AGENDA - PART 2

ASSEMBLY BUDGET SUBCOMMITTEE NO. 1

HEALTH AND HUMAN SERVICES

ASSEMBLYMEMBER TONY THURMOND, CHAIR

WEDNESDAY, MAY 18, 2016

1:30 P.M. OR UPON CALL OF THE CHAIR - STATE CAPITOL ROOM 447

VOTE-ONLY

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ITEMS TO BE HEARD

5160 DEPARTMENT OF REHABILITATION

The Department of Rehabilitation will present on the Supported Employment Rate Increase.

ISSUE 1: SUPPORTED EMPLOYMENT RATE INCREASE

This proposal requests an increase of $500,000 in order to fund the supported employment provider hourly rate consistent with the provisions of Chapter 3, Statutes of 2016, Second Extraordinary Session (ABX2 1). ABX2 1 required the Department of Developmental Services to increase the supported employment hourly rate by $3.42. To avoid disparity and competition among service providers, an identical rate increase is necessary for supported employment providers serving Department of Rehabilitation consumers.

STAFF COMMENTS

Staff has no concerns with this proposal.

Staff Recommendation: Hold open.

4300 DEPARTMENT OF DEVELOPMENTAL SERVICES

The Governor's January budget proposals related to both the Developmental Centers and Community Services divisions for the Department of Developmental Services (DDS) was heard by this Subcommittee on March 16 and April 27, 2016.

This agenda is dedicated to new issues in DDS pursuant to the Governor's May Revision, released on May 13, 2016.

BUDGET SUMMARY

(Dollars in Thousands)

	Updated 2015-16	2016-17	Difference	Percent of Change
TOTAL FUNDS				
Community Services	$5,226,588	$6,101,073	$874,485	16.7%
Developmental Centers	570,036	525,970	-44,066	-7.7%
Headquarters Support	46,018	50,362	4,344	9.4%
TOTALS, ALL PROGRAMS	**$5,842,642**	**$6,677,405**	**$834,763**	**14.3%**
GENERAL FUND				
Community Services	$3,043,845	$3,632,201	$588,356	19.3%
Developmental Centers	345,477	306,836	-38,641	-11.2%
Headquarters Support	29,857	33,158	3,301	11.1%
TOTALS, ALL PROGRAMS	**$3,419,179**	**$3,972,195**	**$553,016**	**16.2%**

Developmental Centers (DC) Program

Fiscal Year 2015-16. To provide services and support to 1,011 residents in developmental centers (average in-center population), the May Revision updates the Governor's Budget to $570 million Total Funds ($345 million General Fund); a net decrease of $4.1 million Total Funds (-$3.3 million General Fund). The decrease revises Governor's Budget funding proposals for staffing adjustments, Sonoma preliminary advanced closure costs, and full year costs to staff the acute crisis unit at Sonoma. Due to higher than anticipated employee vacancy rates, DDS projects salary savings available for one-time redirection to fund these items.

Fiscal Year 2016-17. The May Revision proposes no changes to the projected resident population or number of DC staff positions, but updates total funding to $526 million ($307 million GF); a decrease of $2.3 million ($2.9 million GF decrease) from the revised Governor's Budget. This amount reflects a $2.2 million increase requested through a Spring Finance Letter for DDS to contract with the Department of General Services for a site assessment of Sonoma.

ISSUE 2: SONOMA DEVELOPMENTAL CENTER LOSS OF FEDERAL FUNDING

On May 13, 2016, DDS was notified that effective July 1, 2016, Sonoma Developmental Center would be decertified and no longer eligible for federal funding participation due to the facility's failure to comply with the terms of the settlement agreement.

The letter comes after the facility was found noncompliant with terms of the agreement. An unannounced survey on the certified ICF residences started February 16, 2016 at Sonoma Developmental Center (SDC), including state and federal surveyors focusing on the CMS Agreement. On the following day, February 17, 2016, the California Department of Public Health (CDPH) declared an immediate jeopardy (IJ) at SDC after discovering that a client with a physician's order to continuously receive oxygen was hooked up to an empty oxygen tank, however, the individual's oxygen level was not compromised.

LAO COMMENTS

The LAO provided the following comments:

In June 2015, the state successfully negotiated a settlement agreement with the federal Centers for Medicare and Medicaid Services (CMS) to continue federal funding at Sonoma DC through June 2016 with the possibility of extension through June 2017, if various health and safety requirements for certain intermediate care facility consumers were met. On May 13, 2016, CMS issued a notice of non-renewal and termination of Sonoma DC's provider agreement—and therefore federal funding effective July 1, 2016— finding that the state failed to substantially comply with the terms of the settlement agreement due to deficiencies that posed an immediate jeopardy to the health and safety of clients and other issues of noncompliance. The terms of the settlement agreement do not allow the state to appeal this decision. As a result of this federal action, the state must backfill this lost federal funding with $26.4 million General Fund for 2016-17 that is not assumed in the Governor's proposed May Revision.

We recommend that DDS report during budget hearings on the following:

- Nature of CMS' findings that resulted in termination of the settlement agreement, and
- Implications for various programmatic and budgetary changes made in response to settlement requirements due to this termination, such as for continuation of the independent monitoring contract at Sonoma.

STAFF COMMENTS

This item is informational, as there is no formal proposal from DDS at this time.

The Subcommittee may wish to ask the Department the following questions:

- What does the Department plan to do in the future to ensure that DCs are in compliance with CMS agreements?

- Other than the fiscal impact, how does this affect the facility?

Staff Recommendation: Hold open.

ISSUE 3: COMMUNITY PLACEMENT PLAN (CPP) FUNDING

Fiscal Year 2016-17. The Governor's January Budget includes an increase of $30.8 million ($28.3 million General Fund increase) to develop resources to support the transition of DC residents into the community from Sonoma, Fairview, and Porterville GTA. This includes $4.1 million for regional center operations, and $26.6 million to develop community living arrangements and place consumers moving from the DCs. This amount is in addition to regular Community Placement Plan proposed funding of $68 million.

LAO COMMENTS

The LAO provided the following graph, which illustrates the break-down of community placement plan funding.

