Agenda Attachments

Attached to this agenda are the following documents:

1. The revised proposed language from the Administration for the "Equitable Access to Intake and Services" proposal is included in RN 17290.
   [Pages 2 - 9]

2. A policy brief titled "California Department of Developmental Services – Using Assessment and Planning to Ensure Equitable and Appropriate Services and Supports, July 2026" issued by the California Health Policy Strategies, L.L.C. The brief is also available at www.calhps.com.
   [Pages 10 - 21]

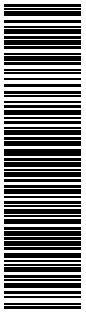
3. The revised proposed language for the "State-Operational Transitional and Rehabilitative Services" proposal is included in RN 17095.
   [Pages 22 - 36]

4. The revised proposed language for the "Merge Community Placement Plan and Community Resource Development Plan to Align with Current Developmental Services Delivery System" proposal is included in RN 17485.
   [Pages 37 - 71]

5. A background paper about Porterville Developmental Center and Canyon Springs Community Facility prepared by Disability Rights California, July 2026.
   [Pages 72 - 77]

6. Subcommittee questions to the Administration on these proposals.
   [Pages 78 - 83]

An act to amend Sections 4435.1 and 4754 of, to repeal Section 4753 of, and to repeal and add Section 4752 of, the Welfare and Institutions Code, relating to developmental services.



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

SECTION 1. The Legislature finds and declares all of the following:

(a) It is the intent of the Legislature to promote equity in the practices and services of regional centers with respect to intake processes and the evaluation of individual needs. The Legislature seeks to remedy inconsistent practices in the regional center intake process by establishing standardized protocols for determining whether the criteria for "developmental disability" and "substantial disability" are met. It is further the intent of the Legislature to modernize and strengthen the way California evaluates the needs of eligible individuals with developmental disabilities so that all people receive fair and equitable access to services and supports in alignment with their level of need as guaranteed under the Lanterman Act. While regional centers assess individual needs as part of the individualized program planning process, the tools used today vary significantly with little fidelity, and no longer reflect current research, best practices, or the diverse cultural, linguistic, and communication needs of individuals with intellectual and developmental disabilities.

(b) The Legislature therefore intends to establish a standardized, evidence-based statewide strengths and needs evaluation that promotes equity, transparency, and consistency in how an individual's support needs are understood, while reinforcing the person-centered principles of the Lanterman Act. A standardized, updated strengths and needs evaluation will support equity in service access and provision, whereas individuals with similar needs receive equal consideration across the state, while preserving all rights to individualized planning and culturally and linguistically responsive supports.

SEC. 2. Section 4435.1 of the Welfare and Institutions Code is amended to read:

4435.1. (a) It is the intent of the Legislature to provide more statewide uniformity and consistency and promote equity in the administrative practices and services of regional centers, consistent with the Lanterman Developmental Disabilities Services Act (Division 4.5 (commencing with Section 4500)), as specified in this section.

(b) (1) No later than June 30, 2024, the department shall establish common data definitions that shall be used to promote service access and equity in all regional center services and programs. No later than January 1, 2025, regional centers shall start recording the race and ethnicity and preferred language identified by each individual, subject to paragraph (4), at the time of initial intake, assessment, and the individual program plan meeting following the individual's 18th birthday. Individuals have the right to update their demographic information at any time.

(2) The categories for race and ethnicity shall be based on the latest categories adopted by the United States Core Data for Interoperability set forth by the United States Office of the National Coordinator for Health Information Technology.

(3) "Preferred language" means the language chosen by the applicant or individual, or, when appropriate, the individual's parent, legal guardian or conservator, or authorized representative.

(4) This section does not compel an individual, their parent, their legal guardian or conservator, or their authorized representative to provide requested information regarding the race, ethnicity, or preferred language of any of those persons.

(5) The data requirements described in this subdivision shall be integrated with the Life Outcomes Improvement System (LOIS), as established pursuant to Section 4519.1.

(c) (1) No later than June 30, 2025, the department shall establish standardized processes, including standardized templates, for assessing a consumer's need for respite services. Regional centers shall implement these standardized processes no later than January 1, 2026.

(2) The processes shall include a requirement that the regional center obtain information about respite needs from family members and, when appropriate, from other caregivers. The information obtained from these standardized processes shall be considered by the individual's individual program planning team.

(3) Regional centers shall make any modifications to their purchase-of-service policies as necessary for implementation of this subdivision.

(d) No later than June 30, 2024, the department shall establish a standardized individual program plan template and standardized procedures, including frequency of meetings, that are consistent with person-centered services planning requirements. The template shall be integrated with LOIS. Regional centers shall implement the standardized individual program plan template and procedures no later than January 1, 2025.

(e) (1) No later than June 30, 2025, the department shall establish standardized vendorization procedures. These procedures may include, but are not limited to, standardized vendorization forms and requirements to streamline vendorization elements, including when services are provided through more than one regional center. Regional centers shall implement these standardized vendorization procedures and provide updated vendor lists to the department on a quarterly basis no later than January 1, 2026.

(2) No later than March 1, 2028, in consultation with stakeholders, the department shall issue guidance to regional centers on maintaining necessary quality assurance oversight of service providers, special incident reporting, provider directory structure, and rate controls while removing barriers to statewide accessibility of services, including ending the practice and process currently known as courtesy vendorization. Service providers shall give preference to providing services to individuals served by the service provider's initially vendorizing regional center. This section does not require a regional center to refer individuals to any specific service provider

(f) (1) No later than January 1, 2025, the department shall establish a standardized intake process consistent with the requirements and timelines specified in Section 4642.

(2) No later than June 30, 2025, and to the extent allowed by current data systems, regional centers shall report to the department, quarterly as described in paragraph (4), the number of assessments and the length of time that it took to determine eligibility.

(3) The department shall include all of the following information in LOIS:

(A) The number of individuals for whom intake was requested.

(B) The outcome of that intake, including whether an assessment was determined to be necessary.

(C) The length of time that it took to complete the assessment.

(D) The number of notices of action sent pursuant to paragraph (3) of subdivision (a) of Section 4642.

(4) Regional centers shall report the data described in this subdivision to the department on a quarterly basis, based on the criteria specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 4519.5.

(g) On or after July 1, 2026, in order to enhance the standardized intake process described in subdivision (f), the department shall develop a standardized intake eligibility assessment process to determine if an individual meets the definition of "developmental disability" and "substantial disability," as those terms are defined in Section 4512, that is consistent with the requirements and timelines specified in Sections 4642 and 4643. The standardized intake eligibility assessment process developed pursuant to this subdivision shall not be implemented without prior legislative approval.

~~(g)~~

(h) The department shall develop the standardized processes specified in this section with input from stakeholders, including ~~consumers and families,~~ individuals and their families, who reflect the demographic diversity of California, to the extent practicable. In developing the standardized processes specified in this section, the department shall address barriers that may impact access to services.

~~(h)~~

(i) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, or make specific this section through written directives until regulations are effective.

~~(i)~~

(j) As part of its quarterly updates to the Legislature pursuant to Section 4474.17, the department shall provide information on the status of implementation of this section.

SEC. 3. Section 4752 of the Welfare and Institutions Code is repealed.

~~4752. The department shall prepare by July 1, 1978, a plan for using the method to obtain and report statewide information on program effectiveness.~~

~~The plan shall include:~~

~~(a) A description of any sampling procedures to be used.~~

~~(b) Methods for obtaining and analyzing information about the type and amount of service provided to obtain program results.~~

~~(c) Methods for determining the state expenditures associated with varying levels of measured program effectiveness.~~

~~(d) Specification of procedures and format for future reports to the Legislature on program costs and effectiveness.~~

~~(e) The projected costs of implementation.~~

SEC. 4. Section 4752 is added to the Welfare and Institutions Code, to read:

4752. (a) On or after July 1, 2026, the department shall conduct a transparent and public process to select, adapt, or develop a statewide strengths and needs evaluation that consistently reflects the functional, clinical, developmental, behavioral, medical, and social support needs and strengths of individuals who receive services under this division and provides equitable access to services across all regions of the state.

(b) The process to select, adapt, or develop a statewide strengths and needs evaluation shall accomplish both of the following:

(1) Analyze and consider valid, reliable, evidence-based, age-appropriate, and person-centered strengths and needs evaluation options that are capable of assessing the functional, clinical, developmental, behavioral, medical, and social support needs and strengths of individuals to determine an individual's support needs.

(2) Engage and consult with individuals with intellectual and developmental disabilities and their families, regional centers, clinicians, service providers, subject matter experts, and other members of the community so that the statewide strengths and needs evaluation is equitable, effective, and grounded in the diverse realities of Californians served through the developmental services system.

(c) (1) The department shall provide updates on the process at its quarterly briefings for legislative staff pursuant to Section 4474.14.

(2) When the process arrives at a recommendation for a statewide strengths and needs evaluation, the department shall prepare a written report on the recommendation that includes all of the following:

(A) A description of the information that was considered in selecting, adapting, or developing the recommended statewide strengths and needs evaluation.

(B) The proposed and prohibited uses of the recommended strengths and needs evaluation.

(C) An evaluation of the validity and reliability of the recommended strengths and needs evaluation.

(D) A description of how the strengths and needs evaluation will function in relation to an individual program plan.

(E) A description of how the recommended strengths and needs evaluation will be used in conjunction with more qualitative methods as a means to achieve person-centered planning.

(F) A summary of feedback received from stakeholders during the development of the recommended strengths and needs evaluation.

(G) An analysis of potential due process concerns, data transparency issues, and fiscal implications.

(H) Any proposed statutory or regulatory changes needed or suggested for future implementation of the recommended strengths and needs evaluation.

(I) A proposed plan for statewide implementation.

(3) The department shall post a draft of the written report described in paragraph (2) on the department's internet website and solicit public input for 60 days. The department shall submit the final written report to the Legislature, in compliance with Section 9795 of the Government Code, to convey the recommendation for a statewide strengths and needs evaluation and post the final report on the department's internet website.

(d) A statewide strengths and needs evaluation developed pursuant to this section shall not be implemented without prior legislative approval.

(e) Upon legislative approval as required by subdivision (d), the department shall do all of the following:

(1) Develop and implement comprehensive training for the entity or entities responsible for administering the statewide strengths and needs evaluation adopted pursuant to this section. The training shall include, but not be limited to, standardized instruction on administering the statewide strengths and needs evaluation, documentation requirements, cultural and linguistic competence, and person-centered practices.

(2) Establish minimum training, competency, and fidelity standards, including initial and periodic recertification requirements, for all individuals administering the statewide strengths and needs evaluation. Completion of department-approved training

and certification shall be required for each person administering the statewide strengths and needs evaluation.

(3) Implement and oversee the provision of services consistent with the needs and strengths identified through the statewide strengths and needs evaluation.

(4) Regularly collaborate with individuals with intellectual and developmental disabilities, their family members and other legal or authorized representatives, advocacy organizations, regional centers, and service providers so that implementation of this subdivision is equitable and consistent statewide.

(f) The department shall adopt regulations to implement this section by no later than three years after the Legislature provides approval of the statewide strengths and needs evaluation pursuant to subdivision (d). Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement, interpret, or make specific this section by means of written directives or similar instructions, after consultation with individuals, families, caregivers, service providers, regional centers, and advocates, until regulations are adopted.

SEC. 5. Section 4753 of the Welfare and Institutions Code is repealed.

~~4753. By January 1, 1979, the department shall implement the evaluation system for all programs under its jurisdiction.~~

SEC. 6. Section 4754 of the Welfare and Institutions Code is amended to read:

4754. Nothing in this chapter and Section 4646 shall be construed to prohibit any agency providing services to persons with developmental disabilities from utilizing additional evaluation mechanisms for the agency's own program purposes.

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LEGISLATIVE COUNSEL'S DIGEST

Bill No.
as introduced, _____.
General Subject: Developmental services: statewide strengths and needs evaluation.

Existing law, 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 and their families. Existing law expresses the intent of the Legislature to provide more statewide uniformity and consistency and to promote equity in the administrative practices and services of regional centers consistent with the act. In relation to that intent, existing law requires the department to establish standardized processes, including standardized templates, for various purposes, including, among others, assessing a consumer's need for respite care, individual program plans, vendorization, and intake processes.

This bill would, on or after July 1, 2026, also require the department to develop a standardized intake eligibility assessment process to determine if an individual meets the definition of "developmental disability" and "substantial disability," as defined. The bill would prohibit the implementation of the standardized intake process without prior legislative approval.

This bill would, on or after July 1, 2026, also require the department to conduct a transparent and public process to select, adapt, or develop a statewide strengths and needs evaluation that consistently reflects the functional, clinical, developmental, behavioral, medical, and social support needs and strengths of individuals who receive services under the act and provides equitable access to services across all regions of the state. The bill would require the department to provide quarterly updates on the process to legislative staff, as specified. When the process arrives at a recommendation, the bill would require the department to prepare a written report on the recommended statewide strengths and needs evaluation that includes, among other things, a proposed plan for statewide implementation and a description of how the statewide strengths and needs evaluation will function in relation to an individual program plan. The bill would require the department to post a draft of the written report on the department's internet website and solicit public input for 60 days. The bill would require the department to submit the final report to the Legislature and to post the final report on the department's internet website. The bill would prohibit implementation of the statewide strengths and needs evaluation without prior legislative approval. Upon receipt of that approval, the bill would impose specified requirements on the department related to the statewide strengths and needs evaluation, including, among others, developing and implementing comprehensive training on the statewide strengths and needs evaluation. The bill would require completion of department-approved training and certification for each person administering the statewide strengths and needs evaluation. The bill would require the department to adopt regulations to implement these provisions by no later than 3 years after the Legislature provides approval of the statewide strengths and needs evaluation. The bill would authorize the department to

implement, interpret, or make specific these provisions by means of written directives or similar instructions, after consultation with individuals, families, caregivers, service providers, regional centers, and advocates, until regulations are adopted.

This bill would make certain findings and declarations relating to the need for a statewide strengths and needs evaluation. The bill would delete obsolete provisions and make clarifying changes.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

CALIFORNIA HEALTH POLICY STRATEGIES, L.L.C.

Policy Brief

California Department of Developmental Services - Using Assessment and Planning to Ensure Equitable and Appropriate Services and Supports

July 2026

Executive Summary

The California Department of Developmental Services (DDS) is responsible for providing services and supports for over 540,000 individuals with intellectual and developmental disabilities (IDD). The program, established by the state in 1977, delivers services through a network of regional centers (RCs).

To meet the needs of individuals with IDD, the RCs are responsible for conducting assessments, using the Client Development Evaluation Report (CDER), and for planning and allocating services and supports, using the Individual Program Plan (IPP). The goal is to provide services and supports to meet the needs and choices for each person with IDD, regardless of age or degree of disability and at each stage of life in order to support independence and integration into the community. The CDER and the IPP are key to ensuring equity and appropriate services and supports to clients.

This policy brief examines:

1. The CDER assessment instrument and IPP planning guide, their frequency of use, and whether the CDER needs to be updated and replaced;

2. Inequities in the distribution of services and supports and the complex factors related to inequities; and

3. Recommended changes in the CDER instrument and use of the IPP and other policies and practices to reduce inequities in service allocation, utilization, and expenditures.

Key Findings:

- DDS requires RCs to use a comprehensive, standardized assessment instrument called the CDER that identifies needs for services and supports and an IPP for planning and allocating services.

- The CDER instrument should be updated on a regular basis, rather than entirely replaced. In addition, despite the legal requirements, the RCs may not be completing the CDER assessments every *three* years and when major changes occur. Therefore, a current CDER may not be available to be used in tandem with the IPP to identify needs and to plan for equitable and appropriate services and supports.

- DDS reports and previous research studies show long-standing inequities in the amount of service allocation, utilization, and expenditures for non-white racial and ethnic groups. Because DDS does not consider needs in its reports, the actual inequities in access to services and expenditures may be even greater than what is publicly reported. Many policies and practices are potentially related to the reported inequities that should be identified and addressed.

- DDS is not reporting CDER data on client needs, is not using CDER data to measure individual outcomes and progress over time, is not using CDER data on needs to study inequities. and is not using CDER data to address inequities in allocations, utilization, and expenditures.

Recommendations:

- The current CDER assessment instrument evaluates an individual's needs, is comprehensive, standardized and computerized, but it needs to be updated periodically, rather than replaced. CDERs assessments should be completed at least every 3 years, or when individual needs change, and used in tandem with the IPP for planning and allocation of services and supports. DDS guidance and oversight are needed to ensure the CDER assessment instrument and the planning guide are used as expected to allocate services and supports and to measure individual outcomes and progress over time.

- DDS should publicly report summary CDER data on individual needs, analyze individual needs for services and supports, use need data in state resource

allocations to RCs, and use need data for planning and resource development purposes.

- DDS should conduct studies of factors that contribute to inequities in allocations, utilization, and expenditures and make efforts to improve equity. These efforts could include providing RC budgets and resources based on client needs, detailed allocation guidelines, additional education and training; and oversight of RC decision-making processes, practices, and resource use.

Introduction

California was a national leader among states in establishing a comprehensive program of services for people with intellectual and developmental disabilities (IDD) in 1977 under the Lanterman Developmental Disabilities Services Act.[1] The Act gives people with developmental disabilities the right to services and supports they need to be independent and integrated into the community. The program goal was to provide services and supports to meet the needs and choices of each person with IDD, regardless of age or degree of disability, and at each stage of life, and to support their independence and integration into the community.

In order to carry out the DD program, a fundamental component is conducting a comprehensive assessment of individual characteristics, skills and needs for services and supports using the Client Development Evaluation Report (CDER). Using the CDER assessment information, the RCs are expected to develop Individual Program Plans (IPPs) to allocate and deliver services and supports to meet individual needs, goals, and choices.

This policy brief specifically reviews the following questions:

1. What assessment instrument and planning guides are currently used?
2. How frequently are the assessment instrument and planning guide used?
3. Does the assessment instrument need to be updated or replaced?
4. Are there inequities in the distribution of DDS services and supports?
5. What factors are related to inequities in services and supports? and
6. What recommended policy changes would be useful to improve equity in service allocation, utilization, and expenditures?

Current Assessment Instruments and Planning Guide

DDS currently has two assessment instruments and a planning guide.

