disagree with a regional center's decision?

The Lanterman Act due process rights apply to self-determination participants. This means, for example, you will receive notice of the regional center finds you ineligible for self-determination or proposes to changes your budget. It also means that you can request a hearing if you disagree with a regional center decision such as your right to participate in self-determination or the amount of your budget.

20. How does the Self-Determination Program ensure transparency and accountability?

Each regional center is required to have a volunteer advisory committee; the majority of whose members are consumers and family members appointed by the regional center and the local Area Board. The clients' rights advocates are also part of the committee. The state Developmental Disability Council will also convene a statewide advisory committee to identify best practices, design effective training materials, and make recommendations for improvements in the Self-Determination Program. DDS is also required to collect and report outcome data to the Legislature as a means of ensuring transparency and accountability.

21. What can consumers and family members do now to learn more or help implement the statewide Self-Determination Program created by SB 468?

-- The Autism Society of Los Angeles plans to hold trainings and conferences as well as distribute materials so consumers and families can learn more. Check the Autism Society's website at www.autismla.org to learn more.

--If you are part of a self-advocacy group or family member groups, you ask your Clients' Rights Advocate or Area Board to do a training about self-determination for your group.

--Share information about self-determination with other consumers and families.

--At your next IPP meeting, ask your regional center to note on your IPP that you are interested in participating in self-determination.

--Volunteer to be on your regional center's advisory committee when it is formed, probably in 2015.

--DDS will obtain input from stakeholders in several areas including, informational materials, possible other budget methodologies and uniform budget categories, and may adopt regulations. You may want to look at DDS website, www.dds.ca.gov, to learn about opportunities to provide input.

Disability Rights California is funded by a variety of sources, for a complete list of funders, go to <http://www.disabilityrightsca.org/Documents/ListofGrantsAndContracts.html>.

**Similarities and Differences between
Traditional Regional Center Service Provision
and the New Self-Determination Program**

	Traditional Regional Center Service Provision	Self-Determination Program
Eligibility - Age	All ages	Over age of 3
Eligibility – Living Arrangement	All settings	Must live in community. Can use SDP in licensed long-term health facility if you are expected to move to the community within 90 days
Planning Process	Individual Program Plan (IPP) - Meeting where goals are established and services and supports are decided	Person Centered Plan (PCP) – A group of people focus on an individual and that person's vision of what they would like to do in the future. The IPP team shall use the Person Centered Planning process to develop the IPP
Frequency of planning process	IPP at least every three years, annually at most regional centers, or within 30 days of a request	PCP at least annually but as often as needed
Who decides what services I get?	Regional Center, but you can reject services	You, to meet the objectives in the IPP
Who pays the bills?	Regional Center	Financial Management Service
Do services have to be provided by vendors of the regional center?	Yes, except in very limited circumstances.	No

	Traditional Regional Center Service Provision	Self-Determination Program
Who finds the service providers?	Regional Center	You, Independent Facilitator, Financial Management Services, Friends, and Family
Does regional center monitor the quality of a service provider?	Yes	No
Are services that are available through generic agencies like school or Medi-Cal paid by regional center or thru my budget?	No	No
Can you change service providers?	Yes, if regional center agrees	Yes
Do I have appeal rights?	Yes	Yes



SB-1093 Developmental services: regional centers: culturally and linguistically competent services. (2013-2014)

Senate Bill No. 1093

CHAPTER 402

An act to amend Sections 4519.5 and 4629 of, and to add Section 4688.05 to, the Welfare and Institutions Code, relating to developmental services.

[Approved by Governor September 18, 2014. Filed with Secretary of State September 18, 2014.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1093, Liu. Developmental services: regional centers: culturally and linguistically competent services.

(1) The Lanterman Developmental Disabilities Services Act requires the State Department of Developmental Services to contract with regional centers to provide services and supports to individuals with developmental disabilities. The services and supports to be provided to a regional center consumer, which include services and supports that are directed toward the achievement and maintenance of an independent, productive, and normal life for the consumer such as daily living skills training, are contained in an individual program plan or individualized family service plan developed in accordance with prescribed requirements.

This bill would require regional centers to provide independent living skills services to an adult consumer, consistent with a consumer's individual program plan, that provide the consumer with functional skills training that enables him or her to acquire or maintain skills to live independently in his or her own home, or to achieve greater independence while living in the home of a parent, family member, or other person.

(2) Existing law requires that contracts entered into with regional centers include annual performance objectives, including annual performance objectives that are specific, measurable, and designed to, among other things, develop services and supports identified as necessary to meet identified needs. Existing law also requires that each contract with a regional center specify steps to be taken to ensure contract compliance, and, if a regional center is placed on probation pursuant to these steps, requires the department to provide the appropriate area board with a copy of the correction plan, timeline, and any other action taken by the department.

This bill would require that annual performance objectives be designed to, among other things, develop services and supports identified as necessary to meet identified needs, which includes culturally and linguistically appropriate services and supports. The bill would require that, if a regional center is placed on probation, the department also provide a copy of the correction plan, timeline, and any other action taken by the department to a specified clients' rights advocacy contractor.