Proposed 2016-17 CPP Funding and Placement Activity for DC Movers

Total Funds (In Millions)

CPP Activity	CPP Expenditures			Total Funds
	Sonoma DC	Fairview DC	Porterville DC	
RC operations[a]	$3.6	$1.2	$0.6	$5.4
Start-up[b]	10.6	25.6	22.0	58.2
Placement[c]	10.2	2.9	2.1	15.2
Total Additional CPP Tied to Closures	**$24.5**	**$29.7**	**$24.6**	**$78.8**
Base CPP funding	—[d]	—[d]	—[d]	$67.9
Total CPP Funding	—[d]	—[d]	—[d]	**$146.6**

CPP Funding Type	Community Placements			Total Placements
	Sonoma DC	Fairview DC	Porterville DC	
Closure CPP	54	24	17	95
Base CPP	—[d]	—[d]	—[d]	145
Total				**240**

[a] Funding supports RC staff to identify individuals for community placement, facilitate transitions, identify and develop new resources, provide enhanced case management through face-to-face visits, and other activities.
[b] Development of new facilities and programs or expansion of existing programs.
[c] Cost of consumers' move into the community based on consumer specific information and needs from assessments.
[d] Information not included in budget estimate.
CPP = Community Placement Plan; DC = Developmental Center; and RC = Regional Center.

STAFF COMMENTS

The May Revision does not make any changes to this proposal. Staff notes no concern at this time.

Staff Recommendation: Hold open.

ISSUE 4: INDEPENDENT MONITORING CONTRACT FOR FAIRVIEW AND PORTERVILLE GTA

Fiscal Year 2016-17. The May Revision includes an increase of $1.9 million ($1.2 million General Fund) to fund an independent monitoring contract. While negotiations with the Centers for Medical Services (CMS) remain ongoing for the continued certification of Fairview and Porterville General Treatment Area (GTA), DDS anticipates a requirement for independent monitoring at Fairview and Porterville GTA, similar to the requirement at Sonoma.

STAFF COMMENTS

On May 13, 2016, DDS was notified that effective July 1, 2016, Sonoma Developmental Center will no longer be eligible for federal funding participation due to the facility's failure to comply with the terms of the settlement agreement. This proposal could provide additional oversight and independent monitoring of the remaining facilities in order to ensure that they continue to receive federal funding. However, the Subcommittee may wish to ask the Department about the benefits of the contract if the facilities are decertified like SDC.

Staff Recommendation: Hold open.

ISSUE 5: REVISED OFFICE OF PROTECTIVE SERVICES' RECORDS MANAGEMENT SYSTEM

Fiscal Year 2016-17. The May Revision includes a decrease of $0.4 million ($0.3 million General Fund) in funding requested to procure a Records management System. Given the critical need for the system, DDS reprioritized information technology projects and purchased the system using existing Fiscal Year 2015-16 base funding.

STAFF COMMENTS

The Governor's January Budget proposed a $0.4 million increase ($0.3 million General Fund) increase to fund the acquisition of a Records Management System that would enable the DDS's Office of Protective Services to efficiently and effectively report, manage, and track Developmental Center investigations, including within the Porterville DC-Secured Treatment Area (PDC-STP) and Canyon Springs Community Facility which are not slated for closure.

The May Revision proposal withdraws the January proposal, as the Department was able to utilize base funding from Fiscal Year 2015-16 in order to purchase the system.

Staff Recommendation: Hold open.

ISSUE 6: REVISED DC AUDIT FINDINGS

FY 2016-17. The May Revision includes a decrease of $3.8 million originally requested to repay audit findings to Department of Health Care Services (DHCS). After the release of the Governor's January Budget for 2016-17, DHCS reduced the amount due from DDS for prior year audit findings payable in both 2015-16 and 2016-17. Funds transferred in 2015-16 through a Budget Revision from Local Assistance to State Operations are now sufficient for DDS to repay DHCS for 2011-12 audit findings that were previously budgeted at $3.8 million for repayment in 2016-17.

STAFF COMMENTS

Staff has no concerns with this proposal.

Staff Recommendation: Hold open.

ISSUE 7: RETENTION INCENTIVE FOR DC EMPLOYEES

DDS proposes a retention incentive to encourage DC employees to remain employed throughout the DC closures to provide continuity of habilitation and treatment services and ensure the health and safety of DC residents. At this time, the estimate in the May Revision from DDS does not include a fiscal component of the incentive, as it is being carried in the State's general compensation budget provisions, and subject to the State's collective bargaining processes.

LAO COMMENTS

The LAO provided the following chart and information regarding this proposal. The detail of which comes from the CalHR budget compensation provisions.

Employee Type	General Fund	Other Funds	Total Funds
Rank and File	$14,289	$3,862	$18,151
Excluded Classifications	$1,559	$419	$1,978
Total	$15,848	$4,281	$20,129

- Beginning July 1, 2016, new and current employees at Sonoma, Fairview, and Porterville will be eligible to accrue a quarterly retention stipend. For each full quarter worked during 2016-16, employees will accrue $250 per full quarter worked. Beginning July 1, 2017, each employee will accrue $500 per full quarter worked. The maximum accrual per employee is $6,000. Employees would forfeit amounts accrued if they separate from DDS prior to these milestones.

- This is a one-time retention incentive for DDS employees that remain working at facilities that are slated for closure until December 2017, or until patient population levels decrease to 50 percent of current levels.

- Provisional language is included to clarify that these funds would be available for encumbrance until June 30, 2021 and available for liquidation until December 31, 2021. DDS would also be required to report annually on the number of employees receiving payments and the amount of payments made from this appropriation.

STAFF COMMENTS

DDS has made it clear that all of the details of these incentives are subject to negotiations and conversations are ongoing. The Subcommittee may wish to ask DDS to elaborate on the nature of the incentives.

Staff Recommendation: Hold open.

ISSUE 8: PUBLIC CONTRACT CODE EXEMPTION FOR DC EMPLOYEES

DDS proposes to add an exemption to the Public Contract Code (PCC) to allow current developmental center (DC) employees to contract with regional centers to become community based providers. Currently, employees must terminate their employment before they can begin the start-up vendorization process per PCC Section 10410:

> Public Contract Code 10410. No officer or employee in the state civil service or other appointed state official shall engage in any employment, activity, or enterprise from which the officer or employee receives compensation or in which the officer or employee has a financial interest and which is sponsored or funded, or sponsored and funded, by any state agency or department through or by a state contract unless the employment, activity, or enterprise is required as a condition of the officer's or employee's regular state employment. No officer or employee in the state civil service shall contract on his or her own individual behalf as an independent contractor with any state agency to provide services or goods.