1. The Client Development Evaluation Report (CDER) for each individual over age 3 who has active status in the DDS system to document characteristics, skills, and needs for services and supports.[2] The CDER is used as the basis for making decisions about the allocation of services and supports, living arrangements, program goals and outcomes, and prevention strategies.

   Importantly, the CDER is expected to measure progress in individual outcomes, including changes in the amount of supervision required, appropriate living arrangements, productivity in vocational and work training programs, and the ability to have inclusive education and work experiences.

   The CDER, designed and used since 1979, is standardized, computerized, and retained by DDS. It was field tested in 1976 and 1977, has been found to be reliable and valid, and has been revised periodically (in 2003, 2008, 2011, 2014, and 2015).[2] The CDER serves the basis for the individual program plan (IPP). CDER data are collected by the regional centers (RCs), or by the developmental centers (DCs) in cases of persons residing in DCs. [2.]

2. Prior to age three, an Early Start Report is used because it is more appropriate for infants and toddlers than the instrument used for those over age 3.[3]

3. The Individual Program Plan (IPP) is a written document, completely revised in 2025 with a common template, that RCs use for planning and service allocation for individuals with IDD. The IPP is required to be person-centered, by considering each individual's living situation, service needs, supports, goals, desired outcomes, and future plans. The IPP includes a list of services and supports agreed upon by the individual or the individual's representative and the RC planning team to help the individual reach desired goals. IPP meetings may happen as often as an individual's needs or goals change. Each individual has a service coordinator to monitor the IPP regularly and can call together the planning team at any time to address changing needs and goals and to update the IPP.[4]

Evaluating and Updating the CDER Instrument

The CDER instrument is very comprehensive and is divided into two major sections (or elements), the Diagnostic Element and the Evaluation Element.[2]

1. The Diagnostic Element contains information pertaining to each individual's developmental disabilities, mental health status, risk factors, major medical conditions, hearing and vision impairments, behavior modifying drugs, medications, special health care requirements, and other special conditions.

   This section identifies unmet needs such as uncorrected hearing and vision loss. It also collects information on the extent to which a condition has an impact on the individual (from 0 – no evidence of impairment, 1 – mild impact requiring some special attention, 2 – moderate impact requiring considerable attention, and 3 – severe impact requiring substantial or continuous attention).

2. The Evaluation Element covers information relating to activities of daily living including: physical functioning (using hands, walking, using a wheelchair, taking medications, eating, toileting, dressing, safety awareness), social behaviors, emotional, cognitive, communication skills (verbal and non-verbal), and community and social life. This section shows client skills and needs for assistance and the extent of assistance needed.

The CDER instrument needs to be updated on a regular basis, which has been accomplished in the past by DSS. A review of the CDER could consider eliminating any unnecessary items. For example, perhaps the etiology of medical conditions and risk factors are not necessary. Some of the intelligence tests should be replaced with new tests that can more accurately measure intelligence in non-speaking individuals. Simple updates of terms should occur as needed to be consistent with the language used in the disability community that have changed substantially in the past decade. It is also important for the CDER to focus on individual skills and strengths in addition to needs.

The Evaluation Element could include additional items on the unmet needs for assistance. For example, if an individual needs assistance with toileting, items could be added as to how often assistance is needed, the extent of assistance needed, and whether there is an unmet need for assistance.

Perhaps, some additional items would be useful to expand the information on cultural, linguistic, and communication skills. Items regarding the need for physical, occupational, and speech therapy, or education and training schedules could be added. Individual short-term and long-term goals could also be added.

It is critical that the CDER take into account cultural differences when discussing an individual's needs. For example, it might not be appropriate to discuss certain issues such

as toileting in certain cultures, yet that need still should be assessed. Moreover, some cultures may stigmatize disability, so the person's needs might not be described accurately.

All of these changes and updates to the CDER instrument are possible and would be far easier and less costly to make than a complete replacement of CDER.

Replacing the CDER Instrument

DDS proposed a 2026 trailer bill budget request to (1) establish standardized protocols for determining the criteria for "developmental disability" and "substantial disability;" and (2) to establish a standardized, evidence based statewide needs evaluation tool that promotes equity, transparency, and consistency in how an individual's support needs are understood, while reinforcing the person-centered principles of the Lanterman Act.[5] The request stated that the current tools vary significantly with little fidelity, and no longer reflect current research, best practices, or the diverse cultural, linguistic, and communication needs of individuals with intellectual and developmental disabilities.

Contrary to the budget trailer bill request, the CDER assessment currently is a very comprehensive, reliable, and valid instrument that includes items on cultural, linguistic, and communication skills and needs of individuals. It is a standardized and computerized documentation of abilities, skills and needs of all individuals, while the IPP is designed as a working plan for meeting individual needs and goals. Updating the CDER can address needed changes without completely replacing the instrument.

Frequency and Quality of the IPP and CDER Assessments and Plans

The CDER is required to be completed at least every three years or when changes occur, which may be identified at the time a person's Individual Program Plan (IPP) is developed. A new IPP is usually completed annually.

According to the DDS's annual report for 2024-25, the RCs are completing the assessments and plans as required. The RCs indicate that 95% met requirements for updating CDER and Early Start Reports, 97% met requirements for Individual Program Plans updates, and 91% met requirements for Individual Family Service Plans.[6] It is assumed that these are self-reports by RCs and not based on DDS reviews or audits of CDER and IPP data.

Contrary to the RC reports, there are anecdotal reports from families that some individuals with IDD have not had a comprehensive assessment in many years and that IPPs are not always current. Previous research also found that some CDERs were not updated within 3 years as required.[7]

DDS could easily determine whether the CDER data are being gathered every three years by reviewing the computerized completion dates. CDERs are also required when an individual's condition changes. To determine if this is occurring, DDS could conduct selected audits of CDERs and IPPs to determine their consistency and to determine whether the IPPs are based on the CDER reports.

DDS's Use of CDER For Management and Allocation Decisions

In addition to an individual planning guide for service allocation, the CDER was designed to assist managers to:

1. Determine the number and type of individuals based on their level of need for services and supports,
2. Plan for budgetary needs such as staffing,
3. Establish priorities for meeting unmet needs,
4. Plan for special types of providers and resource development to match client race and ethnicity and language needs,
5. Measure outcomes and effectiveness of services provided

Summary data from the CDER on client needs are not regularly reported by DDS, and there is little evidence that the CDER has been used for managing and budgeting. The CDER data could be used effectively to address inequities in service and support allocation, utilization, and expenditures.

DDS Reports Inequities in RC Services

DDS provides annual statewide and individual RC reports on the total number of individuals served by age and race and ethnicity groups. The reports show the: (1) total expenditures, (2) total authorized services, (3) per capita expenditures, (4) per capita authorized services, and (5) utilization. In 2024-25, DDS reported a statewide total of 540,868 individuals of which 18% were age 0-2, 32% were age 3-21, and 50% were 22 or over.[8]

These reports show inequities in per capita authorized services, utilization, and expenditures by race and ethnicity across all age groups and across RCs. For example, statewide per capita expenditures for "other racial groups/or multicultural" were $13,665 (or 34.5%) and Hispanics expenditures were $16,124 (or 40.7%) of the $39,590 per capita expenditures for whites, for all age groups in 2024-25. Authorized services, utilization, and

those receiving no purchased services also showed inequities by race/ethnicity and language across all age groups.[8]

DDS does not report statistics on types of individual service and support needs in relation to race and ethnicity groups. Individual needs should be the strongest predictor of service utilization and expenditures, taking into account the age and residence of individuals.

Because DDS does not consider individual service and support needs in its data analysis and reports, the actual inequities in access to services and expenditures may be even greater than what is reported by DDS annually.

Prior Studies Have Reported Inequities in Allocation, Utilization and Expenditures

Two research studies identified large disparities in California's RC service utilization and expenditures by race and ethnicity, taking into account individual need, age, and residential setting.[6 9] Using CDER data, individuals with greater needs for services (including those with medical and mental health conditions; special behavioral and health care needs; vision and hearing problems; communication needs, assistance with activities of daily living; and other care needs) had higher odds of receiving care, as expected.

When taking into account client needs, age, residential setting, and regional center in statistical models, however, Hispanic, African American, Asian/Pacific Islanders, and other racial and ethnicity groups were significantly less likely to receive any services and had lower expenditures than whites in both 2005 and in 2013.[6 9] These two studies demonstrated that racial and ethnic inequities have persisted over time and the inequities varied across RCs. These findings are consistent with the DDS 2024-25 annual report, which did not consider care needs.

Complex Reasons for Disparities in Allocation, Utilization, and Expenditures

The current disparities show that improvements in allocation policies and practices are needed to ensure that individuals in non-white racial and ethnic groups have equal access to services and supports based on their needs. The disparities are no doubt related to many complex factors which have received little study.

Some of these factors appear to be related to overall state budgetary variations and restrictions across RCs, which have been based on historical RC budgeting rather than client needs.[9] DDS has comprehensive CDER data on the need for services and supports, but summary CDER need data are not publicly reported, are not used in reports of client

inequities, and are not used in state resource allocations to RCs. Need factors are critical to appropriate DDS resource development, planning, and allocations.

Other factors related to inequitable allocations may be related to RC factors such as: the personal biases of staff, inadequate staff training, lack of adequate allocation guidelines, historical allocation practices, insufficient staff resources and funds, lack of appropriate providers from appropriate racial and ethnic groups or with appropriate language skills, inadequate staff supervision, infrequent use of CDER assessments and IPPs, and other practices.

The inequities may also be related to individuals and families. These may include: language and communication barriers, low expectations for services and supports, lack of knowledge about service and support options, need for or desire to have providers with similar ethnicity and racial backgrounds or languages, reluctance to request or advocate for services and supports, unfamiliarity with what other individuals generally receive, and many other factors.

Conclusion and Recommendations

In conclusion, DDS needs to change policies and practices to ensure equal access to services and expenditures for those in non-white racial and ethnic groups. The CDER is a comprehensive, standardized assessment instrument that forms the basis of the allocation of services and supports.

Changing or replacing the CDER assessment will not ensure equity in services and supports. The IPP is the working document that creates an agreed upon plan for allocating services and supports. The primary focus should be on changing the state and the IPP allocation processes and plans rather than on creating a new CDER instrument.

Specific Recommendations for Change

1. The CDER instrument should be updated on a regular basis to ensure that it is comprehensive, uses current terms and testing, takes cultural differences into account, and includes sufficient information on both skills and unmet needs to make appropriate allocation decisions.

2. The CDER and IPP should be developed and used in tandem and updated regularly by the RCs with their clients and families as required. This should be ensured by regular reviews and audits conducted by DDS.

3. DDS should publicly report summary data on individual needs, analyze the need data in reports of inequities, use need data in RC resource allocations, and use need data for resource development, planning, management and budgeting purposes.

4. The state should consider RC differences in individual needs for supports and services in its budget allocations.

5. DDS should conduct studies of the factors that affect both RC allocation decisions and individuals with IDD and their families and friends. These studies should determine the needs for service providers from racial and ethnic groups and assist in developing sufficient and appropriate resources to meet the needs of individuals with IDD.

6. DDS should consider developing detailed guidelines for assisting RCs to make equitable allocation decisions and provide education and training for both RC staff and individuals with IDD, their families, caregivers, and providers regarding service and support options.

About the Author

- **Charlene Harrington, Ph.D.,** Professor Emerita, University of California San Francisco has studied long term care and health policy for many years. For any questions, please contact charlene.harrington@ucsf.edu

About California Health Policy Strategies (CalHPS), LLC

- CalHPS is a mission-driven health policy consulting group based in Sacramento. For more information, visit www.calhps.com

References

[1] The Lanterman Act Developmental Disabilities Act of 1977. Codified in the Divisions 4.1, 4.5, and 4.7 of the California Welfare and Institutions Code and Title 14 of the California Government Code.

[2] DDS. Client Development Evaluation Report, Revision History, and Manual. https://www.dds.ca.gov/transparency/cder/

[3] DDS. Early Start Report. https://www.dds.ca.gov/services/early-start/

[4] DDS. Individual Program Plan (IPP). https://www.dds.ca.gov/rc/ipp/

[5] DDS. Proposed Trailer Bill Legislation Fiscal Year 2026-27. Equitable and Consistent Needs Assessment. July 9, 2026.

[6] DDS. Performance Contracts. https://www.dds.ca.gov/rc/dashboard/performance-contracts/

[7] Harrington, C. and Kang, T. Disparities in service use and expenditures for people with intellectual and development disabilities in California in 2005 and 2013. *Intellectual and Developmental Disabilities.* 2016; 54 (1); 1-18.

[8] DDS. Overview Report: Fiscal Year 2024-25, Regional Centers. https://www.dds.ca.gov/rc/dashboard/overview/

[9] Harrington, C. and Kang, T. Disparities in service utilization and expenditures for individuals with development disabilities. *Disability and Health Journal.* 2008: 1 (4); 181-244.

An act to amend Sections 4462, 4508, 6500, 6506, 6509, and 7505 of, and to amend and repeal Section 7502.6 of, the Welfare and Institutions Code, relating to developmental services.

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

SECTION 1. Section 4462 of the Welfare and Institutions Code is amended to read:

4462. (a) (1) The State Department of Developmental Services, when it deems it necessary, may, under conditions prescribed by the director, transfer ~~any patients~~ a patient of a state institution under its jurisdiction to another such institution. Transfers of patients of state hospitals shall be made in accordance with the provisions of Section 7300.

~~Transfer of a conservatee shall only be with the consent of the conservator.~~

(2) The department shall provide timely notice to the court and the parties of record for an individual transferring pursuant to this section.

~~The~~

(b) The expense of ~~any such~~ a transfer shall be paid from the moneys available by law for the support of the department or for the support of the institution from which the patient is transferred. Liability for the care, support, and maintenance of a patient so transferred in the institution to which ~~he has~~ they have been transferred shall be the same as if ~~he~~ they had originally been committed to ~~such~~ the institution.

SEC. 2. Section 4508 of the Welfare and Institutions Code is amended to read:

4508. ~~Persons~~ (a) A person with a developmental ~~disabilities~~ disability may be released from ~~developmental centers~~ Porterville Developmental Center or Canyon Springs Community Facility for provisional ~~placement, with parental consent in the case of a minor or with the consent of an adult person with developmental disabilities or with the consent of the guardian or conservator of the person with developmental disabilities,~~ placement not to exceed ~~twelve months, and shall be referred to a regional center for services pursuant to this division. Any person placed pursuant to this section shall have an automatic right of return to the developmental center during the period of provisional placement.~~ 12 months and shall receive the services identified in their IPP and transition plan from their regional center upon their placement.

(b) (1) A person placed pursuant to this section shall have an automatic right of return to Porterville Developmental Center or Canyon Springs Community Facility during the period of provisional placement.

(2) For a person exercising the right of return, the order of that commitment or recommitment shall not exceed 12 months of placement at Porterville Developmental Center or Canyon Springs Community Facility from the date of the order.

(c) A person who returns from a provisional placement and is subsequently transitioned to a new community placement is eligible for a new provisional placement and an automatic right of return for 12 months.

SEC. 3. Section 6500 of the Welfare and Institutions Code is amended to read:

6500. (a) For purposes of this article, the following definitions shall apply:

(1) "Dangerousness to self or others" shall include, but not be limited to, a finding of incompetence to stand trial pursuant to the provisions of Chapter 6 (commencing with Section 1367) of Title 10 of Part 2 of the Penal Code and when the defendant has been charged with murder, mayhem, aggravated mayhem, a violation of Section 207, 209, or 209.5 of the Penal Code in which the victim suffers intentionally inflicted great bodily injury, robbery perpetrated by torture or by a person armed with a dangerous or deadly weapon or in which the victim suffers great bodily injury, carjacking

perpetrated by torture or by a person armed with a dangerous or deadly weapon or in which the victim suffers great bodily injury, a violation of subdivision (b) of Section 451 of the Penal Code, a violation of paragraph (1) or (2) of subdivision (a) of former Section 262 or paragraph (2) or (3) of subdivision (a) of Section 261 of the Penal Code, a violation of Section 288 of the Penal Code, any of the following acts when committed by force, violence, duress, menace, fear of immediate and unlawful bodily injury on the victim or another person: a violation of paragraph (1) or (2) of subdivision (a) of former Section 262 of the Penal Code, a violation of Section 264.1, 286, or 287 of, or former Section 288a of, the Penal Code, or a violation of subdivision (a) of Section 289 of the Penal Code; a violation of Section 459 of the Penal Code in the first degree, assault with intent to commit murder, a violation of Section 220 of the Penal Code in which the victim suffers great bodily injury, a violation of Section 18725, 18740, 18745, 18750, or 18755 of the Penal Code, or if the defendant has been charged with a felony involving death, great bodily injury, or an act that poses a serious threat of bodily harm to another person.

(2) "Developmental disability" shall have the same meaning as defined in subdivision (a) of Section 4512.

(b) (1) A person with a developmental disability may be committed to the State Department of Developmental Services for residential placement other than in a developmental center or state-operated community facility, as provided in subdivision (a) of Section 6509, if the person is found to be a danger to self or others.

(A) An order of commitment made pursuant to this paragraph shall expire automatically one year after the order of commitment is made.

(B) This paragraph does not prohibit any party enumerated in Section 6502 from filing subsequent petitions for additional periods of commitment. If subsequent petitions are filed, the procedures followed shall be the same as with the initial petition for commitment.

(2) A person with a developmental disability shall not be committed to the State Department of Developmental Services for placement in a developmental center or state-operated community facility pursuant to this article unless the person meets the criteria for admission to a developmental center or state-operated community facility pursuant to paragraph (2), (3), ~~(4), (5), or (7)~~ or (5) of subdivision (a) of Section 7505 and is dangerous to self or others, or as a result of an acute crisis, or the person currently is a resident of a state developmental center or state-operated community facility pursuant to an order of commitment made pursuant to this article prior to July 1, 2012, and is being recommitted pursuant to paragraph (4) of this subdivision.

(3) If the person with a developmental disability is in the care or treatment of a state hospital, developmental center, or other facility at the time a petition for commitment is filed pursuant to this article, proof of a recent overt act while in the care and treatment of a state hospital, developmental center, or other facility is not required in order to find that the person is a danger to self or others.

(4) If subsequent petitions are filed with respect to a resident of a developmental center or a state-operated community facility committed prior to July 1, 2012, the procedures followed and criteria for recommitment shall be the same as with the initial petition for commitment.