(3) Existing law requires the department and regional centers to annually collaborate to compile specified data relating to purchase of service authorization, utilization, and expenditure by each regional center and requires that data to include the number and percentage of individuals, categorized by age, race or ethnicity, and disability, who have been determined to be eligible for regional center services, but who are not receiving purchase of service funds. Existing law requires each regional center and the department to annually post this information on their respective Internet Web sites, as prescribed, and requires each regional center to hold annual stakeholder meetings regarding the data.

This bill would additionally require the data to include, and be categorized by, residence type and subcategorized by age, race or ethnicity, and primary language. The bill would also require the department and each regional center to maintain all preceding years' data on its Internet Web site. The bill would require that regional centers hold the annual stakeholder meetings regarding the data separately from any meetings of its board of directors, schedule the meetings at times and locations designed to result in a high turnout by the public and underserved communities, and, in holding the meetings, consider the language needs of the community. The bill would require the regional centers to provide participants of these meetings with the data and associated information and to conduct a discussion of the data and associated information in a manner that is culturally and linguistically appropriate for that community, as specified.

This bill would also require each regional center to annually report to the department specified information regarding its implementation of those provisions. The bill would require the reports to be posted on the department's and each regional center's Internet Web site by August 31 of each year.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 4519.5 of the Welfare and Institutions Code is amended to read:

4519.5. (a) The department and the regional centers shall annually collaborate to compile data in a uniform manner relating to purchase of service authorization, utilization, and expenditure by each regional center with respect to all of the following:

- (1) The age of consumer, categorized by the following:
 - (A) Birth to age two, inclusive.
 - (B) Three to 21, inclusive.
 - (C) Twenty-two and older.
- (2) Race or ethnicity of the consumer.
- (3) Primary language spoken by the consumer, and other related details, as feasible.
- (4) Disability detail, in accordance with the categories established by subdivision (a) of Section 4512, and, if applicable, a category specifying that the disability is unknown.
- (5) Residence type, subcategorized by age, race or ethnicity, and primary language.
 - (b) The data reported pursuant to subdivision (a) shall also include the number and percentage of individuals, categorized by age, race or ethnicity, and disability, and by residence type, as set forth in paragraph (5) of subdivision (a), who have been determined to be eligible for regional center services but are not receiving purchase of service funds.
 - (c) By March 31, 2013, each regional center shall post the data described in this section that is specific to the regional center on its Internet Web site. Commencing on December 31, 2013, each regional center shall annually post this data by December 31. Each regional center shall maintain all previous years' data on its Internet Web site.
 - (d) By March 31, 2013, the department shall post the information described in this section on a statewide basis on its Internet Web site. Commencing December 31, 2013, the department shall annually post this information by December 31. The department shall maintain all previous years' data on its Internet Web site. The department shall also post notice of any regional center stakeholder meetings on its Internet Web site.
 - (e) Within three months of compiling the data with the department, and annually thereafter, each regional center shall meet with stakeholders in one or more public meetings regarding the data. The meeting or meetings shall be held separately from any meetings held pursuant to Section 4660. The regional center shall provide participants of these meetings with the data and any associated information, and shall conduct a discussion of the data and the associated information in a manner that is culturally and linguistically appropriate for that community, including providing alternative communication services, as required by Sections 11135 to 11139.7, inclusive, of the Government Code and implementing regulations. Regional centers shall inform the department of the scheduling of those public meetings 30 days prior to the meeting. Notice of the meetings shall also be posted on the regional center's Internet Web site 30 days prior to the meeting and shall be sent to

individual stakeholders and groups representing underserved communities in a timely manner. Each regional center shall, in holding the meetings required by this subdivision, consider the language needs of the community and shall schedule the meetings at times and locations designed to result in a high turnout by the public and underserved communities.

(f) (1) Each regional center shall annually report to the department regarding its implementation of the requirements of this section. The report shall include, but shall not be limited to, all of the following:

(A) Actions the regional center took to improve public attendance and participation at stakeholder meetings, including, but not limited to, attendance and participation by underserved communities.

(B) Copies of minutes from the meeting and attendee comments.

(C) Whether the data described in this section indicates a need to reduce disparities in the purchase of services among consumers in the regional center's catchment area. If the data does indicate that need, the regional center's recommendations and plan to promote equity, and reduce disparities, in the purchase of services.

(2) Each regional center and the department shall annually post the reports required by paragraph (1) on its Internet Web site by August 31.

SEC. 2. Section 4629 of the Welfare and Institutions Code is amended to read:

4629. (a) The state shall enter into five-year contracts with regional centers, subject to the annual appropriation of funds by the Legislature.

(b) The contracts shall include a provision requiring each regional center to render services in accordance with applicable provision of state laws and regulations.

(c) (1) The contracts shall include annual performance objectives that shall do both of the following:

(A) Be specific, measurable, and designed to do all of the following:

(i) Assist consumers to achieve life quality outcomes.