DDS and the regional centers involved with DC closures have a shared interest in retaining the services of DC employees in the developmental disabilities service system during and after the closure of the remaining DCs. Achieving this outcome will benefit the employees, the individuals served, and the parents, families and advocates/representatives who are concerned with continuity of services during and after transition that will protect consumers' health, safety, and quality of life.

The proposed trailer bill language adds the following to the Public Contract Code, Section 10430:

> (h) Subject to approval of the Director of the Department of Developmental Services, or his or her designee, a state employee of the Department, for the purpose of becoming a vendor of a regional center pursuant to section 4648 of the Welfare and Institutions Code. The state employee must terminate employment with any state agency or department before providing certification to the regional center pursuant to Title 17 of the California Code of Regulations, Section 54326(a)(9), as part of the vendorization process. A contract entered into by a regional center and state employee, in his or her capacity as a private citizen, to become a vendor of the regional center does not constitute a state contract within the meaning of Government Code section 1090. Accordingly, the state employee has no financial interest in a state contract under these circumstances.

STAFF COMMENTS

The requirement for employees to terminate State employment before entering into a contract with a regional center causes them to lose their source of income, sometimes up to one year. As such, this is a barrier to employees becoming community providers. In an effort to both retain DC employees throughout the closure process and encourage community resource development, DDS proposes adding to allowed exemptions in PCC Section 10430.

Currently, the Public Contract Code requires employees to separate from the State if they want to work as a vendor in the community. The proposed trailer bill language allows employees to remain state staff until they provide certification to the regional centers as part of the vendorization process. This allows for stability for the staff, and a more seamless transition into their next position. Staff notes no concerns with the proposed trailer bill language at this time.

Staff Recommendation: Hold open.

ISSUE 9: MANAGED CARE PROVISIONS FOR DEVELOPMENTAL CENTER CLOSURES

DDS, in consultation with DHCS, proposes trailer bill language for special managed care provisions to cover qualified individuals moving into the community from the Sonoma, Fairview and Porterville-GTA DCs. Available and accessible health care is a key component for the individual to successfully transition from the DC to the community. Family members and other stakeholders continue to articulate strong concerns regarding access to appropriate medical and dental care in the community. The language is necessary for the coordination and provision of specialized health and medical care for Medi-Cal eligible residents transitioning into the community.

The proposed trailer bill language adds Section 4474.6 to the Welfare and Institutions Code as follows:

(a) The Department of Developmental Services and the Department of Health Care Services will coordinate the transition of health care services for Medi-Cal eligible consumers, from a developmental center into the community pursuant to legislatively approved closure plans.

(b) In order to meet the unique medical health needs of consumers who will be transitioning from a developmental center into the community, whose individual program plan documents the need for coordinated medical and specialty care, and who are Medi-Cal eligible, the Department of Health Care Services shall issue transition requirements including referral practices, service authorization practices, coordination of case management services, education and training services, and the management and sharing of medical records, to applicable Medi-Cal managed care health plans and monitor compliance. These transition requirements will include, but are not limited to, processes for individuals assigned to a Medi-Cal managed care plan which promote coordination of care during and following the transition, identification of providers prior to a transition occurring; and the continuation of medically necessary covered services. These processes will be described in a transition plan which will be shared with stakeholders prior to being finalized.

(c) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the state department of health care services may implement, interpret, or make specific this section, in whole or in part, by means of all-county letters, plan letters, plan or provider bulletins, policy letters, or other similar instructions, without taking regulatory action.

(d) The State Department of Health Care Services shall implement this section only to extent that any necessary federal approvals are obtained and federal financial participation is available.

STAFF COMMENTS

Staff has no concerns with the proposed trailer bill language at this time.

Staff Recommendation: Hold open.

ISSUE 10: DEFERRED MAINTENANCE

The Legislative Analyst's Office provided the following chart regarding deferred maintenance at the Porterville Developmental Center, including the DDS' rationale for each.

Project	Estimated Cost	General Treatment, Secured Treatment, or Both*?	If General Treatment or Both*, why should the state make this investment when the part of PDC is closing?	Health & Safety Issue?
PDC Boiler Replacement	$10,089,000	Both	The current boiler system is oversized, inefficient, and requires costly repairs to pipes and accessories. Investing in new boilers will maximize efficiency, lower pollution, and meet all emissions requirements. This project will have ongoing benefits through increased energy savings, reduced pollution, and operational efficiencies for the Secure Treatment Area that will remain open beyond the closure of the GTA.	Yes. The boilers operate all steam used for heating buildings, cooking, cleaning, and sanitizing. Failure in the boiler system would cause deficiencies in steam and hot water temperature used for sanitizing dishes and for resident showers/cleanliness, and also prevent proper heating of buildings. The current heat exchangers in the hot water tanks throughout the campus are single-walled exchangers that have the potential to contaminate the potable water system. Installing double-walled heat exchangers will reduce the risk of contamination.
Fiber Optic Panel, and Connective Wiring Project	$450,000	Both	The Central control System is part of the network infrastructure that supports the entire facility; the Fiber Optics panel and controls for the Fire Alarm System are in the Administration building which is not closing.	Yes, this is part of the network system that will support the fire alarm system.

Project	Estimated Cost	General Treatment, Secured Treatment, or Both*?	If General Treatment or Both*, why should the state make this investment when the part of PDC is closing?	Health & Safety Issue?
Hazardous Material Removal/Disposal for Environmental Compliance	$30,000	GTA	Compliance with Hazmat removal and disposal regulations of approximately 800 neon exit signs that were removed and replaced, and will need to be resolved regardless of closure.	Yes. Retention of hazardous materials is a health risk to both clients and employees.
Road Repair for Service and Food Accessibility	$1,200,000	Both	This is the main access-road into the facility and roads to key delivery areas. They will be utilized throughout the area of campus that will remain open beyond the closure of the GTA.	Yes. The roads enable delivery of food, medical supplies, and medicine, as well as safe transportation of clients and staff.
Replace Privacy Windows (Secure Treatment Area)	$1,200,000	STP		Yes. The privacy glass is designed to regulate building temperature and provide client privacy.
Building Duct Cleaning: All Resident Units and Administration Building	$600,000	Both	This project is needed to maintain compliance with licensing requirements to address current air quality in residences and will be needed while the GTA is still open--including the nursing areas where some individuals with more significant respiratory issues reside.	Yes. This project ensures clean air in the living areas, which lessens respiratory illnesses.
Replace Wireless Keycard (Secure Treatment Area)	$1,200,000	STP		Yes. The project is designed to provide higher security for the clients and safety for staff.