(5) In any proceedings conducted under the authority of this article, the person alleged to have a developmental disability shall be informed of their right to counsel

by the court and, if the person does not have an attorney for the proceedings, the court shall immediately appoint the public defender or other attorney to represent them. The person shall pay the cost for the legal services if the person is able to do so. At any judicial proceeding under this article, allegations that a person has a developmental disability and is dangerous to self or others, or as a result of an acute crisis, shall be presented by the district attorney for the county unless the board of supervisors, by ordinance or resolution, delegates this authority to the county counsel. The regional center shall inform the clients' rights advocate, as described in Section 4433, when a petition is filed under this section and when a petition expires. The clients' rights advocate for the regional center may attend any judicial proceedings to assist in protecting the individual's rights.

(c) ~~(1)~~ An order of commitment made pursuant to this article with respect to a person described in paragraph (3) of subdivision (a) of Section 7505 shall expire automatically one year after the order of commitment is made. This section does not prohibit a party enumerated in Section 6502 from filing subsequent petitions for additional periods of commitment. If subsequent petitions are filed, the procedures followed shall be the same as with an initial petition for commitment.

~~(2)~~

(d) An order of commitment made pursuant to this article on or after July 1, 2012, with respect to the admission to a developmental center or state-operated community facility of a person described in paragraph ~~(2), (4), or (7)~~ (2) of subdivision (a) of Section 7505 shall expire automatically six months after the earlier of the order of commitment pursuant to this section or the order of a placement in a developmental center pursuant to Section 6506, unless the regional center, prior to the expiration of the order of commitment, notifies the court in writing of the need for an extension. The required notice shall state facts demonstrating that the individual continues to be in acute crisis, as defined in paragraph (1) of subdivision (d) of Section 4418.7, and the justification for the requested extension, and shall be accompanied by the comprehensive assessment and plan described in subdivision (e) of Section 4418.7. An order granting an extension shall not extend the total period of commitment beyond one year, including a placement in a developmental center pursuant to Section 6506. If, prior to expiration of one year, the regional center notifies the court in writing of facts demonstrating that, due to circumstances beyond the regional center's control, the placement cannot be made prior to expiration of the extension, and the court determines that good cause exists, the court may grant one further extension of up to 30 days. The court may also issue any orders the court deems appropriate to ensure that necessary steps are taken to ensure that the individual can be safely and appropriately transitioned to the community in a timely manner. The required notice shall state facts demonstrating that the regional center has made significant progress implementing the plan described in subdivision (e) of Section 4418.7 and that extraordinary circumstances exist beyond the regional center's control that have prevented the plan's implementation. This paragraph does not preclude the individual or a person acting on the person's behalf from making a request for release pursuant to Section 4800, or counsel for the individual from filing a petition for habeas corpus pursuant to Section 4801. Notwithstanding subdivision (a) of Section 4801, for purposes of this paragraph, judicial review shall be in the superior court of the county that issued the order of commitment pursuant to this section.

~~(3)~~

(e) An order of commitment made pursuant to this article on or after January 1, 2020, with respect to the admission to an institution for mental disease, as described in subparagraph (C) of paragraph (9) of subdivision (a) of Section 4648, shall expire automatically six months after the earlier of the order of commitment pursuant to this section, the order of a placement in an institution for mental disease pursuant to Section 6506, or the date the regional center placed the individual in the institution for mental disease, unless the regional center notifies the court in writing of the need for an extension. The required notice shall state facts demonstrating that the individual continues to be in acute crisis, as defined in paragraph (1) of subdivision (d) of Section 4418.7, and the justification for the requested extension, and shall be accompanied by the comprehensive assessment and plan described in clause (v) of subparagraph (C) of paragraph (9) of subdivision (a) of Section 4648. An order granting an extension shall not extend the total period of commitment beyond one year, including a placement in an institution for mental disease pursuant to Section 6506. If, prior to expiration of one year, the regional center notifies the court in writing of facts demonstrating that, due to circumstances beyond the regional center's control, the placement cannot be made prior to expiration of the extension, and the court determines that good cause exists, the court may grant one further extension of up to 30 days. The court may also issue any orders the court deems appropriate in order for necessary steps to be taken to ensure that the individual can be safely and appropriately transitioned to the community in a timely manner. The required notice shall state facts demonstrating that the regional center has made significant progress implementing the plan described in clause (v) of subparagraph (C) of paragraph (9) of subdivision (a) of Section 4648 and that extraordinary circumstances exist beyond the regional center's control that have prevented the plan's implementation. This paragraph does not preclude the individual or any person acting on their own behalf from making a request for release pursuant to Section 4800, or counsel for the individual from filing a petition for habeas corpus pursuant to Section 4801. Notwithstanding subdivision (a) of Section 4801, for purposes of this paragraph, judicial review shall be in the superior court of the county that issued the order of commitment pursuant to this section.

~~(4)~~

(f) An order of commitment made pursuant to this article on or after July 1, 2024, with respect to the admission to a completed and licensed complex needs home of a person described in paragraph (8) of subdivision (a) of Section 7505 shall expire automatically six months after the earlier of the order of commitment pursuant to this section or the order of a placement pursuant to Section 6506, unless the regional center, at least 30 days prior to the expiration of the order of commitment, notifies the court in writing of the need for an extension. The required notice shall state facts demonstrating that the individual continues to require placement in a complex needs home, as defined in paragraph (3) of subdivision (h) of Section 4418.8, and the justification for the requested extension, and shall be accompanied by the comprehensive assessment and plan described in subdivision (e) of Section 4418.8. An order granting an extension shall not extend the total period of commitment beyond 18 months, except as provided for in subdivision (e) of Section 4418.8, including a placement pursuant to Section 6506. This paragraph does not preclude the individual or a person acting on the person's behalf from making a request for release pursuant to Section 4800, or

counsel for the individual from filing a petition for habeas corpus pursuant to Section 4801. Notwithstanding subdivision (a) of Section 4801, for purposes of this paragraph, judicial review shall be in the superior court of the county that issued the order of commitment pursuant to this section.

SEC. 4. Section 6506 of the Welfare and Institutions Code is amended to read:

6506. (a) Pending the hearing, the court may order that the alleged dangerous person alleged to have a developmental disability may be left in the charge of ~~his or her~~ their parent, guardian, conservator, or other suitable person, or placed in a state developmental center, in the county psychiatric hospital, or in any other suitable placement as determined by the court. Prior to the issuance of an order under this section, the regional center and developmental center, if applicable, shall recommend to the court a suitable person or facility to care for the person alleged to have a developmental disability. The determination of a suitable person or facility shall be the least restrictive option that provides for the person's treatment needs and that has existing security systems or measures in place to adequately protect the public safety from any known dangers posed by the person. In determining whether the public safety will be adequately protected, the court shall make the finding required by subparagraph (D) of paragraph (1) of subdivision (a) of Section 1370.1 of the Penal Code.

(b) An order made pursuant to this section may be issued for individuals where commitment is sought for individuals meeting the definition of paragraph (1) of subdivision (a) of, and sought under subdivisions (d), (e), and (f) of, Section 6500.

~~Pending~~

(c) Pending the hearing, the court may order that the person receive necessary habilitation, care, and treatment, including medical and dental treatment.

~~Orders~~

(d) An order made pursuant to this section shall expire at the time set for the hearing pursuant to Section 6503. If the court upon a showing of good cause grants a continuance of the hearing on the matter, it shall order that the person be detained pursuant to this section until the hearing on the petition is held.

SEC. 5. Section 6509 of the Welfare and Institutions Code is amended to read:

6509. (a) If the court finds that the person has a developmental disability, and is a danger to self or to others, or is in acute crisis, as defined in paragraph (1) of subdivision (d) of Section 4418.7, or in paragraph (1) of subdivision (h) of Section 4418.8, the court may make an order that the person be committed to the State Department of Developmental Services for suitable treatment and habilitation services. For purposes of this section, "suitable treatment and habilitation services" means the least restrictive residential placement necessary to achieve the purposes of treatment. Care and treatment of a person committed to the State Department of Developmental Services may include placement in any of the following:

(1) A licensed community care facility, as defined in Section 1502 of the Health and Safety Code, or a health facility, as defined in Section 1250 of the Health and Safety Code, other than a developmental center or state-operated facility.

(2) A property used to provide Stabilization, Training, Assistance and Reintegration (STAR) services operated by the department if the person meets the criteria for admission pursuant to paragraph (2) of subdivision (a) of Section 7505.

(3) The secure treatment program at Porterville Developmental Center, if the person meets the criteria for admission pursuant to paragraph (3) of subdivision (a) of

Section 7505. The total time of commitment of an individual committed to Porterville Developmental Center on or after July 1, 2031, shall not exceed 24 months after that date under this article. An individual committed to and residing at Porterville Developmental Center on or before July 1, 2031, shall not be committed to or reside at the Porterville Developmental Center beyond July 1, 2035. These timeframes do not apply to a readmission pursuant to subdivision (b) of Section 4508, in which case the provisions of that section shall apply.

(4) (A) Canyon Springs Community Facility, if the person meets the criteria for admission pursuant to paragraph ~~(4), (5), or (6)~~ (3) of subdivision (a) of Section 7505.

(B) An order of commitment made pursuant to this article, with respect to the admission to Canyon Springs Community Facility, of a person described in paragraph (3) of subdivision (a) of Section 7505 shall expire automatically one year after the earlier of the order of commitment pursuant to this section or the order of placement pursuant to Section 6506, unless the regional center, prior to the expiration of the order of commitment, notifies the court and the individual's attorney or attorneys of record in writing of the need for an extension. The required notice shall include the department's determination that the individual continues to require placement in Canyon Springs Community Facility pursuant to this section, shall include the justification for the requested extension, and shall be accompanied by a comprehensive assessment and placement plan described in subparagraph (D) of paragraph (3) of subdivision (a) of Section 7505. An order granting an extension shall not extend the total period of placement beyond 24 months after July 1, 2027, except as authorized in subparagraph (E) of paragraph (3) of subdivision (a) of Section 7505 or subdivision (b) of Section 4508.

(5) (A) On or after July 1, 2019, the acute crisis center at Porterville Developmental Center, if the person meets the criteria for admission pursuant to paragraph (7) of subdivision (a) of Section 7505.

(B) This paragraph shall become inoperative on January 1, 2027.

(6) On or after July 1, 2024, upon completion and licensing, a complex needs home as defined in paragraph (3) of subdivision (h) of Section 4418.8, if the person meets the criteria for admission pursuant to subdivision (c) of Section 4418.8.

(7) Any other appropriate placement permitted by law.

(b) (1) The court shall hold a hearing as to the available placement alternatives and consider the reports of the regional center director or designee and the developmental center director or designee submitted pursuant to Section 6504.5. After hearing all the evidence, the court shall order that the person be committed to the placement that the court finds to be the most appropriate and least restrictive alternative. If the court finds that release of the person can be made subject to conditions that the court deems proper and adequate for the protection and safety of others and the welfare of the person, the person shall be released subject to those conditions.

(2) The court, however, may commit a person with a developmental disability who is not a resident of this state under Section 4460 for the purpose of transportation of the person to the state of legal residence pursuant to Section 4461. The State Department of Developmental Services shall receive the person committed to it and shall place the person in the placement ordered by the court.

(c) If the person has at any time been found mentally incompetent pursuant to Chapter 6 (commencing with Section 1367) of Title 10 of Part 2 of the Penal Code

arising out of a complaint charging a felony offense specified in Section 290 of the Penal Code, the court shall order the State Department of Developmental Services to give notice of that finding to the designated placement facility and the appropriate law enforcement agency or agencies having local jurisdiction at the site of the placement facility.

(d) (1) For ~~persons~~ a person residing in the secure treatment program at ~~the~~ Porterville Developmental Center, at the person's annual individual program plan meeting the team shall determine if the person should be considered for transition from the secure treatment program to an alternative placement. If the team concludes that an alternative placement is appropriate, the regional center, in coordination with the developmental center, shall conduct a comprehensive assessment and develop a proposed plan to transition the individual from the secure treatment program to the community. The transition plan shall be based upon the individual's needs, developed through the individual program plan process, and shall ensure that needed services and supports will be in place at the time the individual moves. Individual supports and services shall include, when appropriate for the individual, wrap-around services through intensive individualized support services. The clients' rights ~~advocate for the regional center~~ advocates described in Sections 4433 and 4433.5 shall be notified of the individual program plan meeting and may participate in the meeting unless the consumer objects on their own behalf. The individual's transition plan shall be provided to the court and the individual's attorney or attorneys of record as part of the notice required pursuant to subdivision (e).

(2) No fewer than 30 days prior to the expiration of the commitment term identified in paragraph (3) of subdivision (a), the regional center shall submit a comprehensive transition plan to the court. The plan shall identify and describe the individual's identified placement and specify all appropriate and necessary services, including, but not limited to, mental health treatment, medical services, wraparound services, and crisis intervention services. The individual's comprehensive transition plan shall be provided to the court and the individual's attorney or attorneys of record as part of the notice required pursuant to subdivision (e).

(e) If the State Department of Developmental Services decides that a change in placement is necessary, it shall notify, in writing, the court of commitment, the district attorney, the attorney of record for the person, and the regional center of its decision at least 15 days in advance of the proposed change in placement. The court may hold a hearing and either approve or disapprove of the change or take no action, in which case the change shall be deemed approved. At the request of the district attorney or of the attorney for the person, a hearing shall be held.

SEC. 6. Section 7502.6 of the Welfare and Institutions Code is amended to read:

7502.6. (a) Notwithstanding any other law or regulation, commencing September 28, 2018, and until June 30, 2024, or the opening of completed and licensed complex needs homes identified in the safety net plan prepared pursuant to Section 4474.16 and approved for development in the Budget Act of 2023, whichever is earlier, a court may order the commitment of an individual to a separate and distinct unit of Canyon Springs Community Facility, as provided in paragraph (4) of subdivision (a) of Section 7505. No more than 10 beds at the facility shall be designated for this purpose.

(b) Prior to admission to Canyon Springs Community Facility of an individual meeting the criteria of paragraph (4) of subdivision (a) of Section 7505, the regional center and regional resource development project shall follow the preadmission procedures, including notification and assessment procedures, specified in subdivisions (a) to (c), inclusive, of Section 4418.7. Upon admission, the postadmission procedures and timelines specified in subdivision (e) of Section 4418.7 shall apply.

(c) This section shall remain in effect only until January 1, 2027, and as of that date is repealed.

SEC. 7. Section 7505 of the Welfare and Institutions Code is amended to read:

7505. (a) Notwithstanding any other law, the State Department of Developmental Services shall not admit anyone to a developmental center unless the person has been determined eligible for services under Division 4.5 (commencing with Section 4500) and the person is any of the following:

(1) An adult committed by a court to Porterville Developmental Center, secure treatment program, pursuant to Section 1370.1 of the Penal Code.

(2) Committed by a court to an acute crisis home operated by the department pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6 due to an acute crisis, as defined in paragraph (1) of subdivision (d) of Section 4418.7.

(3) (A) An adult committed by a court to Porterville Developmental Center, secure treatment program, pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6 as a result of involvement with the criminal justice system, and the court has determined the person is mentally incompetent to stand trial.

(B) An adult committed pursuant to this section, who is deemed by the State Department of Developmental Services pursuant to Section 4462 to be appropriate for transfer, may be transferred to Canyon Springs Community Facility for placement for a total period not to exceed 24 months. An order from the court is not required for the transfer. However, the person's total time at a facility shall not exceed the court-ordered time of commitment.

(C) On or after January 1, 2027, when a person resides at Canyon Springs Community Facility pursuant to this subdivision, an order of commitment made pursuant to Section 6506 or for a person meeting the definition of paragraph (1) of subdivision (a) of Section 6500 shall be required for continued placement at Canyon Springs Community Facility. An order granting an extension shall not extend the total period of placement beyond 24 months from January 1, 2027, including any time spent committed pursuant to Section 6506 but not including Section 4508.

(D) The order of commitment, or a recommitment, for a person committed for meeting the definition in paragraph (1) of subdivision (a) of Section 6500 shall be reviewed annually for the first 12 months of placement at Canyon Springs Community Facility. After an initial 12 months of placement at Canyon Springs Community Facility, the court shall review placement at 6-month intervals. At all hearings for placement at Canyon Springs Community Facility, the regional center shall notify the court in writing, for the court's review, all of the following:

(i) An updated comprehensive assessment and placement plan as required by subparagraph (E).

(ii) The department's determination that the individual requires continued placement at Canyon Springs Community Facility as the least restrictive option pursuant to subdivision (a) of Section 6509.

(iii) A current individual program plan that identifies the specific services and supports necessary for the individual to transition back into the community that includes a timeline to obtain those supports and services.

(E) The regional center shall submit to the court a comprehensive transition plan no fewer than 30 days prior to the expiration of the commitment term. The plan shall identify and describe the individual's placement and specify all appropriate and necessary services, including, but not limited to, mental health treatment, medical services, wraparound services, and crisis intervention services.

(F) Notwithstanding subparagraph (B), an individual may continue to reside at Canyon Springs Community Facility for one additional 60-day period beyond the total 24-month commitment, if all of the following conditions are met:

(i) After an additional comprehensive assessment by the regional center, the department determines that the individual requires continued placement in Canyon Springs Community Facility while a community placement is identified.

(ii) An individual program plan is developed that identifies the specific services and supports necessary for the individual to transition back into the community that includes a timeline to obtain those supports and services.

(iii) The committing court has reviewed and, if appropriate, extended the commitment.

(4) (A) A person committed by a court to Canyon Springs Community Facility pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6 on or before June 30, 2024, or the opening of completed and licensed complex needs homes identified in the safety net plan prepared pursuant to Section 4474.16 and approved for development in the Budget Act of 2023, whichever is earlier, who otherwise meets the criteria for admission described in Section 4418.7 due to an acute crisis, as defined in paragraph (1) of subdivision (d) of Section 4418.7.

(B) This paragraph shall become inoperative on July 1, 2027.

(5) (A) A person committed by a court to ~~the~~ Canyon Springs Community Facility pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6 on or before June 30, 2024, or the opening of completed and licensed complex needs homes identified in the safety net plan prepared pursuant to Section 4474.16 and approved for development in the Budget Act of 2023, whichever is earlier, who is currently admitted to either an acute psychiatric hospital or an acute crisis facility pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6 due to an acute crisis, as defined in paragraph (1) of subdivision (d) of Section 4418.7, but who requires continued treatment to achieve stabilization and successful community transition.