(ii) Achieve meaningful progress above the current baselines.

(iii) Develop services and supports identified as necessary to meet identified needs, including culturally and linguistically appropriate services and supports.

(B) Be developed through a public process as described in the department's guidelines that includes, but is not limited to, all of the following:

(i) Providing information, in an understandable form, to the community about regional center services and supports, including budget information and baseline data on services and supports and regional center operations.

(ii) Conducting a public meeting where participants can provide input on performance objectives and using focus groups or surveys to collect information from the community.

(iii) Circulating a draft of the performance objectives to the community for input prior to presentation at a regional center board meeting where additional public input will be taken and considered before adoption of the objectives.

(2) In addition to the performance objectives developed pursuant to this section, the department may specify in the performance contract additional areas of service and support that require development or enhancement by the regional center. In determining those areas, the department shall consider public comments from individuals and organizations within the regional center catchment area, the distribution of services and supports within the regional center catchment area, and review how the availability of services and supports in the regional area catchment area compares with other regional center catchment areas.

(d) Each contract with a regional center shall specify steps to be taken to ensure contract compliance, including, but not limited to, all of the following:

(1) Incentives that encourage regional centers to meet or exceed performance standards.

(2) Levels of probationary status for regional centers that do not meet, or are at risk of not meeting, performance standards. The department shall require that corrective action be taken by any regional center

which is placed on probation. Corrective action may include, but is not limited to, mandated consultation with designated representatives of the Association of Regional Center Agencies or a management team designated by the department, or both. The department shall establish the specific timeline for the implementation of corrective action and monitor its implementation. When a regional center is placed on probation, the department shall provide the appropriate area board and the clients' rights advocacy contractor identified in Section 4433 with a copy of the correction plan, timeline, and any other action taken by the department relating to the probationary status of the regional center.

(e) In order to evaluate the regional center's compliance with its contract performance objectives and legal obligations related to those objectives, the department shall do both of the following:

(1) Annually assess each regional center's achievement of its previous year's objectives and make the assessment, including baseline data and performance objectives of the individual regional centers, available to the public. The department may make a special commendation of the regional centers that have best engaged the community in the development of contract performance objectives and have made the most meaningful progress in meeting or exceeding contract performance objectives.

(2) Monitor the activities of the regional center to ensure compliance with the provisions of its contracts, including, but not limited to, reviewing all of the following:

(A) The regional center's public process for compliance with the procedures set forth in paragraph (2) of subdivision (c).

(B) Each regional center's performance objectives for compliance with the criteria set forth in paragraphs (1) and (2) of subdivision (c).

(C) Any public comments on regional center performance objectives sent to the department or to the regional centers, and soliciting public input on the public process and final performance standards.

(f) The renewal of each contract shall be contingent upon compliance with the contract including, but not limited to, the performance objectives, as determined through the department's evaluation.

SEC. 3. Section 4688.05 is added to the Welfare and Institutions Code, to read:

4688.05. Regional centers shall provide independent living skills services to an adult consumer, consistent with his or her individual program plan, that provide the consumer with functional skills training that enables him or her to acquire or maintain skills to live independently in his or her own home, or to achieve greater independence while living in the home of a parent, family member, or other person.



Tri-Counties Regional Center

Coming in March...

POS Expenditure Data Meetings

Three Main Meetings

All Held at TCRC Offices

Tuesday, March 10th in San Luis Obispo

Tuesday, March 24th in Santa Barbara (Annex)

Thursday, March 26th in Oxnard

Time: 5:30 to 7:00 pm

Format

- 5:30 Light Meal Served
- 6:00 Data Presentation
- 6:20 Small Group Discussions to Gather Input
- 6:50 Closing Remarks
- 7:00 Adjourn
- TCRC representatives, Family Resource Center, State Council on Developmental Disabilities Central Coast and Clients Rights Advocate will be available after the presentation until 8:00 pm to meet with people.

Be sure to check our website for updated information:

www.tri-counties.org

Highlights

- Informational Night with representatives from:
 - TCRC (service coordination, Early Start, behavioral services, private insurance)
 - Family Resource Center
 - State Council on Developmental Disabilities Central Coast
 - Clients Rights Advocate
- Light meal served
- Meeting facilitation
- Child care being considered (reservations required)
- Spanish translation
- Raffle (being considered)

Three Additional Meetings

These additional meetings will be held in local community settings at other locations in TCRC's catchment area including:

- Santa Paula
- Santa Maria/Lompoc
- Grover Beach/Arroyo Grande/Paso Robles

Locations, dates and times to be finalized soon.

Communication

- Notice posted on TCRC's website at least 30 days before
- Postcard to be mailed to TCRC's mailing list
- Postcards to be placed in TCRC's lobbies
- Flyer to be sent by Family Resource Centers
- SCDDCC to notify their constituents
- TCRC staff to individually inform persons served and families
- TCRC managers to inform local advocacy & parent groups