Project	Estimated Cost	General Treatment, Secured Treatment, or Both*?	If General Treatment or Both*, why should the state make this investment when the part of PDC is closing?	Health & Safety Issue?
Upgrade Electrical - Camp Vandalia and Well Field	$850,000	Both	This area is part of the infrastructure that supports the entire facility as well as the filtration systems for the water wells. The electrical system and wells will need to be maintained as long as the facility is open.	Yes. Potable drinking water and consistent availability of electricity is necessary for the ongoing safety and security of clients and staff.
Replace Roof (Residences 13-14)	$650,000	STP		Yes. Damage to the roof exposes the buildings to leaks and poor temperatures.
Replace Rain Gutters	$180,000	Both	Maintenance of the gutters prevents water damage to the buildings, including the foundations and roofing systems. These buildings will continue to be used beyond closure.	Yes. Damage to the building is a safety risk to clients resulting from falls, building damage, or mold growth.
Landscape Restoration (Woodchip project)	$20,000	GTA	This project relates to B-18-12 water reduction due to California drought and is ongoing deferred maintenance of the facility while the GTA is open.	Yes, prevents injury/property damage risk from falling tree branches.
Upgrade Exterior and Interior Lighting	$250,000	STP		Yes. Adequate lighting reduces the risk of trips and falls.
Day Training Activity Center - Classroom Upgrades	$1,506,000	STP		No.

These projects total $18.2 million, with the PDC Broiler proposal ($10 million) requiring the majority of funding.

BACKGROUND

The Department provided the following rationale regarding the cost increase for the broiler project:

The boiler replacement/retrofit project at Porterville was proposed at an estimated cost of $5.4 million. This was an estimate that was prepared several years ago, and was based on a boiler project that envisioned that the internal steam and condensate distribution system could continue to be utilized in its existing condition. A detailed study of the project conducted by an outside consultant, and managed by DGS, concluded that in order for the new boilers to be effective, much of the internal system would need to be either re paired or replaced. Deficiencies identified in the current system, which is over 60 years old, include the following:

- There is significant leakage in the mechanical systems – in joints, flanges, and valves.

- Because of the leakage, the asbestos containing thermal wrap on the steam pipes is starting to deteriorate and crumble.

- Many pipes are completely exposed, with no thermal wrap in place.

- Over 60% of the steam traps are defective and are releasing significant amounts of steam.

Based on these deficiencies and the recommended solution, DGS prepared an estimate for the project that included $7.2 million in construction costs, with another $2.8 million for other project costs, including architectural and engineering services, construction inspection, state fire marshal review, project management, materials testing, and special consultants related to asbestos removal. Total project costs are now estimated at $10 million. Additionally, the cost estimate is also affected by the need to update seven mechanical rooms at a cost of $1.5 million and an increase cost of approximately $1 million for DGS architectural and engineering fees.

DDS provided the following comment regarding the priority of this project:

The boilers are oversized and inefficient considering the reduction in population over the years. The DGS study determined the system is inseparable and can only work as one unit serving the entire campus. The study also considered an alternative system option with individual units to service specific buildings but the cost for construction was approximately $17 million plus DGS' estimated soft cost of $7 million.

There are also health and safety issues. The boilers provide all steam used for heating buildings, cooking, cleaning, and sanitizing. Failure in the boiler system would cause deficiencies in steam and hot water temperature used for sanitizing dishes and for resident showers/cleanliness, and also prevent proper heating of buildings. Further, the current heat exchangers in the hot water tanks throughout the campus are single-walled

exchangers that have the potential to contaminate the potable water system. Installing double-walled heat exchangers will reduce the risk of contamination.

DDS provided the following comments regarding annual costs and fines associated with outdated boilers should they not be replaced considering that a majority of the facility is slated for closure in 2021:

The annual fines include $9,333 to SJVAQMD plus $240,457 in estimated energy loss per the 2016 Boiler Assessment report. DDS has paid approximately the same amount the past few years. The DC closure plan calls for PDC-STP to remain open, with a number of buildings going into "warm shutdown." This called for an evaluation of the usage of the boiler plant and steam distribution system, which was completed in early 2016. Considering the population decrease, shutdown of buildings, and future operational needs of the facility beyond closure, DDS selected the most viable option presented in the study.

LAO COMMENTS

The LAO provided the following statement, "The Governor's May Revise proposes a total $18.2 million General Fund for several deferred maintenance projects at Porterville DC, including $10.1 million General Fund for boiler replacement. The May Revision estimate for this boiler replacement is a $4.7 million increase, about 86 percent, from estimates released this past January and in prior years.

The administration indicates that this significant cost increase is due to an updated estimate from a contracted study completed in early 2016 (and managed by the Department of General Services) indicating various deficiencies including significant leakage in mechanical systems and exposed pipes. DDS has prioritized this project due to these deficiencies and has also indicated that there are health and safety considerations.

We note that the Legislature has expressed concerns with this proposal in the past, particularly given the slated closure of the general treatment area at Porterville. Accordingly, we recommend the legislature require DDS to further justify the need to fund this proposal at this time, particularly in light of the General Fund deficiency created by the loss of federal funding at Sonoma DC mentioned above. Specifically, we recommend DDS further justify the increased costs, explain the health and safety considerations, and explain exactly how this proposal takes closure of the general treatment area into account."

STAFF COMMENTS

Staff recommends the Subcommittee ask the Department about the potential consequences of not funding the repair of the boiler.

Staff Recommendation: Hold open.

ISSUE 11: HEADQUARTERS REQUEST

DDS requests $752,000 ($513,000 General Fund) to fund five positions and temporary help for its Headquarters programs to implement the requirements of ABX2 1. More specifically, DDS requests positions and resources to collaborate with regional centers and a wide variety of other stakeholders to implement recommendations and plans to reach underserved populations, complete a rate study addressing the sustainability of community based services, and establish guidelines for two new Initiatives related to statewide competitive integrated employment for individuals with developmental disabilities.