(B) Prior to admission pursuant to this paragraph, the regional center shall prepare an assessment for inclusion in the consumer's file detailing all considered community-based services and supports, including, but not limited to, rate adjustments as provided by law, supplemental services as set forth in subparagraph (F) of paragraph (10) of subdivision (a) of Section 4648, emergency and crisis intervention services as set forth in paragraph (11) of subdivision (a) of Section 4648, community crisis home services pursuant to Article 8 (commencing with Section 4698) of Chapter 6 of Division 4.5, and an explanation of why those options could not meet the consumer's needs. Prior to admission, the Director of Developmental Services or the director's designee

shall certify that there are no community-based options that can meet the consumer's needs.

(C) ~~When a person is~~ For a person admitted to Canyon Springs Community Facility pursuant to this ~~paragraph,~~ paragraph prior to June 30, 2024, the regional center shall notify the clients' rights ~~advocate,~~ advocates, as described in ~~Section 4433,~~ Sections 4433 and 4433.5, of the admission. ~~A~~ The comprehensive assessment shall be completed by the regional center in coordination with Canyon Springs Community Facility ~~staff.~~ staff every six months. The comprehensive assessment shall include the identification of the services and supports needed for stabilization and the timeline for identifying or developing the services and supports needed to transition the consumer back to a community setting. Immediately following the comprehensive assessment, and not later than 30 days following admission, the regional center and staff at ~~the~~ Canyon Springs Community Facility shall jointly convene an individual program plan meeting to determine the services and supports needed for crisis stabilization and to develop a plan to transition the consumer into community living pursuant to Section 4418.3. The clients' rights ~~advocate for the regional center~~ advocates described in Sections 4433 and 4433.5 shall be notified of the individual program plan meeting and may participate in the individual program plan meeting unless the consumer objects on their own behalf.

(D) The population of consumers admitted pursuant to this paragraph shall not exceed five. An admission to Canyon Springs Community Facility pursuant to this paragraph shall not extend beyond June 30, 2024, or the opening of completed and licensed complex needs homes identified in the safety net plan prepared pursuant to Section 4474.16 and approved for development in the Budget Act of 2023, whichever is earlier.

(E) For purposes of this paragraph, "acute psychiatric hospital" means a facility as defined in subdivision (b) of Section 1250 of the Health and Safety Code, including an institution for mental disease.

(F) This paragraph shall become inoperative on July 1, 2027.

(6) (A) A person exercising the right of return to Porterville Developmental Center or Canyon Springs Community Facility as described in Section ~~4508 on or before June 30, 2021.~~ 4508.

(B) Prior to admission pursuant to this paragraph, the regional center shall prepare an assessment for inclusion in the consumer's file detailing all considered community-based services and supports, including, but not limited to, rate adjustments as provided by law, supplemental services as set forth in subparagraph (F) of paragraph (10) of subdivision (a) of Section 4648, emergency and crisis intervention services as set forth in paragraph (11) of subdivision (a) of Section 4648, community crisis home services pursuant to Article 8 (commencing with Section 4698) of Chapter 6 of Division 4.5, and an explanation of why those options could not meet the consumer's needs. Prior to admission, the Director of Developmental Services or the director's designee shall certify that there are no community-based options that can meet the consumer's needs.

(C) When a person is admitted pursuant to this paragraph, the regional center shall notify the clients' rights ~~advocate,~~ advocates, as described in ~~Section 4433,~~ Sections 4433 and 4433.5, of the admission. A comprehensive assessment shall be completed by the regional center in coordination with developmental center staff. The

comprehensive assessment shall include the identification of the services and supports needed for stabilization and the timeline for identifying or developing the services and supports needed to transition the consumer back to a community setting. Immediately following the comprehensive assessment, and not later than 30 days following admission, the regional center and staff at the developmental center shall jointly convene an individual program plan meeting to determine the services and supports needed for crisis stabilization and to develop a plan to transition the consumer into community living pursuant to Section 4418.3. The clients' rights ~~advocate for the regional center~~ advocates described in Sections 4433 and 4433.5 shall be notified of the individual program plan meeting and may participate in the individual program plan meeting unless the consumer objects on their own behalf.

~~(D) Notwithstanding Section 4508, the population of consumers admitted pursuant to this paragraph shall not exceed five. An admission pursuant to this paragraph shall not extend beyond June 30, 2023.~~

(D) For a person exercising the right of return, the order of commitment, or a recommitment, shall not exceed 12 months of placement for Porterville Developmental Center or Canyon Springs Community Facility.

(7) (A) Committed by a court to Porterville Developmental Center, pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6 due to an acute crisis, as described in Section 4418.7. The population of consumers admitted pursuant to this paragraph shall not exceed 10. An admission pursuant to this paragraph shall not extend beyond June 30, 2023, or upon the opening of the state-operated community acute crisis homes approved for development in the Budget Act of 2019.

(B) This paragraph shall become inoperative on July 1, 2027.

(8) (A) Committed by a court pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6 to a completed and licensed complex needs home identified in the safety net plan prepared pursuant to Section 4474.16 and approved for development in the Budget Act of 2023.

(B) When a person is admitted pursuant to this paragraph, the department and regional center shall comply with the requirements of Section 4418.8.

(b) A person admitted to ~~the~~ Canyon Springs Community Facility ~~pursuant to paragraphs (4) and (5) of subdivision (a)~~ shall be subject to enhanced monitoring that includes the following:

(1) Department clinical staff shall make monthly monitoring visits to observe the implementation of treatment plans.

(2) The department shall conduct monthly calls with regional centers to update transition planning and identify available placement options.

(3) The regional center and facility shall complete an initial transition plan within 60 days from admission. The plan shall be provided in writing to the court and the attorney or attorneys of record.

(4) The regional center and facility shall conduct a transition review meeting 45 days prior to transitioning an individual from the facility. Notice of the meeting shall be provided to the clients' rights advocates described in Sections 4433 and 4433.5 and the individual's attorney or attorneys of record for their optional participation. An individual may choose to request the participation of their attorney or attorneys of record.

(c) The State Department of Developmental Services shall not admit a person to a developmental center after July 1, 2012, as a result of a criminal conviction or when the person is competent to stand trial for the criminal offense and the admission is ordered in lieu of trial.

(d) (1) The department shall develop and implement an implementation plan to support timely, safe, and appropriate transitions from the secure treatment program at Porterville Developmental Center and Canyon Springs Community Facility consistent with the time limitations established in Section 6509. The initial implementation plan shall be developed in consultation with people with intellectual and developmental disabilities, families, regional centers, and stakeholders, including, but not limited to, advocacy agencies described in Sections 4433 and 4433.5 and criminal justice partners.

(2) The implementation plan shall do all of the following:

(A) Report, in deidentified and aggregate form, on the characteristics and needs of individuals residing in Porterville Developmental Center and Canyon Springs Community Facility, the community-based services required for successful integration, existing capacity and service gaps, and the timeline, strategies, and resources necessary to develop required supports.

(B) Outline monitoring responsibilities during and after transition.

(C) Identify statutory or regulatory barriers.

(D) Specify any actions or proposals needed to implement the time limitations set forth in Section 6509 and related provisions.

(3) The department shall provide quarterly updates to legislative staff of the appropriate policy and fiscal committees of the Legislature regarding implementation of the time limitations established in this section and Section 6509. These updates shall include, but not be limited to, the status of transition planning, community resource development, identified barriers, and actions taken or planned by the department and regional centers to address those barriers.

~~(d)~~

(4) Commencing with the first quarterly update to legislative staff after July 1, 2021, in the information provided pursuant to Section 4474.17, the State Department of Developmental Services shall provide a written update regarding efforts to reduce the reliance on Porterville Developmental Center for commitment orders for an individual meeting the definition provided in paragraph (1) of subdivision (a) of Section 6500 and Canyon Springs Community Facility for admissions ~~due to an acute crisis, as defined in paragraph (1) of subdivision (d) of Section 4418.7~~ and the development of additional community resources, including person-centered efforts. The update shall include data and descriptors of people admitted to Porterville Developmental Center and Canyon Springs Community Facility in the previous year, including age and duration of stay to date, the status of transition planning meetings for those individuals, and their discharge status. ~~For persons admitted to Canyon Springs Community Facility beginning July 1, 2022, the update shall include all alternative placement options examined for each person prior to admission.~~ This information shall be posted, in a deidentified form to protect the privacy of individuals, on the department's internet website.

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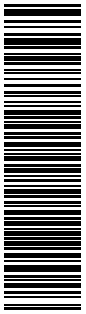
LEGISLATIVE COUNSEL'S DIGEST

Bill No.
as introduced, _____.
General Subject: Developmental services: state-operated transitional and rehabilitative services.



(1) Existing law establishes the State Department of Developmental Services and sets forth its powers and duties, including, but not limited to, the administration of state developmental centers, community facilities, and acute crisis homes to provide care to persons with developmental disabilities, as specified. Existing law authorizes the department to transfer a patient of a state institution under its jurisdiction to another such institution. Existing law requires the consent of the conservator to transfer a conservatee.

Existing law also requires parental consent for a minor or the consent of an adult person with developmental disabilities to be released from developmental centers for provisional placement not to exceed 12 months.

This bill would delete the consent requirements for the transfer of a conservatee and the release of a minor or adult person with developmental disabilities and instead authorize the release of a person with a developmental disability from Porterville Developmental Center (PDC) or Canyon Springs Community Facility (CSC) for provisional placement, as specified. The bill would create an automatic right of return for a person released from PDC or CSC during the period of provisional placement, as specified. The bill would require the department to provide timely notice to the court and the parties of record for the transfer of a conservatee.

(2) Existing law authorizes a person with a developmental disability to be committed to the department for residential placement other than in a developmental center or state-operated community facility if the person is found to be a danger to self or others, as defined, and if they meet certain criteria. Existing law provides that a petition for the commitment of a person with a developmental disability to the department may be filed in the county in which that person is physically present. Existing law authorizes a court to make an order that a person be committed to the department for suitable treatment and rehabilitation services if the court finds the person has a developmental disability, is a danger to self or others, or is in acute crisis, as defined. Existing law authorizes the individual to be placed at specified facilities, including PDC or CSC, if the individual meets specified criteria.

This bill would, on or after July 1, 2031, limit the total amount of time an individual may be committed to PDC to not exceed a total of 24 months and, for a person committed prior to July 1, 2031, would prohibit an individual from being there beyond July 1, 2035, except as specified. The bill would also require an order of commitment to CSC made pursuant to these provisions to expire automatically one year after specified orders by the court, unless the regional center notifies the court and the individual's attorney or attorneys of record in writing of the need for an extension.

For a person residing at PDC, existing law requires an annual individual program plan meeting to consider if the person should be considered for transition to an alternative placement. If consideration for alternative placement is appropriate, existing law requires the development of a transition plan, as specified.

This bill would require a regional center to submit a comprehensive transition plan to the court and the consumer's attorney or attorneys of record no fewer than 30 days prior to the expiration of the commitment term, as specified.

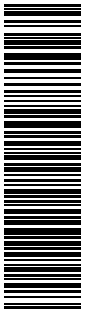
(3) Existing law, beginning September 28, 2018, and until June 30, 2024, authorizes a court to order the commitment of an individual to a separate and distinct unit of CSC and requires no more than 10 beds to be designated for this purpose.

Existing law prohibits the department from admitting anyone to a developmental center unless the person has been determined eligible for services and the person meets one of several specified categories, including that they are an adult committed to PDC by a court for a secure treatment program or as a result of involvement with the criminal justice system and because they have been found mentally incompetent to stand trial.

This bill would repeal the provisions authorizing the court to order the commitment of an individual to CSC and would authorize an individual to be transferred from a commitment at PDC to CSC for a period of time not to exceed 24 months without a court order and for a period not to exceed the court-ordered term of commitment. The bill would require an order of commitment, on or after January 1, 2027, for a person posing a danger to self or others for continued placement at CSC. The bill would prohibit an order granting an extension from exceeding 24 months from January 1, 2027. The bill would also require an order of commitment for the above-described individual to be reviewed annually for the first 12 months of placement at CSC and at 6-month intervals after the initial 12 months. The bill would require a regional center to notify the court in writing of specified information, including updated comprehensive assessments and placement plans by the regional center. The bill would also allow an individual to continue to reside at CSC for an additional 60-day period beyond the 24-month limit if specified conditions are met, including that the department determined that the individual requires continued placement while a different community placement is identified.

The bill would make additional confirming changes and would sunset obsolete provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.



An act to amend Sections 4437, 4474.17, 4648, 4677, 4679.1, 4684.50, 4684.53, 4684.55, 4684.58, 4684.81, 4698, and 4781.6 of, and to amend, repeal, and add Sections 4418.25 and 4679 of, the Welfare and Institutions Code, relating to developmental services.

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

SECTION 1. Section 4418.25 of the Welfare and Institutions Code is amended to read:

4418.25. (a) (1) The department shall establish policies and procedures for the development of an annual community placement plan by regional centers. The community placement plan shall be based upon an individual program plan process as referred to in subdivision (a) of Section 4418.3 and shall be linked to the development of the annual State Budget. The department's policies shall address statewide priorities, plan requirements, and the statutory roles of regional centers, developmental centers, and regional resource development projects in the process of assessing consumers for community living and in the development of community resources.

(2) (A) In addition to the existing priorities to support the closure of the developmental centers and the development of services and supports to transition individuals from restrictive settings, including institutions for mental disease, the department also shall establish guidelines by which community placement plan funds appropriated through the budget process may be utilized for community resource development to address the needs for services and supports of consumers living in the community in accordance with Section 4679.

(B) The department may allocate funds to regional centers for purposes of community resource development as provided in this paragraph when the department determines that sufficient funding has been appropriated and reserved for a fiscal year for development of the resources that are necessary to address the needs of persons moving from a developmental center pursuant to Section 4474.11, and no sooner than 30 days after the department has provided notice of this determination to the Joint Legislative Budget Committee and the appropriate policy and fiscal committees of the Legislature.

(b) (1) To reduce reliance on developmental centers and mental health facilities, including institutions for mental disease as described in Part 5 (commencing with Section 5900) of Division 5, for which federal funding is not available, and out-of-state placements, the department shall establish a statewide specialized resource service that does all of the following:

(A) Tracks the availability of specialty residential beds and services.

(B) Tracks the availability of specialty clinical services.

(C) Coordinates the need for specialty services and supports in conjunction with regional centers.

(D) Identifies, subject to federal reimbursement, developmental center services and supports that can be made available to consumers residing in the community, when no other community resource has been identified.

(2) By September 1, 2012, regional centers shall provide the department with information about all specialty resources developed with the use of community placement plan funds and shall make these resources available to other regional centers.

(3) When allocating funding for community placement plans, priority shall be given to the development of needed statewide specialty services and supports, including regional community crisis homes.

(4) If approved by the director, funding may be allocated to facilities that meet the criteria of Sections 1267.75 and 1531.15 of the Health and Safety Code.

(5) The department shall not provide community placement plan funds to develop programs that are ineligible for federal funding participation unless approved by the director.

(c) (1) The community placement plan shall provide for dedicated funding for comprehensive assessments of developmental center residents, for identified costs of moving individuals from developmental centers to the community, and for deflection of individuals from developmental center admission. The plans shall, where appropriate, include budget requests for regional center operations, assessments, resource development, and ongoing placement costs. These budget requests are intended to provide supplemental funding to regional centers. The plan is not intended to limit the department's or regional centers' responsibility to otherwise conduct assessments and individualized program planning, and to provide needed services and supports in the least restrictive, most integrated setting in accord with the Lanterman Developmental Disabilities Services Act (Division 4.5 (commencing with Section 4500)).

(2) (A) Regional centers shall complete a comprehensive assessment of a consumer residing in a developmental center on July 1, 2012, who meets both of the following criteria:

(i) The consumer is not committed pursuant to Section 1370.1 of the Penal Code.

(ii) The consumer has not had such an assessment in the prior two years.

(B) The assessment shall include input from the regional center, the consumer, and, if appropriate, the consumer's family, legal guardian, conservator, or authorized representative, and shall identify the types of community-based services and supports available to the consumer that would enable the consumer to move to a community setting. Necessary services and supports not currently available in the community setting shall be considered for development pursuant to community placement planning and funding.

(C) Regional centers shall specify in the annual community placement plan how they will complete the required assessment and the timeframe for completing the assessment for each consumer. Initial assessments pursuant to this paragraph for individuals residing in a developmental center on July 1, 2012, shall be completed by December 31, 2015, unless a regional center demonstrates to the department that an extension of time is necessary and the department grants such an extension.

(D) The assessment completed in the prior two years, or the assessment completed pursuant to the requirements of this section, including any updates pursuant to subparagraph (E), shall be provided to both of the following:

(i) The individual program planning team and clients' rights advocate for the regional center in order to assist the planning team in determining the least restrictive environment for the consumer.

(ii) The superior court with jurisdiction over the consumer's placement at the developmental center, including the consumer's attorney of record and other parties known to the regional center. For judicial proceedings pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6, the comprehensive assessment shall be included in the regional center's written report required by Section 6504.5. For all other proceedings, the regional center shall provide the comprehensive assessment to the court and parties to the case at least 14 days in advance of regularly scheduled judicial review. This clause shall not apply to consumers committed pursuant to Section 1370.1 of the Penal Code.

(E) The assessments described in subparagraph (D) shall be updated annually as part of the individual program planning process for as long as the consumer resides in the developmental center. To the extent appropriate, the regional center shall also provide relevant information from the statewide specialized resource service. The regional center shall notify the clients' rights advocate for the regional center of the time, date, and location of each individual program plan meeting that includes discussion of the results of the comprehensive assessment and updates to that assessment. The regional center shall provide this notice as soon as practicable following the completion of the comprehensive assessment or update and not less than 30 calendar days before the meeting. The clients' rights advocate may participate in the meeting unless the consumer objects on their own behalf.

(d) The department shall review, negotiate, and approve regional center community placement plans for feasibility and reasonableness, including recognition of each regional centers' current developmental center population and their corresponding placement level, as well as each regional centers' need to develop new and innovative service models. The department shall hold regional centers accountable for the development and implementation of their approved plans. The regional centers shall report, as required by the department, on the outcomes of their plans. The department shall make aggregate performance data for each regional center available, upon request, as well as data on admissions to, and placements from, each developmental center.

(e) Funds allocated by the department to a regional center for a community placement plan developed under this section shall be controlled through the regional center contract to ensure that the funds are expended for the purposes allocated. Funds allocated for community placement plans that are not used for that purpose may be transferred to Item 4300-003-0001 for expenditure in the state developmental centers if their population exceeds the budgeted level. Any unspent funds shall revert to the General Fund.

(f) Commencing May 1, 2013, and then on April 1, 2014, and on April 1 annually thereafter, the department shall provide to the fiscal and appropriate policy committees of the Legislature, and to the contractor for regional center clients' rights advocacy services under Section 4433, information on efforts to serve consumers with challenging service needs, including, but not limited to, all of the following:

(1) For each regional center, the number of consumers admitted to each developmental center, including the legal basis for the admissions.

(2) For each regional center, the number of consumers described in paragraph (2) of subdivision (a) of Section 7505 who were admitted to Fairview Developmental Center by court order pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6, and the number and lengths of stay of consumers, including those who have transitioned back to a community living arrangement.

(3) Outcome data related to the assessment process set forth in Section 4418.7, including the number of consumers who received assessments pursuant to Section 4418.7 and the outcomes of the assessments. Each regional center, commencing March 1, 2013, and then on February 1, 2014, and on February 1 annually thereafter, shall provide the department with information on alternative community services and supports provided to those consumers who were able to remain in the community following the

assessments, and the unmet service needs that resulted in any consumers being admitted to Fairview Developmental Center.

(4) Progress in the development of needed statewide specialty services and supports, including regional community crisis options, as provided in paragraph (3) of subdivision (b). Each regional center shall provide the department with a report containing the information described in this paragraph commencing March 1, 2013, and then on February 1, 2014, and on February 1 annually thereafter.

(5) Progress in reducing reliance on mental health facilities ineligible for federal Medicaid funding, and out-of-state placements, including information on the utilization of those facilities, which shall include, by regional center, all of the following:

(A) The total number and age range of consumers placed in those facilities.

(B) The number of admissions.

(C) The reasons for admissions by category, including, but not limited to, incompetent-to-stand-trial (IST) commitment, Section 6500 commitment, crisis stabilization, and lack of appropriate community placement.

(D) The lengths of stay of consumers.

(E) The type of facility.

(6) Information on the utilization of facilities serving consumers with challenging service needs that utilize delayed egress devices and secured perimeters, pursuant to Section 1267.75 or 1531.15 of the Health and Safety Code, including the number of admissions, reasons for admissions, and lengths of stay of consumers, including those who have transitioned to less restrictive living arrangements.

(7) If applicable, any recommendations regarding additional rate exceptions or modifications beyond those allowed for under existing law that the department identifies as necessary to meet the needs of consumers with challenging service needs.

(g) Each regional center, commencing March 1, 2013, and then on February 1, 2014, and on February 1 annually thereafter, shall provide information to the department regarding the facilities described in paragraph (6) of subdivision (f), including, but not limited to, the number of admissions, reasons for admissions, and lengths of stay of consumers, including those who have transitioned to less restrictive living arrangements.

(h) Each institution for mental disease that, in the preceding year, has admitted a regional center consumer, including consumers whose placements are not funded by a regional center, shall report quarterly on February 1, May 1, August 1, and November 1, to the department, the regional center providing services to the consumer, and the contractor for regional center clients' rights advocacy services under Section 4433, all of the following in a format prescribed by the department:

(1) The total number and age, race, and ethnicity of consumers placed in that facility.

(2) The number of admissions.

(3) The reasons for admissions by category.

(4) The lengths of stay of consumers.

(5) The funding source.

(i) This section shall become inoperative on July 1, 2026, and, as of January 1, 2027, is repealed.

SEC. 2. Section 4418.25 is added to the Welfare and Institutions Code, to read:

4418.25. (a) The department shall establish policies and procedures for the development of an annual community resource development plan in coordination with

regional centers. In accordance with Section 4679, the department's policies and procedures shall address statewide priorities, plan requirements, the development of community resources, services, and supports for individuals transitioning from restrictive settings as described in subdivision (c), and the need for services and supports of individuals living in the community.

(b) (1)To reduce reliance on state-operated mental health facilities, including institutions for mental disease as described in Part 5 (commencing with Section 5900) of Division 5 for which federal funding is not available and out-of-state placements, the department shall establish a statewide specialized resource service that does all of the following:

(A) Tracks the availability of specialty residential beds and services.

(B) Tracks the availability of specialty clinical services.

(C) Coordinates the need for specialty services and supports in conjunction with regional centers.

(D) Identifies, subject to federal reimbursement, services, supports and residential options, including, but not limited to, supported living services, family home agencies, family teaching homes, and independent living services, that can be made available to individuals residing in the community, when no other community resource has been identified.

(2) Regional centers shall provide the department with information about all specialty resources developed with the use of community resource development plan funds and shall make these resources available to other regional centers.

(c) (1) The community resource development plan shall provide for dedicated funding for comprehensive assessments of individuals transitioning from restrictive settings, including Porterville Developmental Center, Canyon Springs Community Facility, and institutions for mental disease, and for identified costs of moving individuals to the community.

(2) An assessment shall include input from the regional center, the individual, and, if appropriate, the individual's family, legal guardian, conservator, or authorized representative, and shall identify the types of community-based services, supports, and residential options, including, but not limited to, supported living services, family home agencies, family teaching homes, and independent living services, available to the individual that would enable the individual to move to a community setting.

(d) An assessment completed pursuant to the requirements of this section, including any updates, shall be provided to all of the following:

(1) The individual program planning team and clients' rights advocate for the regional center or state-operated facility.

(2) For individuals with court commitments for placement, to the superior court with jurisdiction over the individual's placement, including the individual's attorney of record and other parties known to the regional center. For judicial proceedings pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6, the comprehensive assessment shall be included in the regional center's written report required by Section 6504.5. For all other proceedings, the regional center shall provide the comprehensive assessment to the court and parties to the case at least 14 days in advance of regularly scheduled judicial review. This clause shall not apply to individuals committed pursuant to Section 1370.1 of the Penal Code.

(3) For individuals residing at a state-operated facility, the clients' rights advocate for that facility as described in Sections 4433 and 4433.5.

(e) A regional center shall provide at least 30 days notice of any individual program plan meeting that will include discussion of an individual's comprehensive assessment, or any updates to that assessment, to the clients' rights advocates for that regional center and for any other applicable state-operated facility. Notice shall be provided as soon as practicable following the completion of the comprehensive assessment or update and include the time, date, and location of the meeting. A clients' rights advocate may participate in the meeting unless the individual objects on their own behalf.

(f) Funding allocated to a regional center for purposes of developing a community resource development plan pursuant to this section shall be subject to Section 4679 and the regional center contract.

(g) (1) By no later than April 1 of each year, the department shall update the Legislature on the department's efforts to serve individuals with complex service needs, following the application of deidentification guidelines for privacy protection. The update shall include, but not be limited to, information regarding all of the following:

(A) Progress in reducing reliance on mental health facilities ineligible for federal Medicaid funding and out-of-state placements, including information on the utilization of those facilities. The department shall include, by regional center, all of the following information:

(i) The total number and age range of individuals placed in mental health facilities ineligible for federal Medicaid funding and out-of-state placements.

(ii) The number of admissions.

(iii) The reasons for admission by category, including, but not limited to, incompetent-to-stand-trial commitments, commitments made pursuant to Section 6500, crisis stabilization, and the lack of appropriate community placement.

(iv) The lengths of stay of individuals.

(v) The types of facilities used for out-of-state placements.

(B) Information on the utilization of facilities serving individuals with complex service needs that utilize delayed egress devices and secured perimeters pursuant to Section 1267.75 or 1531.15 of the Health and Safety Code, including the number of admissions, reasons for admission, and the lengths of stay of individuals, including those individuals who have transitioned to less restrictive living arrangements during the prior year.

(2) The department shall publish the update on its internet website.

(h) This section, or any changes made to this section after July 1, 2026, shall not be deemed to alter or waive any department or regional center agreement, promissory note, deed of trust, letter, approval or other documents that concern community placement plan programs or community resource development plan programs or related funding that were or are in effect or pending as of July 1, 2026.

(i) This section shall become operative on July 1, 2026.

SEC. 3. Section 4437 of the Welfare and Institutions Code is amended to read:

4437. (a) The State Department of Developmental Services shall, on or before February 1 of each year, report to the Legislature and post on its ~~Internet Web site~~ internet website supplemental budget information, which shall include both of the following:

(1) ~~For each developmental center, an~~ An estimate for the annual budget, including a breakdown of the staffing costs for Porterville Developmental ~~Center's general treatment area and secured treatment area.~~ Center.

(2) For each regional center, all of the following information:

(A) Current fiscal year allocations of total and per capita funding for operations and purchase of services.

(B) The number of persons with intellectual and developmental disabilities being served by the regional center in the current fiscal year.

(C) The past fiscal year and current fiscal year information on the funding for its community placement ~~plan,~~ plan pursuant to former Section 4418.25, as that section read on June 30, 2026, or its community resource development plan pursuant to Section 4418.25, including a breakdown of the funding for startup, assessment, placement, and deflection.

(D) Staff information.

(b) A report to be submitted pursuant to subdivision (a) shall be submitted in compliance with Section 9795 of the Government Code.

SEC. 4. Section 4474.17 of the Welfare and Institutions Code is amended to read:

4474.17. (a) The Legislature finds and declares all of the following:

(1) The Supplemental Report of the 2014–15 Budget Package required the State Department of Developmental Services to provide quarterly briefings to update legislative staff about the closures of developmental centers. Chapter 18 of the Statutes of 2017 expanded the scope of these briefings to include information about the development of community-based crisis services following the developmental center closures. The quarterly briefings have evolved to provide detailed information about the development of the community-based safety net, including information about the physical homes and wrap-around and mobile crisis services intended to prevent, deescalate, and treat consumers in crisis.

(2) The quarterly briefings have provided a valuable opportunity for the department and legislative staff to convene and discuss key issues during the developmental center closure process. They have kept legislative staff, and consequently Members of the Legislature, informed about the department's progress, challenges, and strategies as it transitioned consumers from a developmental center or an institution into the community and developed a community-based safety net.

(3) The imminent final closure of the developmental centers provides an opportunity to consider the ongoing purpose of the quarterly briefings. Once the final developmental center closures are complete, the quarterly briefings can provide an avenue for the department and legislative staff to maintain an important ongoing dialogue about key issues facing the developmental services system. The quarterly briefings will allow the department to keep legislative staff informed about its approach to, and progress in, handling various changes in policy and modes of service delivery. This will be especially important as the consumer population continues to grow and change and as the system continues to move toward consumer choice and community integration. The disposition of the developmental center properties may continue to be a point of inquiry until that subject comes to a conclusion.

(4) An important feature of the current briefings has been the department's willingness to adapt the content over time based on feedback from legislative staff.

Mindful of the fact that preparing materials and presentations for these briefings requires department staff resources, the ongoing nature of the quarterly briefings should also remain flexible to both meet the needs of the Legislature and the department's capacity to prepare for the briefings. Through the briefing discussions themselves, department leadership and legislative staff should come to an agreement about what data and information should be tracked and provided regularly at each briefing, based on what is feasible for the department to provide and considering the priorities of the Legislature. In addition, the department and legislative staff can regularly discuss the range of issues and level of detail that should be provided at briefings, recognizing that every issue cannot be covered at every briefing and that the relative importance of individual issues will shift over time.

(5) As the quarterly briefings related to the developmental center closures wind down in the 2019–20 fiscal year, the department and legislative staff could use some of the time in those meetings to discuss and determine the content of the subsequent quarterly briefings. Appreciating that the priorities of the Legislature shift over time, and depending on the department's capacity, the particular topics and level of detail provided in the briefings can be discussed and revisited on a regular basis, such as annually.

(b) Commencing with the first planned quarterly briefing after January 1, 2020, the department shall provide information on topics at quarterly briefings with legislative staff of the appropriate policy and fiscal committees of the Legislature addressing some or all of the following, pursuant to the planning discussion described in paragraph (5) of subdivision (a):

(1) Consumer health and safety, including safety net and crisis services.

(2) The person-centered approach to planning, coordinating, delivering, and receiving services, including caseload ratio updates, compliance with home- and community-based services rules, competitive integrated employment, and housing supports.

(3) Quality outcomes for consumers.

(4) Efforts to identify and reduce disparities in regional center services.

(5) Community ~~development through community placement plans and community~~ resource development plans, pursuant to Section 4418.25, by regional center, and difficulties or issues in the provision of services or development of resources.

(6) Implementation of any rate changes pending and being implemented.

(7) ~~Status, efforts, and outcomes related to the department headquarter's reorganization structure.~~

(7) Progress in closing disparity gaps identified by the department's equity dashboard, as it evolves over time with input from the community.

(8) Regional center accountability, transparency, and oversight efforts.

(9) Status on the development of Group Homes for Children with Special Health Care Needs, including information on how the needs of regional center consumers are assessed when developing new homes.

(10) Status on the implementation of the provisional eligibility requirement of paragraph (2) of subdivision (a) of Section 4512.

(11) Information pursuant to the provisions of subdivision (d) of Section 7505.

(12) Status on the development of a training curriculum for direct service professionals, pursuant to Section 4511.5.

(13) ~~Most recent data regarding average per capita purchase of service expenditures for all age groups, by ethnicity and other factors, in addition to any other data that will aid in the illustration of progress, toward the active closure of racial, ethnic, and other disparities.~~

(13) The most recent data regarding average per capita purchase of service expenditures for all age groups by race, residence type, age, and other factors, in addition to any other data demonstrating active progress towards eliminating racial, ethnic, and other disparities. For purposes of this paragraph, the department may present dashboards for data and equity published on its internet website.

(14) On an annual basis, status of the department's efforts to improve oversight of special incidents, as described in subdivision (b) of Section 54327 of Title 17 of the California Code of Regulations, and respond to special incident trends. This annual status update shall include a summary of the most recent annual report regarding special incidents involving individuals with developmental disabilities served by regional centers.

SEC. 5. Section 4648 of the Welfare and Institutions Code is amended to read:

4648. In order to achieve the stated objectives of a consumer's individual program plan, the regional center shall conduct activities, including, but not limited to, all of the following:

(a) Securing needed services and supports.

(1) It is the intent of the Legislature that services and supports assist individuals with developmental disabilities to achieve the greatest self-sufficiency possible and to exercise personal choices. The regional center shall secure services and supports that meet the needs of the consumer, as determined in the consumer's individual program plan, and within the context of the individual program plan, the planning team shall give highest preference to those services and supports that would allow minors with developmental disabilities to live with their families, adult persons with developmental disabilities to live as independently as possible in the community, and that allow all consumers to interact with persons without disabilities in positive, meaningful ways.

(2) In implementing individual program plans, regional centers, through the planning team, shall first consider services and supports in natural community, home, work, and recreational settings. Services and supports shall be flexible and individually tailored to the consumer and, if appropriate, the consumer's family.

(3) A regional center may, pursuant to vendorization or a contract, purchase services or supports for a consumer from an individual or agency that the regional center and consumer or, if appropriate, the consumer's parents, legal guardian, or conservator, or authorized representatives, determines will best accomplish all or part of that consumer's program plan.

(A) Vendorization or contracting is the process for identification, selection, and utilization of service vendors or contractors, based on the qualifications and other requirements necessary in order to provide the service.

(B) A regional center may reimburse an individual or agency for services or supports provided to a regional center consumer if the individual or agency has a rate of payment for vendored or contracted services established by the department, pursuant to this division, and is providing services pursuant to an emergency vendorization or has completed the vendorization procedures or has entered into a contract with the regional center and continues to comply with the vendorization or contracting

requirements. The ~~director~~ department shall adopt regulations governing the vendorization process to be utilized by the department, regional centers, vendors, and the individual or agency requesting vendorization.

(C) Regulations shall include, but not be limited to: the vendor application process, and the basis for accepting or denying an application; the qualification and requirements for each category of services that may be provided to a regional center consumer through a vendor; requirements for emergency vendorization; procedures for termination of vendorization; and the procedure for an individual or an agency to appeal a vendorization decision made by the department or regional center.

(D) A regional center may vendorize a licensed facility for exclusive services to persons with developmental disabilities at a capacity equal to or less than the facility's licensed capacity. A facility already licensed on January 1, 1999, shall continue to be vendorized at their full licensed capacity until the facility agrees to vendorization at a reduced capacity.

(E) Effective July 1, 2009, notwithstanding any other law or regulation, a regional center shall not newly vendor a State Department of Social Services licensed 24-hour residential care facility with a licensed capacity of 16 or more beds, unless the facility qualifies for receipt of federal funds under the Medicaid program.

(4) Notwithstanding subparagraph (B) of paragraph (3), a regional center may contract or issue a voucher for services and supports provided to a consumer or family at a cost not to exceed the maximum rate of payment for that service or support established by the department. If a rate has not been established by the department, the regional center may, for an interim period, contract for a specified service or support with, and establish a rate of payment for, a provider of the service or support necessary to implement a consumer's individual program plan. Contracts may be negotiated for a period of up to three years, with annual review and subject to the availability of funds.

(5) In order to ensure the maximum flexibility and availability of appropriate services and supports for persons with developmental disabilities, the department shall establish and maintain an equitable system of payment to providers of services and supports identified as necessary to the implementation of a consumer's individual program plan. The system of payment shall include a provision for a rate to ensure that the provider can meet the special needs of consumers and provide quality services and supports in the least restrictive setting as required by law.

(6) The regional center and the consumer, or if appropriate, the consumer's parents, legal guardian, conservator, or authorized representative, including those appointed pursuant to subdivision (a) of Section 4541, subdivision (b) of Section 4701.6, or subdivision (e) of Section 4705, shall, pursuant to the individual program plan, consider all of the following when selecting a provider of consumer services and supports:

(A) A provider's ability to deliver quality services or supports that can accomplish all or part of the consumer's individual program plan.

(B) A provider's success in achieving the objectives set forth in the individual program plan.

(C) If appropriate, the existence of licensing, accreditation, or professional certification.