The requested resources will also provide for the oversight and reporting of new competitive integrated employment initiatives, the allocation and reporting of funds and effects of regional center and provider salary and rate increases, and the monitoring and analysis of regional center expenditures and utilization of service codes as a basis to inform future estimates. Without additional positions and funding, DDS will be unable to develop and implement in a timely manner the new program requirements in ABX2 1, or monitor and report on the effectiveness of the funds appropriated to regional centers and community providers as required by statute.

STAFF COMMENTS

ABX2 1 includes many enhancements to services that this Subcommittee fought for last year. In order for DDS to implement these enhancements, the Department has requested these additional resources. Staff notes no concerns with this proposal at this time.

Staff Recommendation: Hold open.

Community Services Division

Fiscal Year 2015-16. To provide services and support to 290,496 individuals in the community, the May Revision updates the Governor's Budget to $5.2 billion Total Funds ($3.0 billion General Fund). This reflects a net decrease of $47 million Total Funds ($23.9 million General Fund decrease) as compared to the Governor's Budget for regional center operations (OPS) and purchase of services (POS).

Fiscal Year 2016-17. The May Revision projects the total community caseload at 302,610 consumers, reflecting an increase of 191 consumers over the Governor's Budget. The May Revision proposes total funding of $6.1 billion ($3.6 billion General Funds) for services and supports for regional center consumers living in the community. This reflects a net increase of $327 million ($205 million General Fund) from the Governor's Budget.

The following chart details Regional Center Operations costs and expenditures.

	Fiscal Year 2015-16		
	Governor's Budget	Updated 2015-16	Request
	(in thousands)		
Operations Total			
Core Staffing	$538,053	$538,053	$0
Federal Compliance	49,025	49,025	0
Projects	24,525	24,525	0
Agnews Ongoing Workload	2,946	2,946	0
Lanterman Developmental Center Closure	2,576	2,576	0
Intermediate Care Facility-Developmentally Disabled (ICF-DD) Administration Fee	1,712	1,740	28
Sonoma Development Center Closure	1,300	1,300	0
Total Operations	**$620,137**	**$620,165**	**$28**

The following chart details Regional Center Purchase of Services costs and expenditures.

Fiscal Year 2015-16 Purchase of Services Caseload (Utilization and Growth) *(in thousands)*				
	Governor's Budget	**Updated 2015-16**	**Change over Governor's Budget**	**Percent Change**
Community Care Facilities	$1,111,190	$1,112,846	$1,656	0.15%
Medical Facilities	19,401	19,511	110	0.57%
Day Programs	955,009	952,910	-2,099	-0.22%
Habilitation	150,942	150,597	-345	-0.23%
Transportation	282,537	283,484	947	0.34%
Support Services	1,013,853	1,012,656	-1,197	-0.12%
In-Home Respite	279,472	277,146	-2,326	-0.83%
Out of Home Respite	36,160	38,072	1,912	5.29%
Health Care	120,430	114,084	-6,346	-5.27%
Miscellaneous	490,466	495,523	5,057	1.03%
Quality Assurance Fees (QAF)	9,244	9,393	149	1.61%
TOTAL	**$4,468,704**	**$4,466,222**	**-$2,482**	**-0.06%**

ISSUE 12: CASELOAD AND UTILIZATION

Fiscal Year 2015-16. The May Revision updates OPS and POS costs by a decrease of $2.5 million ($0.9 million General Fund decrease) as follows:

- OPS increase of $28,000 ($1.6 million GF increase)
- POS decrease of $2.5 million ($2.5 million GF decrease)

The increase in OPS is for ICF-DD SPA Administration Fees resulting from increased expenditures for adult day treatments and transportation services for residents of ICF-DDs. The decrease in POS is the net difference of adjustments for all purchase of service budget categories based on updated, actual expenditures.

Fiscal Year 2016-17. The May Revision updates OPS and POS costs by an increase of $7.6 million increase ($7.6 million GF decrease) as follows:

- OPS increase of $900,000 ($1 million GF increase)
- POS increase of $6.7 million ($8.6 million GF decrease)

The OPS increase is the net of increased staffing resulting from increased caseload and adjustments for OPS Projects. The POS increase is the net difference of adjustments for all purchase of service budget categories based on updated caseload and expenditure projections.

STAFF COMMENTS

Staff will continue to engage with the LAO regarding caseload and utilization costs. Oversight of the amount of federal funding draw down in community care facilities and support services will become increasingly important as residents transition from the DCs into the community, and as we transition services into compliance with the Home and Community Based Services Waiver.

Staff Recommendation: Hold open.

ISSUE 13: IMPLEMENTATION OF FAIR LABOR STANDARDS (FLSA) UPDATE

Fiscal Year 2015-16. The May Revision updates the costs associated with the Federal Labor Standards Act (FLSA). This update includes a decrease of $7.2 million ($3.9 million General Fund decrease) in POS for delayed implementation of FLSA provisions to include home care workers in overtime compensation. The Governor's Budget reflected an October 1, 2015 implementation date. However, the actual implementation was December 1, 2015.

Fiscal Year 2016-17. The May Revision provides a $35.7 million decrease ($19.3 million General Fund decrease) to refine the estimate of expenditures for FLSA provisions to include home care workers in overtime compensation.

STAFF COMMENTS

Staff notes no concerns with this proposal.

Staff Recommendation: Hold open.

ISSUE 14: AB 1522 EMPLOYMENT PAID SICK DAYS UPDATE

FY 2015-16. Assembly Bill 10 (AB 10), Chapter 351, Statutes of 2013, included a minimum wage increase, effective July 1, 2014. The May Revision updates the costs associated with state-mandated hourly minimum wage increase and includes a reduction of $7.5 million ($4.3 million General Fund decrease) in POS reflecting more current expenditures resulting from the implementation of paid sick days by service providers.

FY 2016-17. The May Revision provides a decrease of $6.3 million ($3.6 million General Fund decrease) in POS to reflect more current expenditures resulting from the implementation of paid sick days by service providers.

STAFF COMMENTS

Staff notes no concerns with this proposal.

Staff Recommendation: Hold open.