(D) (i) The cost of providing services or supports of comparable quality by different providers, if available, shall be reviewed, and the least costly available provider

of comparable service, including the cost of transportation, who is able to accomplish all or part of the consumer's individual program plan, consistent with the particular needs of the consumer and family as identified in the individual program plan, shall be selected. In determining the least costly provider, the availability of federal financial participation shall be considered. The consumer shall not be required to use the least costly provider if it will result in the consumer moving from an existing provider of services or supports to more restrictive or less integrated services or supports.

(ii) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department shall, with input from the community, issue a written directive defining the term "cost effective" for the purposes of all programs, including, but not limited to, the Self-Determination Program, no later than August 1, 2026. This directive shall remain in effect until regulations are adopted, but in no case for longer than two years following its issuance. Upon notification by the department to the Legislature that the written directive has been issued, clause (i) shall be ineffective.

(iii) For purposes of clause (ii), input from the community shall include, but not be limited to, consultation with the department's Lived Experience Advisory Group, individuals and families, caregivers, advocates and associations, service providers, regional centers, the State Council on Developmental Disabilities Statewide Self-Determination Advisory Committee, and legislative staff. The department shall provide adequate notice, or 45 days at a minimum, for the community to review and provide feedback on the draft written directive, with review and consideration by the department of feedback prior to finalization for the August 1, 2026, deadline.

(E) The consumer's choice of providers, or, if appropriate, the consumer's parent's, legal guardian's, authorized representative's, or conservator's choice of providers.

(7) A service or support provided by an agency or individual shall not be continued unless the consumer or, if appropriate, the consumer's parents, legal guardian, or conservator, or authorized representative, including those appointed pursuant to subdivision (a) of Section 4541, subdivision (b) of Section 4701.6, or subdivision (e) of Section 4705, is satisfied and the regional center and the consumer or, if appropriate, the consumer's parents or legal guardian or conservator agree that planned services and supports have been provided, and reasonable progress toward objectives have been made.

(8) Regional center funds shall not be used to supplant the budget of an agency that has a legal responsibility to serve all members of the general public and is receiving public funds for providing those services.

(9) (A) To maximize federal financial participation and facilitate timely access to residential placements of consumers in foster care, the department shall enter into interagency agreements to obtain state and federal funding with the state departments that oversee the agencies that have the legal responsibility to serve all members of the general public and receive public funds for providing those services. The interagency agreement shall specify the proportion or amount of funds reimbursed by each state department or other responsible agency. Following completion of the interagency agreement, the departments shall jointly notify the local agencies.

(B) Notwithstanding any other provision of law, and if specified in the joint notification received pursuant to subparagraph (A), regional centers shall fund the vendored residential service types specified in the joint notification provided to a regional center consumer who is a child or nonminor dependent who has been adjudged a dependent of the court pursuant to Section 300 or has not been adjudged a dependent of the court pursuant to Section 300 but is in the custody of the county welfare department, or has been adjudged a ward of the court pursuant to Section 601 or 602 and placed in the care and custody of the county probation department. The residential services and supports purchased by the regional center shall be consistent with the consumer's individual program plan regardless of the placing agency or placing authority. This section shall not apply to placements made in an institution for mental diseases, as defined in Section 435.1010 of Title 42 of the Code of Federal Regulations.

(C) This paragraph shall be implemented in consultation with the County Welfare Directors Association of California and the Association of Regional Center Agencies.

(10) (A) A regional center may, directly or through an agency acting on behalf of the center, provide placement in, purchase of, or follow-along services to persons with developmental disabilities in, appropriate community living arrangements, including, but not limited to, support service for consumers in homes they own or lease, foster family placements, health care facilities, and licensed community care facilities. In considering appropriate placement alternatives for children with developmental disabilities, approval by the child's parent or guardian shall be obtained before placement is made.

(B) Effective July 1, 2012, notwithstanding any other law or regulation, a regional center shall not purchase residential services from a State Department of Social Services licensed 24-hour residential care facility with a licensed capacity of 16 or more beds. This prohibition on regional center purchase of residential services does not apply to either of the following:

(i) A residential facility with a licensed capacity of 16 or more beds that has been approved to participate in the department's Home and Community Based Services Waiver or another existing waiver program or certified to participate in the Medi-Cal program.

(ii) A residential facility licensed as a mental health rehabilitation center by the State Department of Health Care Services under any of the following circumstances:

(I) The facility is eligible for Medicaid reimbursement and the individual's planning team determines that there are no less restrictive placements appropriate for the individual.

(II) There is an emergency circumstance in which the regional center determines that it cannot locate alternate federally eligible services to meet the consumer's needs. Under an emergency circumstance, an assessment shall be completed by the regional center as soon as possible and within 30 days of admission. An individual program plan meeting shall be convened immediately following the assessment to determine the services and supports needed for stabilization and to develop a plan to transition the consumer from the facility into the community. If transition is not expected within 90 days of admission, an individual program plan meeting shall be held to discuss the status of transition and to determine if the consumer is still in need of placement in the facility. Commencing October 1, 2012, this determination shall be made after also considering resource options identified by the statewide specialized resource service.

If it is determined that emergency services continue to be necessary, the regional center shall submit an updated transition plan that can cover a period of up to 90 days. In no event shall placements under these emergency circumstances exceed 180 days.

(III) The clients' rights advocate shall be notified of each admission and individual program planning meeting pursuant to this clause and may participate in all individual program planning meetings unless the consumer objects on their own behalf. For purposes of this subclause, notification to the clients' rights advocate shall include a copy of the most recent comprehensive assessment or updated assessment and the time, date, and location of the meeting, and shall be provided as soon as practicable, but not less than seven calendar days before the meeting.

(IV) If a consumer is placed in a mental health rehabilitation center by another entity, the mental health rehabilitation center shall inform the regional center of the placement within five days of the date the consumer is admitted. If an individual's records indicate that the individual is a regional center consumer, the mental health rehabilitation center shall make every effort to contact the local regional center or the department to determine which regional center to provide notice. As soon as possible within 30 days of admission to a mental health rehabilitation center due to an emergency pursuant to subclause (II), or within 30 days of notification of admission to a mental health rehabilitation center by an entity other than a regional center, an assessment shall be completed by the regional center.

(C) (i) Effective July 1, 2012, notwithstanding any other law or regulation, a regional center shall not purchase new residential services from, or place a consumer in, institutions for mental disease, as described in Part 5 (commencing with Section 5900) of Division 5, for which federal Medicaid funding is not available. Effective July 1, 2013, this prohibition applies regardless of the availability of federal funding.

(ii) The prohibition described in clause (i) shall not apply to emergencies, as determined by the regional center, if a regional center cannot locate alternate services to meet the consumer's needs. As soon as possible within 30 days of admission due to an emergency, an assessment shall be completed by the regional center. An individual program plan meeting shall be convened immediately following the assessment, to determine the services and supports needed for stabilization and to develop a plan to transition the consumer from the facility to the community. If transition is not expected within 90 days of admission, an emergency program plan meeting shall be held to discuss the status of the transition and to determine if the consumer is still in need of placement in the facility. If emergency services continue to be necessary, the regional center shall submit an updated transition plan to the department for an extension of up to 90 days. Placement shall not exceed 180 days.

(iii) Effective January 1, 2020, the exception in clause (ii) shall no longer apply. As of this date, the prohibition in clause (i) shall not apply to acute crises when the following conditions are met prior to a regional center purchasing new residential services from, or placing a consumer in, an institution for mental disease:

(I) The regional center prepares an assessment for inclusion in the consumer's file detailing all considered community-based services and supports, including, but not limited to, rate adjustments, as provided by law, supplemental services, as set forth in subparagraph (F), emergency and crisis intervention services, as set forth in paragraph (11), community crisis home, pursuant to Article 8 (commencing with Section 4698)

of Chapter 6, and an explanation of why those options could not meet the consumer's needs.

(II) The director of the regional center confirms that there are no community-based options that can meet the consumer's needs.

(iv) For purposes of this section, "acute crisis" has the same meaning as defined in paragraph (1) of subdivision (d) of Section 4418.7.

(v) When admission occurs due to an acute crisis, all of the following shall apply:

(I) If the regional center does not expect the consumer to transition back to a community setting within 72 hours, or if the consumer does not transition back to a community setting within 72 hours, the regional center shall do both of the following:

(ia) No later than 10 calendar days from the date the consumer is placed in the institution for mental disease, complete any documentation necessary to support the filing of a petition for commitment pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6 and request the person authorized to present allegations pursuant to Section 6500 file a petition for commitment.

(ib) Complete a comprehensive assessment in coordination with the institution for mental disease staff. The comprehensive assessment shall include the identification of the services and supports needed for crisis stabilization and the timeline for identifying or developing the services and supports needed to transition the consumer back to a community setting. The regional center shall immediately submit a copy of the comprehensive assessment to the committing court. Immediately following the assessment, and not later than 30 days following admission, the regional center and the institution for mental disease shall jointly convene an individual program plan meeting to determine the services and supports needed for crisis stabilization and to develop a plan to transition the consumer into the community.

(II) If transition is not expected within 90 days of admission, an individual program plan meeting shall be held to discuss the status of the transition and to determine if the consumer is still in need of crisis stabilization.

(III) A consumer shall reside in an institution for mental disease no longer than six months before being placed into a community living arrangement, unless, prior to the end of the six months, all of the following have occurred:

(ia) The regional center has conducted an additional comprehensive assessment based on current information and determines that the consumer continues to be in an acute crisis.

(ib) The individual program planning team has developed a plan that identifies the specific services and supports necessary to transition the consumer into the community, and the plan includes a timeline to obtain or develop those services and supports.

(ic) The committing court has reviewed and, if appropriate, extended the commitment.

(IV) (ia) A consumer's placement at an institution for mental disease shall not exceed one year unless both of the following occur:

(Ia) The regional center demonstrates significant progress toward implementing the plan to transition the consumer into the community.

(Ib) Extraordinary circumstances exist beyond the regional center's control that have prevented the regional center from obtaining those services and supports within the timeline based on the plan.

(ib) If both of the circumstances under sub-subclause (ia) exist, the regional center may request, and the committing court may grant, an additional extension of the commitment, not to exceed 30 days.

(V) Institutions for mental disease staff shall assist the consumer with transitioning back to the consumer's prior residence, or an alternative community-based residential setting, within the timeframe described in this subparagraph.

(vi) The department shall monitor placements pursuant to this subparagraph and subsequent transitions back to community-based settings.

(vii) The clients' rights advocate shall be notified of each admission and individual program planning meeting pursuant to this subparagraph and may participate in all individual program planning meetings unless the consumer objects on their own behalf. For purposes of this clause, notification to the clients' rights advocate shall include a copy of the most recent comprehensive assessment or updated assessment and the time, date, and location of the meeting, and shall be provided as soon as practicable, but not less than seven calendar days before the meeting.

(viii) If a consumer is placed in an institution for mental disease by another entity, the institution for mental disease shall inform the regional center of the placement within five days of the date the consumer is admitted. If an individual's records indicate that the individual is a regional center consumer, the institution for mental disease shall make every effort to contact the local regional center or department to determine which regional center to provide notice. As soon as possible within 30 days of admission to an institution for mental disease due to an acute crisis pursuant to clause (ii), or within 30 days of notification of admission to an institution for mental disease by an entity other than a regional center, an assessment shall be completed by the regional center.

(ix) Regional centers shall complete a comprehensive assessment of a consumer residing in an institution for mental disease as of July 1, 2012, for which federal Medicaid funding is not available, and for a consumer residing in an institution for mental disease as of July 1, 2013, without regard to federal funding. The comprehensive assessment shall be completed before the consumer's next scheduled individual program plan meeting and shall include identification of the services and supports needed and the timeline for identifying or developing those services needed to transition the consumer back to the community. Effective October 1, 2012, the regional center shall also consider resource options identified by the statewide specialized resource service. For each individual program plan meeting convened pursuant to this subparagraph, the clients' rights advocate for the regional center shall be notified of the meeting and may participate in the meeting unless the consumer objects on their own behalf. For purposes of this clause, notification to the clients' rights advocate shall include the time, date, and location of the meeting, and shall be provided as soon as practicable, but not less than seven calendar days before the meeting.

(D) (i) The transition process from a mental health rehabilitation center or institution for mental disease shall be based upon the individual's needs, developed through the individual program plan process, and shall ensure that needed services and supports will be in place at the time the individual moves. Individual supports and services shall include, if appropriate for the individual, wraparound services through intensive individualized support services. The transition shall be to a community living arrangement that is in the least restrictive environment appropriate to the needs of the

individual and most protective of the individual's rights to dignity, freedom, and choice as described in subdivision (a).

(ii) Regional centers, through the individual program plan process, shall coordinate for the benefit of the regional center consumers residing in an institution for mental disease, pretransition planning, transition, and access to followup services to help ensure a smooth transition to the community. Individual support services shall include, but shall not be limited to, both of the following:

(I) Defined regional center contacts and visits with consumers and service providers during the 12 months following the consumer's movement date.

(II) Identification of issues that need resolution and an individualized support plan to address these issues.

(E) A person with developmental disabilities placed by the regional center in a community living arrangement shall have the rights specified in this division. These rights shall be brought to the person's attention by any means necessary to reasonably communicate these rights to each resident, provided that, at a minimum, the Director of Developmental Services prepare, provide, and require to be clearly posted in all residential facilities and day programs a poster using simplified language and pictures that is designed to be more understandable by persons with intellectual disabilities and that the rights information shall also be available through the regional center to each residential facility and day program in alternative formats, including, but not limited to, other languages, braille, and audiotapes, if necessary to meet the communication needs of consumers.

(F) Consumers are eligible to receive supplemental services including, but not limited to, additional staffing, pursuant to the process described in subdivision (d) of Section 4646. Necessary additional staffing that is not specifically included in the rates paid to the service provider may be purchased by the regional center if the additional staff are in excess of the amount required by regulation and the individual's planning team determines the additional services are consistent with the provisions of the individual program plan. Additional staff should be periodically reviewed by the planning team for consistency with the individual program plan objectives in order to determine if continued use of the additional staff is necessary and appropriate and if the service is producing outcomes consistent with the individual program plan. Regional centers shall monitor programs to ensure that the additional staff is being provided and utilized appropriately.

(11) Emergency and crisis intervention services including, but not limited to, mental health services and behavior modification services, may be provided, as needed, to maintain persons with developmental disabilities in the living arrangement of their own choice. Crisis services shall first be provided without disrupting a person's living arrangement. If crisis intervention services are unsuccessful, emergency housing shall be available in the person's home community. If dislocation cannot be avoided, every effort shall be made to return the person to their living arrangement of choice, with all necessary supports, as soon as possible.

(12) Among other service and support options, planning teams shall consider the use of paid roommates or neighbors, personal assistance, technical and financial assistance, and all other service and support options that would result in greater self-sufficiency for the consumer and cost-effectiveness to the state.

(13) If facilitation as specified in an individual program plan requires the services of an individual, the facilitator shall be of the consumer's choosing.

(14) The community support may be provided to assist individuals with developmental disabilities to fully participate in community and civic life, including, but not limited to, programs, services, work opportunities, business, and activities available to persons without disabilities. This facilitation shall include, but not be limited to, any of the following:

(A) Outreach and education to programs and services within the community.

(B) Direct support to individuals that would enable them to more fully participate in their community.

(C) Developing unpaid natural supports when possible.

(15) If feasible and recommended by the individual program planning team, for purposes of facilitating better and cost-effective services for consumers or family members, technology, including telecommunication technology, may be used in conjunction with other services and supports. Technology in lieu of a consumer's in-person appearances at judicial proceedings or administrative due process hearings may be used only if the consumer or, if appropriate, the consumer's parent, legal guardian, conservator, or authorized representative, gives informed consent. Technology may be used in lieu of, or in conjunction with, in-person training for providers, as appropriate.

(16) Other services and supports may be provided as set forth in Sections 4685, 4686, 4687, 4688, and 4689, when necessary.

(17) Notwithstanding any other law or regulation, effective July 1, 2009, regional centers shall not purchase experimental treatments, therapeutic services, or devices that have not been clinically determined or scientifically proven to be effective or safe or for which risks and complications are unknown. Experimental treatments or therapeutic services include experimental medical or nutritional therapy when the use of the product for that purpose is not a general physician practice. For regional center consumers receiving these services as part of their individual program plan (IPP) or individualized family service plan (IFSP) on July 1, 2009, this prohibition shall apply on August 1, 2009.

(b) (1) Advocacy for, and protection of, the civil, legal, and service rights of persons with developmental disabilities as established in this division.

(2) If the advocacy efforts of a regional center to secure or protect the civil, legal, or service rights of a consumer prove ineffective, the regional center or the person with developmental disabilities or the person's parents, legal guardian, or other representative may request advocacy assistance from the state council.

(c) The regional center may assist consumers and families directly, or through a provider, in identifying and building circles of support within the community.

(d) In order to increase the quality of community services and protect consumers, the regional center shall, if appropriate, take either of the following actions:

(1) Identify services and supports that are ineffective or of poor quality and provide or secure consultation, training, or technical assistance services for an agency or individual provider to assist that agency or individual provider in upgrading the quality of services or supports.

(2) Identify providers of services or supports that may not be in compliance with local, state, and federal statutes and regulations and notify the appropriate licensing or regulatory authority to investigate the possible noncompliance.

(e) If necessary to expand the availability of needed services of good quality, a regional center may take actions that include, but are not limited to, the following:

(1) Soliciting an individual or agency by requests for proposals or other means, to provide needed services or supports not presently available.

(2) Requesting funds from the Program Development Fund, pursuant to Section 4677, or community ~~placement~~ resource development plan funds designated from that fund, to reimburse the startup costs needed to initiate a new program of services and ~~supports.~~ supports including, but not limited to, supported living services, family home agencies, family teaching homes, and independent living services.

(3) Using creative and innovative service delivery models, including, but not limited to, natural supports.

(f) Except in emergency situations, a regional center shall not provide direct treatment and therapeutic services, but shall utilize appropriate public and private community agencies and service providers to obtain those services for its consumers.

(g) If there are identified gaps in the system of services and supports consumers for whom no provider will provide services and supports contained in their individual program plan, the department may provide the services and supports directly.

(h) At least annually, regional centers shall provide the consumer, the consumer's parents, legal guardian, conservator, or authorized representative a statement of services and supports the regional center purchased for the purpose of ensuring that they are delivered. The statement shall include the type, unit, month, and cost of services and supports purchased.