ISSUE 15: TRANSITION OF BEHAVIORAL HEALTH TREATMENT (BHT) SERVICES TO THE DEPARTMENT OF HEALTH CARE SERVICES (DHCS)

FY 2015-16. The May Revision reflects an decrease in costs of $29.8 million ($14.9 million General Fund decrease) in POS to reflect a reduction in expenditures for the transition of BHT services to DHCS which began on February 1, 2016. This update also reflects the cost of full year implementation of regional center consumers who began receiving BHT services from DHCS on September 1, 2014.

FY 2016-17. The May Revision includes a decrease of $140.5 million ($69.4 million GF decrease) in POS to reflect a reduction in expenditures for the transition of BHT services to DHCS which began on February 1, 2016, and to account for regional centers continuing to provide BHT services to fee-for-service consumers through an interagency/reimbursement agreement with DHCS.

STAFF COMMENTS

Staff notes no concerns with this proposal.

Staff Recommendation: Hold open.

ISSUE 16: SENATE BILL 3 – MINIMUM WAGE INCREASE

The May Revision includes an increase $21.2 million increase ($12 million GF) in POS to reflect costs associated with state mandated hourly minimum wage increase from $10.00 to $10.50 effective January 1, 2017. Additionally, the Department is proposing TBL to allow regional centers to negotiate rates with service providers to account for minimum wage increases.

BACKGROUND

SB 3 provides for a series of scheduled increases to the state's minimum wage such that, depending on economic and budgetary conditions, the minimum wage would reach $15.00 per hour by January 1, 2022, after which it would be indexed to inflation. The May Revision includes $21.2 million ($12 million GF) to implement the minimum wage increase to $10.50 per hour effective January 1, 2017.

The Department has also proposed TBL to allow Regional Centers (RCs) to begin rate negotiations to reflect the minimum wage increase on January 1, 2017.

STAFF COMMENTS

SB 3 will increase the minimum wage from $10.00 to $10.50 effective January 1, 2017, and this request falls in line with expected costs and timelines. Staff notes no concerns with this proposal.

Staff Recommendation: Hold open.

ISSUE 17: SENATE BILL 3 – TRAILER BILL LANGUAGE

The May Revision includes language to amend Welfare and Institutions Code Sections 4681.6, 4691.6 and 4691.9, effective January 1, 2017, to allow the Department and regional centers to adjust specified provider rates for the state minimum wage adjustments. For services with rates set either by the Department based on cost statements, or by the regional centers through negotiation with vendors, the proposed change allows providers to request rate adjustments only for the purpose of funding the state minimum wage increase, and associated payroll costs if the provider can demonstrate the adjustment is necessary and not already provided.

BACKGROUND

Chapter 4, Statutes of 2016 (SB 3), provides for a series of scheduled increases to the state's minimum wage such that, depending on economic and budgetary conditions, the minimum wage would reach $15.00 per hour by January 1, 2022, after which it would be indexed to inflation.

There are several different methods used to set reimbursement rates for providers of community-based services for regional center consumers, depending on the type of service. These rate-setting methodologies include but are not limited to:

- Rates set by the Department based on cost statements;
- Rates established in either statute or regulation; and
- Rates established by negotiation between the regional center and the provider.

Current provisions, effective July 1, 2008, in the Welfare and Institutions Code have frozen rates for many providers, requiring a statutory change to make rate adjustments due to the new minimum wage provisions. As a result, trailer bill legislation is necessary to allow for rate adjustments for impacted service providers.

STAFF COMMENTS

Many of the affected regional center vendors have rates developed that include costs related to payroll, which do not include the cost of the minimum wage increases. SB 3 will increase the minimum wage from $10.00 to $10.50 effective January 1, 2017, and this request will provide resources necessary to allow for minimum wage pay to providers.

Staff Recommendation: Hold open.

ISSUE 18: ABX2 1 UPDATE

The Department will provide an update to ABX2 1 and present the new trailer bill language.

BACKGROUND

Assembly Bill 1, 2nd Extraordinary Session, Chapter 3, Statutes of 2016 (ABX2 1) $480.7 million increase ($293 million GF) to reflect amounts appropriated through special legislation for both OPS and POS, as well as funds requested to implement new requirements specified in ABX2 1. This includes:

- $45.6 million increase ($31.1 million GF) in OPS appropriated for regional center staffing, benefits, administrative expenses, and clients' rights advocates contracts.
- $11.0 million GF in OPS for regional centers to implement plans to reduce disparities in the provision of services to underserved populations, and to provide bilingual pay differentials.
- $4.5 million increase ($3.1 million GF) in OPS for regional centers to oversee implementation of recommendations and plans to reduce disparities in the provision of services to underserved populations, and to lead competitive integrated employment activities at the local level.
- $3.0 million GF for DDS resources to contract for a rate study addressing the sustainability, quality, and transparency of community-based services.
- $416.6 million ($244.4 million GF) appropriated for POS, comprised of:
    - $34.3 million for a 5% rate increase for Supported Living and Independent Living.
    - $16.4 million for a 5% rate increase for Respite.
    - $13.9 million for a 5% rate increase for Transportation.
    - $294.8 million to provide an increase of approximately 7.5% for direct care staff wages.
    - $17.3 million to provide an increase of approximately 2.5% for provider administrative costs.
    - $10.9 million to restore the hourly rate for Supported Employment to $34.24; an increase of $3.42 per hour.
    - $29 million for paid internships and competitive integrated employment incentives.

PROPOSED TRAILER BILL LANGUAGE

The Department is also proposing TBL to amend portions of ABX2 1 to include out-of-home respite services in the five percent respite rate increase, and to clarify that all vendors, not just supported employment vendors, are eligible for competitive integrated employment incentives. It also clarifies that payments made to competitive integrated employment providers are not in addition to payments made for supported employment providers.

STAFF COMMENTS

The provisions included in the trailer bill language align with the goals of ABX2 1 and:

- Makes certain that all intended respite providers receive the intended 5-percent rate increase.

- Permits all regional center providers to receive incentive placements for competitive integrated employment, rather than focusing only on supported employment services.

- Reflects the intent of ABX2 1 to expand participation in the workforce by providing an incentive payment separate from supported employment services for regional center providers that place individuals in CIE.

Staff has no concerns with the proposed trailer bill language at this time.

Staff Recommendation: Hold open.

ISSUE 19: ADVOCATE REQUESTS

The Subcommittee has received the following two requests from advocates.