SEC. 6. Section 4677 of the Welfare and Institutions Code is amended to read:

4677. (a) (1) ~~All parental fees collected by or for regional centers shall be remitted to the State Treasury to be deposited in the~~ The Developmental Disabilities Program Development ~~Fund, which~~ Fund is hereby created in the State Treasury and hereinafter called the Program Development Fund. The purpose of the Program Development Fund shall be to provide resources needed to initiate new programs, and to expand or convert existing programs. Within the context of, and consistent with, approved priorities for program development in the state plan, program development funds shall promote integrated residential, work, instructional, social, civic, volunteer, and recreational services and supports that increase opportunities for self-determination and maximize independence of persons with developmental disabilities. ~~Notwithstanding any other law or regulation, commencing July 1, 2009, parental fees remitted to the State Treasury shall be deposited in accordance with Section 4784.~~

(2) An allocation from the Program Development Fund shall not be granted for more than 24 months.

(b) (1) The State Council on Developmental Disabilities shall, at least once every five years, request from all regional centers information on the types and amounts of services and supports needed, but currently unavailable.

(2) The state council shall work collaboratively with the department and the Association of Regional Center Agencies to develop standardized forms and protocols that shall be used by all regional centers and the state council in collecting and reporting this information. In addition to identifying services and supports that are needed, but

currently unavailable, the forms and protocols shall also solicit input and suggestions on alternative and innovative service delivery models that would address consumer needs.

(3) In addition to the information provided pursuant to paragraph (2), the state council may utilize information from other sources, including, but not limited to, public hearings, quality assurance assessments conducted pursuant to Section 4571, regional center reports on alternative service delivery submitted to the department pursuant to Section 4669.2, and the annual report on self-directed services produced pursuant to Section 4685.7.

(4) The department shall provide additional information, as requested by the state council.

(5) Based on the information provided by the regional centers and other agencies, the state council shall develop an assessment of the need for new, expanded, or converted community services and supports, and make that assessment available to the public. The assessment shall include a discussion of the type and amount of services and supports necessary but currently unavailable including the impact on consumers with common characteristics, including, but not limited to, disability, specified geographic regions, age, and ethnicity, who face distinct challenges. The assessment shall highlight alternative and innovative service delivery models identified through their assessment process.

(6) This needs assessment shall be conducted at least once every five years and updated annually. The assessment shall be included in the state plan and shall be provided to the department and to the appropriate committees of the Legislature. The assessment and annual updates shall be made available to the public. The state council, in consultation with the department, shall make a recommendation to the Department of Finance as to the level of funding for program development to be included in the Governor's Budget, based upon this needs assessment.

(c) In addition to ~~parental fees and~~ General Fund appropriations, the Program Development Fund may be augmented by federal funds available to the state for program development purposes, when these funds are allotted to the Program Development Fund in the state plan. The Program Development Fund is available, upon appropriation by the Legislature, to the department, and subject to allocations that may be made in the annual Budget Act. These funds shall not revert to the General Fund.

(d) Notwithstanding any other requirement of this section, and to the extent appropriated for this purpose in the annual Budget Act, the department may allocate funds from the Program Development Fund for the purpose of funding projects approved pursuant to ~~Section 4679.~~ former Section 4679, as that section read on June 30, 2026, and Section 4679.

(e) The deposit of federal moneys into the Program Development Fund shall not be construed as requiring the State Department of Developmental Services to comply with a definition of "developmental disabilities" and "services for persons with developmental disabilities" other than as specified in subdivisions (a) and (b) of Section 4512 for the purposes of determining eligibility for developmental services or for allocating ~~parental fees and~~ state general funds deposited in the Program Development Fund.

SEC. 7. Section 4679 of the Welfare and Institutions Code is amended to read:

4679. (a) In any year for which funding is available, as provided in paragraph (2) of subdivision (a) of Section 4418.25, to address the needs for services and supports of consumers living in the community, the department shall issue guidelines, including procedures and timelines, for the use of the available funds. These community resource development plan guidelines shall include requirements that community resource development plan funds be expended in accord with the principles of person-centered planning and that funded services be culturally and linguistically appropriate to the population served by the regional center.

(b) By December 31 of each year, the department shall engage stakeholders statewide, including soliciting input from the existing Developmental Services Task Force, to inform the development of the guidelines. Priorities for funding shall include, but need not be limited to, safety net services and supports that reduce reliance on the secure treatment program at Porterville Developmental Center, institutions for mental disease, other restrictive settings in the community for which federal funding is not available, and out-of-state placement.

(c) The guidelines shall require regional centers to conduct outreach activities and seek input from stakeholders representing the diversity of the regional center's catchment area, including, but not limited to, consumers, family members, providers, and advocates, to determine local needs and priorities for the use of community resource development plan funds. Each regional center shall identify the stakeholders it consulted with and include information on how it incorporated the input of stakeholders into its community resource development plan funding requests. The regional center shall post its priorities for community resource development as informed by the stakeholder process on its ~~Internet Web site~~ internet website at least two weeks prior to submitting its funding request to the department to allow for any final stakeholder input.

(d) Proposals for the use of community resource development plan funds shall include justification for the funding requests, including quantitative data, and shall also include a description of how the regional center shall monitor resource development and assess outcomes. The department shall review, negotiate, and approve regional center community resource development plans for feasibility.

(e) Each regional center's approved proposals shall be posted on the regional center's ~~Internet Web site~~ internet website and the department shall post links to each regional center's approved proposals on its ~~Internet Web site.~~ internet website. Regional centers shall submit quarterly reports to the department, as specified in the guidelines, on the use of community resource development plan funds and outcomes of resource development. The department shall update legislative staff on the community resource development plan activities pursuant to this section during regularly scheduled quarterly briefings, and shall annually report during the Senate and Assembly budget subcommittee hearing process on community resource development plan implementation.

(f) This section shall become inoperative on July 1, 2026, and, as of January 1, 2027, is repealed.

SEC. 8. Section 4679 is added to the Welfare and Institutions Code, to read:

4679. (a) In any year for which funding is available, to address the needs for services and supports of individuals living in the community, the department shall issue guidelines, including procedures and timelines, for the use of the available funds appropriated through the budget process for community resource development plans

described in Section 4418.25. These guidelines shall include requirements that funds be expended in a manner consistent with the principles of person-centered planning and that funded services be culturally and linguistically appropriate to the population served by the regional center.

(b) Each year, the department shall engage with regional centers and community partners in a public meeting to inform the development of the guidelines. Priorities for funding shall include, but are not limited to, safety net services and supports that reduce reliance on the secure treatment program at Porterville Developmental Center, Canyon Springs Community Facility, institutions for mental disease, other restrictive settings in the community for which federal funding is not available, and out-of-state placements. Priorities for funding shall also include the development of community supports as determined by regional centers and community partners.

(c) Data from a centralized database that contains records of all authorized service providers across California's 21 regional centers, referred to as the "Provider Directory," shall be considered to inform the guidelines and the allocation and expenditure of community resource development plan funds for developing, expanding, or enhancing community-based services and supports.

(d) (1) Pursuant to the guidelines established under this section, regional centers shall develop community resources that address the priorities identified in subdivision (b) using funding allocated to each regional center by the department.

(2) Proposals for the use of community resource development plan funds shall include justifications for the funding requests, including quantitative data, and shall also include a description of how the regional center shall monitor resource development and assess outcomes. The department shall review, negotiate, and approve all regional center community resource development plans for feasibility and reasonableness.

(3) Regional centers shall report on the outcomes of approved plans to the department in a manner and format to be determined by the department.

(4) The department shall hold regional centers accountable for the development and implementation of approved plans. The department shall make aggregate performance data for each regional center available, upon request.

(e) (1) The department shall post a list, including descriptions, of projects for which it has allocated funding pursuant to this section on its internet website.

(2) Each regional center shall post its department-approved plan on its internet website.

(3) Regional centers shall report quarterly to the department on the progress of each project.

(f) This section shall become operative on July 1, 2026.

SEC. 9. Section 4679.1 of the Welfare and Institutions Code is amended to read:

~~4679.1. (a) By September 1, 2017, the department shall report to the Senate Committee on Human Services, the Assembly Committee on Human Services, and the appropriate legislative budget subcommittees on the following components of the community placement plan and community resource development plan as described in Sections 4418.25 and 4679:~~

~~(1) Housing development and funding policies and guidelines.~~

~~(2) How the department and regional centers assess community unmet needs and local priorities.~~

~~(3) How the department monitors housing development.~~

~~(b) Annually, by April 1,~~

4679.1. Commencing January 1, 2027, the department shall ~~report~~ provide to the Senate Committee on Human Services, the Assembly Committee on Human Services, and the appropriate legislative budget subcommittees on ~~the following:~~ all of the following information as part of the department's quarterly legislative update:

~~(1)~~

(a) The type and number of housing projects approved, in progress, and occupied, and the total number of allowable beds, by regional center.

~~(2)~~

(b) The total number of new beds by facility type, by regional center.

~~(3)~~

(c) To the extent data is available, the degree to which housing development gains have been offset by program closures, by facility type, for each regional center.

(d) Statewide aggregate data on all of the following:

(1) The number of individuals placed in a home with delayed egress and secure perimeters pursuant to Section 1267.75 or 1531.15 of the Health and Safety Code.

(2) The length of stay for individuals in a home with delayed egress and secure perimeters pursuant to Section 1267.75 or 1531.15 of the Health and Safety Code.

(3) The number of individuals who transitioned out of a home with delayed egress and secure perimeters pursuant to Section 1267.75 or 1531.15 of the Health and Safety Code in the last 12 months.

SEC. 10. Section 4684.50 of the Welfare and Institutions Code is amended to read:

4684.50. (a) (1) "Adult Residential Facility for Persons with Special Health Care Needs (ARFPSHN)" means any adult residential facility that provides 24-hour health care and intensive support services in a homelike setting that is licensed to serve up to five adults with developmental disabilities as defined in Section 4512.

(2) "Group Home for Children with Special Health Care Needs (GHCSHN)" means a group home, as described in paragraph (22) of subdivision (a) of Section 1502 of the Health and Safety Code and licensed pursuant to Article 9 (commencing with Section 1567.50) of the Health and Safety Code, that provides 24-hour health care and intensive support services in a homelike setting that is licensed to serve up to five children or nonminor dependents with developmental disabilities as defined in Section 4512.

(3) For purposes of this article, an ARFPSHN or a GHCSHN may only be established in a facility approved pursuant to Section 4688.5 or through an approved regional center community placement plan pursuant to former Section ~~4418.25.~~ 4418.25, as that section read on June 30, 2026, or an approved regional center community resource development plan pursuant to Section 4418.25.

(b) "Consultant" means a person professionally qualified by training and experience to give expert advice, information, training, or to provide health-related assessments and interventions specified in a consumer's individual health care plan.

(c) "Direct care personnel" means all personnel who directly provide program or nursing services to consumers. Administrative and licensed personnel shall be considered direct care personnel when directly providing program or nursing services to clients. Consultants shall not be considered direct care personnel.

(d) "Individual health care plan" means the plan that identifies and documents the health care and intensive support service needs of a consumer.

(e) "Individual health care plan team" means those individuals who develop, monitor, and revise the individual health care plan for consumers residing in an ARFPSHN or a GHCSHN.

(1) For an ARFPSHN or a GHCSHN, the team shall, at a minimum, be composed of all of the following individuals:

(A) Regional center service coordinator and other regional center representative, as necessary.

(B) Consumer, and, if appropriate, the consumer's parents, legal guardian or conservator, or authorized representative.

(C) Consumer's primary care physician, or other physician as designated by the regional center.

(D) ARFPSHN or GHCSHN administrator.

(E) ARFPSHN or GHCSHN registered nurse.

(F) Others deemed necessary for developing a comprehensive and effective plan.

(2) For a GHCSHN, in addition to the individuals listed in paragraph (1), the team shall, at a minimum, include all of the individuals required for an individualized health care team as described in subdivision (d) of Section 17710.

(f) "Intensive support needs" means the consumer requires physical assistance in performing four or more of the following activities of daily living:

(1) Eating.

(2) Dressing.

(3) Bathing.

(4) Transferring.

(5) Toileting.

(6) Continence.

(g) "Special health care needs" for an ARFPSHN means the consumer has health conditions that are predictable and stable, as determined by the individual health care plan team, and for which the individual requires nursing supports for any of the following types of care:

(1) Nutrition support, including total parenteral feeding and gastrostomy feeding, and hydration.

(2) Cardiorespiratory monitoring.

(3) Oxygen support, including continuous positive airway pressure and bilevel positive airway pressure, and use of other inhalation-assistive devices.

(4) Nursing interventions for tracheostomy care and suctioning.

(5) Nursing interventions for colostomy, ileostomy, or other medical or surgical procedures.

(6) Special medication regimes including injection and intravenous medications.

(7) Management of insulin-dependent diabetes.

(8) Bowel care management, including enemas or suppositories.

(9) Indwelling urinary catheter/catheter procedure.

(10) Treatment for antimicrobial resistant infections.

(11) Treatment for wounds or pressure injuries.

(12) Postoperative care and rehabilitation.

(13) Pain management and palliative care.

(14) Renal dialysis.

(h) "Special health care needs" for a GHCSHN means a predictable and stable condition, as determined by the individual health care plan team, as described in paragraph (2) of subdivision (e), that can rapidly deteriorate, resulting in permanent injury or death, or that requires specialized in-home health care, as described in subdivisions (a) and (g) of Section 17710.

SEC. 11. Section 4684.53 of the Welfare and Institutions Code is amended to read:

4684.53. (a) The State Department of Developmental Services and the State Department of Social Services shall jointly implement a licensing program to provide special health care and intensive support services to adults, and a licensing program to provide special health care and intensive support services to children, in homelike community settings.

(b) The programs shall be implemented through approved community placement ~~plans,~~ plans pursuant to former Section 4418.25, as that section read on June 30, 2026, or approved community resource development plans pursuant to Section 4418.25 as follows:

(1) For an adult who is identified by a regional center as an adult who could benefit from placement in an ARFPSHN.

(2) For a child who is identified by a regional center as a child who could benefit from placement in a GHCSHN.

(c) (1) Each ARFPSHN shall possess a community care facility license issued pursuant to Article 9 (commencing with Section 1567.50) of Chapter 3 of Division 2 of the Health and Safety Code. Until the Department of Social Services creates a stand-alone chapter for ARFPSHNs, each ARFPSHN shall be subject to the requirements of Chapter 1 (commencing with Section 80000) of Division 6 of Title 22 of the California Code of Regulations, except for Article 8 (commencing with Section 80090).

(2) Each GHCSHN shall possess a community care facility license issued pursuant to Article 9 (commencing with Section 1567.50) of Chapter 3 of Division 2 of the Health and Safety Code, and shall be subject to the requirements of Chapter 1 (commencing with Section 80000) and Chapter 5 (commencing with Section 84000) of Division 6 of Title 22 of the California Code of Regulations, except that Article 8 (commencing with Section 80090) of Chapter 1 of Division 6 of Title 22 of the California Code of Regulations shall not apply.

(d) For purposes of this article, a health facility licensed pursuant to subdivision (e) or (h) of Section 1250 of the Health and Safety Code may place its licensed bed capacity in voluntary suspension for the purpose of licensing the facility to operate an ARFPSHN or a GHCSHN if the facility is selected to participate pursuant to Section 4684.58. Consistent with subdivision (a) of Section 4684.50, any facility licensed pursuant to this section shall serve up to five adults or up to five children. A facility's bed capacity shall not be placed in voluntary suspension until all consumers residing in the facility under the license to be suspended have been relocated. A consumer shall not be relocated unless it is reflected in the consumer's individual program plan developed pursuant to Sections 4646 and 4646.5.

(e) Each ARFPSHN and each GHCSHN are subject to the requirements of Subchapters 5 to 9, inclusive, of Chapter 1 of, and Subchapters 2 and 4 of Chapter 3 of, Division 2 of Title 17 of the California Code of Regulations.

(f) Each ARFPSHN and each GHCSHN shall ensure that an operable automatic fire sprinkler system is installed and maintained.

(g) Each ARFPSHN and each GHCSHN shall have an operable automatic fire sprinkler system that is approved by the State Fire Marshal and that meets the National Fire Protection Association (NFPA) 13D standard for the installation of sprinkler systems in single- and two-family dwellings and manufactured homes. A local jurisdiction shall not require a sprinkler system exceeding this standard by amending the standard or by applying standards other than NFPA 13D. A public water agency shall not interpret this section as changing the status of a facility from a residence entitled to residential water rates, nor shall a new meter or larger connection pipe be required of the facility.

(h) Each ARFPSHN and each GHCSHN shall provide an alternative power source to operate all functions of the facility for a minimum of six hours in the event the primary power source is interrupted. The alternative power source shall comply with the manufacturer's recommendations for installation and operation. The alternative power source shall be maintained in safe operating condition, and shall be tested every 14 days, or as per the manufacturer's recommended schedule, under the full load condition for a minimum of 10 minutes. Written records of inspection, performance, exercising period, and repair of the alternative power source shall be regularly maintained on the premises and available for inspection by the State Department of Developmental Services.

SEC. 12. Section 4684.55 of the Welfare and Institutions Code is amended to read:

4684.55. (a) A regional center may not pay a rate to an ARFPSHN or a GHCSHN for a consumer that exceeds the rate in the State Department of Developmental Services' ~~approved community placement plan for that facility~~ rate model for those homes unless the regional center demonstrates that a higher rate is necessary to protect a consumer's health and safety, and the department has granted prior written authorization.

~~(b) The payment rate for ARFPSHN or GHCSHN services shall be negotiated between the regional center and the ARFPSHN or GHCSHN.~~

~~(c)~~

(b) The established rate for a full month of service shall be made by the regional center if a consumer is temporarily absent from the ARFPSHN or from the GHCSHN for 14 days or less per month. If the consumer's temporary absence is due to the need for inpatient care in a health facility, as defined in subdivision (a), (b), or (c) of Section 1250 of the Health and Safety Code, the regional center shall continue to pay the established rate as long as no other consumer occupies the vacancy created by the consumer's temporary absence, or until the individual health care plan team has determined that the consumer will not return to the facility. In all other cases, the established rate shall be prorated for a partial month of service by dividing the established rate by 30.44 then by multiplying the quotient by the number of days the consumer resided in the facility.