Request from Regional Center of the East Bay (RCEB) and Disability Rights California (DRC). This request includes trailer bill language and an appropriation of $50 million in budget year 2016-17 to be available for expenditure for three years. Specifically, this proposal would provide capacity in the community to serve consumers with enduring and complex medical needs and challenging behaviors. According to RCEB and DRC, focused and intensive resource development in the Community Crisis Homes, Enhanced Behavioral Support Homes and Adult Residential Facility for Persons with Special Health Care Needs services is particularly necessary in order to sustain and address the needs of our aging consumers.

The proposed $50 million would be disseminated by a competitive gran process administered by the California Health Facilities and Financing Authority (CHFFA) and would be awarded based upon specified criteria. The process would be used in coordination with the DDS, Regional centers, and local provider groups.

Request from Disability Rights California. This request includes several different pieces of trailer bill to address the following:

1) Access to Services and Supports in the Community.

Amendments to Ensure Access to Personal Care Services for Individuals Living in Supported Living Arrangements.

Amend WIC 4689

(f) The planning team, established pursuant to subdivision (j) of Section 4512, for a consumer receiving supported living services shall confirm that all appropriate and available sources of natural and generic supports have been utilized to the fullest extent possible for that consumer. The consumer's individual program planning team shall review and determine if the supportive services provided by the IHSS program are appropriate to meet the consumer's needs. In making that determination the individual program planning team shall consider the nature or extent of the consumer's disability, the need for staff continuity and the need for supportive services staff with a higher level of skill, training or expertise. If the planning team determines that IHSS services are not appropriate, the consumer shall not be required to utilize those services notwithstanding the requirements of sections 4659 and 4689.05.

Amendments to Ensure Access to Appropriate Medical or Dental Care without the Necessity of Pursuing a Medi-Cal Appeal

Amend to WIC Section 4659(d)

(d) (1) Effective July 1, 2009, notwithstanding any other law or regulation, a regional center shall not purchase medical or dental services for a consumer three years of age or older unless the regional center is provided with documentation of a Medi–Cal, private insurance, or a health care service plan denial ~~and the regional center determines that an appeal by the consumer or family of the denial does not have merit. If, on July 1, 2009, a regional center is purchasing the service as part of a consumer's IPP, this provision shall take effect on August 1, 2009 .~~

Regional centers may pay for medical or dental services during the following periods:

(A) While coverage is being pursued, but before a denial is made.

~~(B) Pending a final administrative decision on the administrative appeal if the family has provided to the regional center a verification that an administrative appeal is being pursued.~~

(~~B~~ C) Until the commencement of services by Medi–Cal, private insurance, or a health care service plan.

(C) When the amount, duration, or scope of services offered by the generic resources is insufficient or inadequate to meet the needs of the consumer as identified by the IPP team. In that case, regional centers may fund the services not covered by the generic service or, if not practicable, then the entirety of the service.

(2) When necessary, the consumer or family may receive assistance from the regional center, the Clients' Rights Advocate funded by the department, or the state council in pursuing these ~~appeals~~ denials.

DRC's Rationale. Beginning in 2009, due to the economic crisis, the State made more than a billion dollars in cuts to the developmental disabilities system. Because these reductions relied on the use of generic services, the service system became more complex and less flexible; as a result consumers and families have difficulty accessing the services they need. The reliance on generic services does not result in real savings to the State as the services are Medicaid funded, regardless of which state agency provides them.

Recent changes in federal law require the payment of overtime to workers providing personal care services. For consumers in supported living with the most significant needs, IHSS may not been an appropriate generic service. They often need continuity of support and support provided by a more highly trained worker. This often is not possible with IHSS. This change would allow a consumer's IPP team to determine that use of some or all IHSS hours is not an appropriate generic resource and allow the regional to directly provide those services.

Problems also arise when individuals need to access medical or dental services provided through Medi-Cal. The law was changed to prohibit a regional center from purchasing medical or dental services for a consumer three years of age or older unless the regional center is provided with documentation of a Medi–Cal, private insurance, or a health care service plan denial, and the consumer initiates a hearing to challenge the denial of the generic health care services. The result is that families are required to

appeal decisions denying their child access to critical occupational or physical therapy, speech and language services, or dental services before regional centers will agree to pay for the service. This happens even though the State will not save any money since the services are Medicaid eligible regardless which agency provides the services. The unintended consequence is that low-income families that use Medi-Cal do not have the time, resources or skills to appeal an adverse Medi-Cal decision and thus forego the service—which results in savings to the State.

2) Require Regional Center Contracts to Include Outcomes Which Advance the New Federal HCBS Waiver Requirements.

Amend Welfare and Institutions Code Section 4629 (c)
(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.
(iv) Measure progress in reducing disparities and improving equity in purchase of service expenditures.
(v) Maximize the number of settings that meet the federal Medicaid home and community based services requirements pursuant to 42 C.F.R. sections 441.530(a)(1), 441.301(c)(4), and 441.710(a)(1).
(vi) Measure progress to improve opportunities for consumers to participate in competitive, integrated employment.
(vii) Assist consumers to receive services that in settings that:
(I) Are integrated and support full access to the greater community.
(II) Optimize autonomy and independence in making life choices.
(III) Are chosen by the individual among residential and day options, including non-disability specific settings.
(IV) Ensure the right to privacy, dignity, respect and freedom from coercion and restraint.
(V) Provide an opportunity to seek competitive, integrated employment.
(VI) Provide individuals an option to choose a private unit in a residential setting; and
(VII) Facilitate choice of services and who provides them.

DRC's Rationale. The new HCBS regulations require the state to develop a transition plan and fully implement these new requirements by March 2019. Unfortunately, California has yet to submit a comprehensive transition plan or take many of the activities envisioned by federal law to become compliant. The lack of a transition plan and other activities to come into compliance will result in HCBS services being ineligible for federal matching Medicaid funds. One way to begin to move forward would be to require the department and regional centers to adopt contract measures, which show the outcomes the regional center, will achieve to ensure compliance with the federal regulations.

3) Engagement of Consumers, Families and Other Stakeholders

Amend Welfare and Institutions Code Section 4519.5

(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.
(g) (1) The department shall consult with stakeholders, including consumers and families that reflect the ethnic and language diversity of regional center consumers, regional centers, advocates, providers, the protection and advocacy agency described in Section 4901, and those entities designated as University Centers for Excellence in Developmental Disabilities Education, Research, and Service pursuant to Section 15061 of Title 42 of the United States Code, to achieve the following objectives:
(A) Review the data compiled pursuant to subdivision (a).
(B) Identify barriers to equitable access to services and supports among consumers and develop recommendations to help reduce disparities in purchase of service expenditures.
(C) Encourage the development and expansion of culturally appropriate services, service delivery, and service coordination.
(D) Identify best practices to reduce disparity and promote equity.
(2) The department shall report the status of its efforts to satisfy the requirements of paragraph (1) during the 2016–17 legislative budget subcommittee hearing process.
(h) Subject to available funding, the department shall allocate funding to regional centers to assist with implementation of the recommendations and plans developed pursuant to subdivisions (f) and (g). Activities funded through these allocations may include, but are not limited to, pay differentials supporting direct care bilingual staff of community-based service providers, parent or caregiver education programs, cultural competency training for regional center staff, outreach to underserved populations, or additional culturally appropriate service types or service delivery models.
(A) Regional centers shall consult with stakeholders identified in subdivision (g)(1) to determine appropriate activities prior to pursuing funds from the department.
(B) The department shall review all requests for funding within 30 days of

submission.
(C) Each regional center shall report outcomes of the funding allocations to the department for reporting in the 2017-2018 legislative budget subcommittee hearing process.

DRC's Rationale. We support the efforts to provide a dedicated source of funding to address purchase of service disparities. However, in developing the proposals regional centers should consult with stakeholders as a means of ensuring that the services are the "right fix". The department should timely consider the requests and report on the outcomes achieved as part of the legislative budget process. Ensuring appropriate consultation with stakeholders in developing strategies to address disparities.

Ensuring Local Self Determination Advisory Committees Can Participate in Self-Determination Outreach and Training

Amend Welfare and Institutions Code Sections 4685 (t) and(x)

Welfare and Institutions Code Section 4685 (t)
(t) Each regional center shall be responsible for implementing the Self-Determination Program as a term of its contract under Section 4629. As part of implementing the program, the regional center shall do both of the following:
(1) Contract with local consumer or family-run organizations and collaborate with the local advisory committee in (x)(1) to conduct outreach through local meetings or forums to consumers and their families to provide information about the Self-Determination Program and to help ensure that the program is available to a diverse group of participants, with special outreach to underserved communities.
(2) Collaborate with the local consumer or family-run organizations identified in paragraph (1) and the local advisory committee in (x)(1) to jointly conduct training about the Self-Determination Program.

4685.8 (x)
1) Each regional center shall establish a local volunteer advisory committee to provide oversight of the Self-Determination Program. The regional center and the State Council on Developmental Disabilities shall each appoint one-half of the membership of the committee. The committee shall consist of the regional center clients' rights advocate, consumers, family members, and other advocates, and community leaders. A majority of the committee shall be consumers and their family members. The committee shall reflect the multicultural diversity and geographic profile of the catchment area. The committee shall review the development and ongoing progress of the Self-Determination Program, including whether the program advances the principles of self-determination and is operating consistent with the requirements of this section, and may make ongoing recommendations for improvement to the regional center and the department and collaborate with the regional

center in providing the outreach and training specified in (t)(1),(2).

DRC's Rationale. Some regional centers have determined that it the self-determination local advisory committees do not have the statutory authority to participate in the required outreach and training. Using volunteer self-advocates and family members to assist with training is both a good way to ensure that the service system is directed by consumers and families and also likely to reduce outreach and training costs as local advisory committee members would participate without any cost to the regional center.

4) Prevention of Abuse and Neglect

Limit the Use Restraint in Community Homes and Facilities Licensed by DSS

Amend H&S Code §1180.4(h)
(h) A facility described in subdivision (a) of Section 1180.2 or subdivision (a) of Section 1180.3 may not use physical restraint or containment as an extended procedure. In facilities licensed by the Department of Social Services, physical restraint or containment may not continue for more than fifteen consecutive minutes.

DRC's Rationale. The Department of Social Services has proposed regulations regarding allowing the use of restraint in a large array of community facilities. Unfortunately, the regulations as drafted allow restraint in amounts which exceeded the time limits in developmental centers. In the event this issue is not resolved between the two departments, we suggest a statutory limit of 15 minutes.

Reporting of Serious Incidents in Community Homes and Facilities to the Protection and Advocacy Agency

Amend Welfare and Institutions Code 4659.2
(b) All regional center vendors that provide crisis or residential services or supported living services, long-term health care facilities, and acute psychiatric hospitals shall report the following to the agency designated pursuant to subdivision (i) of Section 4900 the following:
(1) Each death or serious injury of a person occurring during, or related to, the use of seclusion, physical restraint, or chemical restraint, or any combination thereof.
(2) Any unexpected or suspicious death, regardless of whether the cause is immediately known.
(3) Any allegation of sexual assault, as defined in Section 15610.63, in which the alleged perpetrator is a staff member, service provider or facility employee or contractor.
(4) Any report made to the local law enforcement agency in the jurisdiction in which the facility is located that involves physical abuse, as defined in Section 15610.63, in which a staff member, service provider or facility employee or contractor is implicated.
~~to the agency designated pursuant to subdivision (i) of Section 4900~~

(5) The reports required in Sections (1)-(4) shall be made no later than the close of the business day following the following the death or serious injury. The report shall include the encrypted identifier of the person involved, and the name, street address, and telephone number of the facility.
(c) On a monthly basis all regional center vendors that provide residential services or supported living services, long-term health care facilities, and acute psychiatric hospitals shall report the following to the agency designated pursuant to subdivision (i) of Section 4900 the following:
(1) The number of incidents of seclusion and the duration of time spent per incident in seclusion;
(2) The number of incidents of the use of behavioral restraints and the duration of time spent per incident of restraint; and
(3) The number of times an involuntary emergency medication is used to control behavior.
(4) The reports required in sections (1)-(3) shall include the name, street address and telephone number of the facility.

DRC's Rationale. State law requires increased reporting to DRC about specific types of injuries suggestive of abuse or neglect in the developmental centers. With the transition to a community safety net, we propose that state law is amended to require that the protection and advocacy agency receive similar reports of injuries from IMDs, community crisis facilities and enhanced behavioral support homes.

STAFF COMMENTS

Staff recommends continued review of the proposals.

Staff Recommendation: Hold open.