SEC. 13. Section 4684.58 of the Welfare and Institutions Code is amended to read:

4684.58. (a) The regional center may recommend for participation, to the State Department of Developmental Services, an applicant to provide services as part of an approved community placement plan pursuant to former Section 4418.25, as that section read on June 30, 2026, or an approved community resource development plan pursuant to Section 4418.25, if the applicant meets all of the following requirements:

(1) The applicant employs or contracts with a program administrator who has a successful record of administering residential services for at least two years, as evidenced by substantial compliance with the applicable state licensing requirements.

(2) The applicant prepares and submits, to the regional center, a complete facility program plan that includes, but is not limited to, all of the following:

(A) The total number of the consumers to be served.

(B) A profile of the consumer population to be served, including their health care and intensive support needs.

(C) A description of the program components, including a description of the health care and intensive support services to be provided.

(D) A week's program schedule, including proposed consumer day and community integration activities.

(E) A week's proposed program staffing pattern, including licensed, unlicensed, and support personnel and the number and distribution of hours for such personnel.

(F) An organizational chart, including identification of lead and supervisory personnel.

(G) The consultants to be utilized, including their professional disciplines and hours to be worked per week or month, as appropriate.

(H) The plan for accessing and retaining consultant and health care services, including assessments, in the areas of physical therapy, occupational therapy, respiratory therapy, speech pathology, audiology, pharmacy, dietary/nutrition, dental, and other areas required for meeting the needs identified in consumers' individual health care plans.

(I) A description, including the size, layout, location, and condition of the proposed home.

(J) A description of the equipment and supplies available, or to be obtained, for programming and care.

(K) The type, location, and response time of emergency medical service personnel.

(L) The in-service training program plan for at least the next 12 months, that shall include the plan for ensuring that the direct care personnel understands their roles and responsibilities related to implementing individual health care plans, prior to, or within, the first seven days of providing direct care in the home and for ensuring the administrator understands the unique roles, responsibilities, and expectations for administrators of community-based facilities.

(M) The plan for ensuring that outside services are coordinated, integrated, and consistent with those provided by the ARFPSHN or the GHCSHN.

(N) Written certification that an alternative power system required by subdivision (h) of Section 4684.53 meets the manufacturer's recommendations for installation and operation.

(3) Submits a proposed budget ~~itemizing direct and indirect costs, total costs, and the rate for services.~~ and rate model worksheet.

(4) The applicant submits written certification that they have the ability to comply with all of the requirements of Section 1520 of the Health and Safety Code.

(b) The regional center shall provide all documentation specified in paragraphs (2) to (4), inclusive, of subdivision (a) and a letter recommending program certification to the State Department of Developmental Services.

(c) The State Department of Developmental Services shall either approve or deny the recommendation and transmit its written decision to the regional center and to the State Department of Social Services within 30 days of its decision. The decision of the State Department of Developmental Services not to approve an application for program certification shall be the final administrative decision.

(d) Any change in the ARFPSHN or the GHCSHN operation that alters the contents of the approved program plan shall be reported to the State Department of Developmental Services and the contracting regional center, and approved by both agencies, prior to implementation.

SEC. 14. Section 4684.81 of the Welfare and Institutions Code is amended to read:

4684.81. (a) The department shall use community placement plan ~~funds,~~ funds and community resource development plan funds as appropriated in the State Department of Developmental Services' annual budget, to develop enhanced behavioral supports in homelike community settings. The enhanced behavioral supports homes shall be for purposes of providing intensive behavioral services and supports to adults and children with developmental disabilities who need intensive services and supports due to ~~challenging~~ complex behaviors that cannot be managed in a community setting without the availability of enhanced behavioral services and supports, and who are at risk of institutionalization or out-of-state placement, or are transitioning to the community from a developmental center, other state-operated residential facility, institution for mental disease, or out-of-state placement.

(b) An enhanced behavioral supports home may only be established in an adult residential facility or a group home approved through a regional center community placement plan pursuant to former Section ~~4418.25.~~ 4418.25, as that section read on June 30, 2026, or a regional center community resource development plan pursuant to Section 4418.25.

(c) Enhanced behavioral supports homes may be approved by the State Department of Developmental Services each fiscal year to the extent funding is available for this purpose, each for no more than four individuals with developmental disabilities. The homes shall be located throughout the state, as determined by the State Department of Developmental Services, based on regional center requests.

(d) Each enhanced behavioral supports home shall be licensed as an adult residential facility or a group home pursuant to the California Community Care Facilities Act (Chapter 3 (commencing with Section 1500) of Division 2 of the Health and Safety Code) and certified by the State Department of Developmental Services, shall exceed the minimum requirements for a Residential Facility Service Level 4-i pursuant to Sections 56004 and 56013 of Subchapter 4 of Chapter 3 of Division 2 of Title 17 of the California Code of Regulations, and shall meet all applicable statutory and regulatory requirements applicable to a facility licensed as an adult residential facility or a group

home for facility licensing, seclusion, and restraint, including Division 1.5 (commencing with Section 1180) of the Health and Safety Code, and the use of behavior modification interventions, subject to any additional requirements applicable to enhanced behavioral supports homes established by statute or by regulation promulgated pursuant to this article and Article 9.5 (commencing with Section 1567.61) of Chapter 3 of Division 2 of the Health and Safety Code.

(e) A regional center shall not place a consumer in an enhanced behavioral supports home unless the program is certified by the State Department of Developmental Services and the facility is licensed by the State Department of Social Services.

(f) The State Department of Developmental Services shall be responsible for granting the certificate of program approval for an enhanced behavioral supports home.

(g) The State Department of Developmental Services may, pursuant to Section 4684.85, decertify any enhanced behavioral supports home that does not comply with program requirements. Upon decertification of an enhanced behavioral supports home, the State Department of Developmental Services shall report the decertification to the State Department of Social Services. The State Department of Social Services shall revoke the license of the enhanced behavioral supports home that has been decertified pursuant to Section 1550 of the Health and Safety Code.

(h) If the State Department of Developmental Services determines that urgent action is necessary to protect a consumer residing in an enhanced behavioral supports home from physical or mental abuse, abandonment, or any other substantial threat to the consumer's health and safety, the State Department of Developmental Services may request that the regional center or centers remove the consumer from the enhanced behavioral supports home or direct the regional center or centers to obtain alternative or additional services for the consumers within 24 hours of that determination. When possible, an individual program plan (IPP) meeting shall be convened to determine the appropriate action pursuant to this section. In any case, an IPP meeting shall be convened within 30 days following an action pursuant to this section.

(i) Enhanced behavioral supports homes shall have a facility program plan approved by the State Department of Developmental Services.

(1) No later than December 1, 2017, the department shall develop guidelines regarding the use of restraint or containment in enhanced behavioral supports homes, which shall be maintained in the facility program plan and plan of operation. In the development of these guidelines, the department shall consult with both of following:

(A) The appropriate professionals regarding the use of restraint or containment in enhanced behavioral supports homes.

(B) The protection and advocacy agency described in subdivision (i) of Section 4900 regarding appropriate safeguards for the protection of clients' rights.

(2) The requirements of paragraph (1) shall not apply to enhanced behavioral supports homes that are certified and licensed prior to January 1, 2018, or prior to the adoption of the guidelines required in paragraph (1), whichever is sooner. However, these homes shall meet the requirements of paragraph (1) no later than 30 days following adoption of the guidelines.

(3) An enhanced behavioral supports home shall include in its facility program plan a description of how it will ensure physical restraint or containment will not be used as an extended procedure in accordance with this section, subdivision (h) of

Section 1180.4 of the Health and Safety Code, and any other applicable law or regulation.

(4) The facility program plan approved by the State Department of Developmental Services shall be submitted to the State Department of Social Services for inclusion in the facility plan of operation.

(5) The vendoring regional center and each consumer's regional center shall have joint responsibility for monitoring and evaluating the services provided in the enhanced behavioral supports home. Monitoring shall include at least quarterly, or more frequently if specified in the consumer's individual program plan, face-to-face, onsite case management visits with each consumer by the consumer's regional center and at least quarterly quality assurance visits by the vendoring regional center. The State Department of Developmental Services shall monitor and ensure the regional centers' compliance with their monitoring responsibilities.

(j) The State Department of Developmental Services shall establish by regulation a rate methodology for enhanced behavioral supports homes that includes a fixed facility component for residential services and an individualized services and supports component based on each consumer's needs as determined through the individual program plan process, which may include assistance with transitioning to a less restrictive community residential setting.

(k) (1) The established facility rate for a full month of service, as defined in regulations adopted pursuant to this article, shall be paid based on the licensed capacity of the facility once the facility reaches maximum capacity, despite the temporary absence of one or more consumers from the facility or subsequent temporary vacancies created by consumers moving from the facility. Prior to the facility reaching licensed capacity, the facility rate shall be prorated based on the number of consumers residing in the facility.

When a consumer is temporarily absent from the facility, including when a consumer is in need for inpatient care in a health facility, as defined in subdivision (a), (b), or (c) of Section 1250 of the Health and Safety Code, the regional center may, based on consumer need, continue to fund individual services, in addition to paying the facility rate. Individual consumer services funded by the regional center during a consumer's absence from the facility shall be approved by the regional center director and shall only be approved in 14-day increments. The regional center shall maintain documentation of the need for these services and the regional center director's approval.

(2) An enhanced behavioral supports home using delayed egress devices, in compliance with Section 1531.1 of the Health and Safety Code, may utilize secured perimeters, in compliance with Section 1531.15 of the Health and Safety Code and applicable regulations. No more than 11 enhanced behavioral supports homes that use delayed egress devices in combination with a secured perimeter shall be certified. Enhanced behavioral supports homes shall be counted for purposes of the statewide limit established in regulations on the total number of beds permitted in homes with delayed egress devices in combination with secured perimeters pursuant to subdivision (k) of Section 1531.15 of the Health and Safety Code.

SEC. 15. Section 4698 of the Welfare and Institutions Code is amended to read:

4698. (a) (1) "Community crisis home" means a facility certified by the State Department of Developmental Services pursuant to this article, and licensed by the State Department of Social Services, pursuant to Article 9.7 (commencing with Section

1567.80) of Chapter 3 of Division 2 of the Health and Safety Code, as an adult residential facility or a group home providing 24-hour nonmedical care to individuals with developmental disabilities receiving regional center services and in need of crisis intervention services who would otherwise be at risk of admission to ~~the acute crisis center at Fairview Developmental Center or Sonoma Developmental Center,~~ a State Department of Developmental Services-operated facility, an out-of-state placement, a general acute hospital, an acute psychiatric hospital, or an institution for mental disease, as described in Part 5 (commencing with Section 5900) of Division 5. A community crisis home shall have a maximum capacity of eight consumers. No more than one-third of community crisis homes may exceed a capacity of six consumers.

(2) ~~"Consumer" or~~ Consumer, "client" or "individual" means ~~an individual~~ a person who has been determined by a regional center to meet the eligibility criteria of Section 4512 and applicable regulations and for whom the regional center has accepted responsibility.

(b) (1) The State Department of Developmental Services, using community ~~placement plan funds,~~ resource development plan funds, shall establish community-based residential options consisting of community crisis homes for adults and community crisis homes for children. The community crisis homes shall serve individuals who meet all of the following criteria:

(A) The child or adult has one or more developmental disabilities.

(B) The child or adult receives regional center services.

(C) The child or adult requires crisis intervention services.

(D) The child or adult would otherwise be at risk of admission to ~~the acute crisis center at Fairview Developmental Center or Sonoma Developmental Center,~~ a State Department of Developmental Services-operated facility, an out-of-state placement, a general acute hospital, an acute psychiatric hospital, or an institution for mental disease, as described in Part 5 (commencing with Section 5900) of Division 5.

(2) The State Department of Developmental Services may issue a certificate of program approval to a community crisis home qualified pursuant to this article.

(3) A community crisis home using delayed egress devices may utilize secured perimeters in compliance with Section 1531.15 of the Health and Safety Code and applicable regulations. The total number of community crisis beds using delayed egress devices in combination with secured perimeters shall not exceed 20 percent of the statewide limit established in subdivision (k) of Section 1531.15 of the Health and Safety Code. A community crisis home that uses delayed egress devices in combination with secured perimeters shall not have more than six beds.

(c) A community crisis home shall not be licensed by the State Department of Social Services until the certificate of program approval, issued pursuant to this article by the State Department of Developmental Services, has been received.

(1) A community crisis home shall be certified only if approved through a regional center community placement plan pursuant to former Section ~~4418.25.~~ 4418.25, as that section read on June 30, 2026, or a regional center community resource development plan pursuant to Section 4418.25. Each home shall conform to Section 441.530(a)(1) of Title 42 of the Code of Federal Regulations. The home shall be eligible for federal Medicaid home- and community-based services funding, unless the State Department of Developmental Services approves the use of delayed egress devices with secured

perimeters to be utilized at the community crisis home pursuant to Section 1531.15 of the Health and Safety Code.

(2) A consumer shall not be placed in a community crisis home unless the program is certified by the State Department of Developmental Services, pursuant to this article, and the facility is licensed by the State Department of Social Services, pursuant to Article 9.7 (commencing with Section 1567.80) of Chapter 3 of Division 2 of the Health and Safety Code.

(3) A certificate of program approval, issued pursuant to this article by the State Department of Developmental Services, shall be a condition of licensure for the community crisis home by the State Department of Social Services, pursuant to Article 9.7 (commencing with Section 1567.80) of Chapter 3 of Division 2 of the Health and Safety Code.

(4) Community crisis homes shall exceed the minimum requirements for a Residential Facility Service Level 4I pursuant to Sections 56004 and 56013 of Title 17 of the California Code of Regulations, and shall meet all applicable statutory and regulatory requirements for facility licensing, the use of behavior modification interventions, and seclusion and restraint, including Division 1.5 (commencing with Section 1180) of the Health and Safety Code, and that are applicable to facilities licensed as adult residential facilities.

(d) Community crisis homes shall have a facility program plan approved by the State Department of Developmental Services. The facility program plan approved by the State Department of Developmental Services shall be submitted to the State Department of Social Services for inclusion in the facility plan of operation, pursuant to Section 1567.84 of the Health and Safety Code.

(1) No later than March 1, 2020, the department shall develop guidelines regarding the use of restraint or containment in community crisis homes, which shall be maintained in the facility program plan and plan of operation. In the development of these guidelines, the department shall consult with both of the following:

(A) The appropriate professionals regarding the use of restraint or containment in community crisis homes.

(B) The protection and advocacy agency described in subdivision (i) of Section 4900 regarding appropriate safeguards for the protection of clients' rights.

(2) The requirements of paragraph (1) shall not apply to community crisis homes that are certified and licensed prior to March 1, 2020, or prior to the adoption of the guidelines required in paragraph (1), whichever is sooner. However, these homes shall meet the requirements of paragraph (1) no later than 30 days following adoption of the guidelines.

(3) A community crisis home shall include in its facility program plan a description of how it will ensure physical restraint or containment will not be used as an extended procedure in accordance with this section, subdivision (h) of Section 1180.4 of the Health and Safety Code, and any other applicable law or regulation.

(e) The local regional center and each consumer's regional center shall have joint responsibility for monitoring and evaluating the provision of services in the community crisis home. Monitoring shall include at least monthly face-to-face, onsite case management visits with each consumer by the consumer's regional center and at least quarterly quality assurance visits by the vendoring regional center. The State

Department of Developmental Services shall monitor and ensure the regional centers' compliance with their monitoring responsibilities.

(f) A consumer's regional center shall also notify the clients' rights advocate of each community crisis home admission. Unless the consumer objects on the consumer's own behalf, the clients' rights advocate may participate in developing the plan to transition the consumer to the consumer's prior residence or an alternative community-based residential setting with needed services and supports.

(g) The State Department of Developmental Services shall establish by regulation a rate methodology for community crisis homes that includes a fixed facility component for residential services and an individualized services and supports component based on each consumer's needs as determined through the individual program plan process, which may include assistance with returning to the consumer's prior living arrangement or transitioning to an alternative community residential setting, including, when appropriate for the individual, wraparound services through intensive individualized support services.

(h) If the State Department of Developmental Services determines that urgent action is necessary to protect a consumer residing in a community crisis home from physical or mental abuse, abandonment, or any other substantial threat to the consumer's health and safety, the State Department of Developmental Services may request that the regional center or centers remove the consumer from the community crisis home or direct the regional center or centers to obtain alternative or additional services for the consumer within 24 hours of that determination. When possible, an individual program plan (IPP) meeting shall be convened to determine the appropriate action pursuant to this section. In any case, an IPP meeting shall be convened within 30 days following an action pursuant to this section. The regional center shall notify the clients' rights advocate of any removal from the community crisis home.

(i) The ~~Director~~ State Department of Developmental Services shall rescind a community crisis home's certificate of program approval ~~when, in the director's sole discretion,~~ when it determines that a community crisis home does not maintain substantial compliance with an applicable statute, regulation, or ordinance, or cannot ensure the health and safety of consumers. The decision of the ~~Director~~ State Department of Developmental Services shall be the final administrative decision. The ~~Director~~ State Department of Developmental Services shall transmit a decision rescinding a community crisis home's certificate of program approval to the State Department of Social Services and the regional center with a recommendation as to whether to revoke the community crisis home license, and the State Department of Social Services shall revoke the license of the community crisis home pursuant to Section 1550 of the Health and Safety Code.

(j) The State Department of Developmental Services and regional centers shall provide to the State Department of Social Services all available documentation and evidentiary support necessary for the licensing and administration of community crisis homes and enforcement of Chapter 3 (commencing with Section 1500) of Division 2 of the Health and Safety Code, and the applicable regulations.

SEC. 16. Section 4781.6 of the Welfare and Institutions Code is amended to read:

4781.6. (a) A regional center shall not expend any purchase of service funds for the startup of any new program unless the expenditure is necessary to protect the

consumer's health or safety or because of extraordinary circumstances, and the department has granted prior written authorization for the expenditures.

(b) This section does not apply to the purchase of services funds allocated as part of the department's community placement plan ~~process.~~ process pursuant to former Section 4418.25, as that section read on June 30, 2026, or the community resource development plan process pursuant to Section 4418.25.

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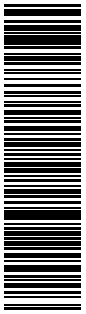
LEGISLATIVE COUNSEL'S DIGEST

Bill No.
as introduced, _____.
General Subject: Developmental services: community placement plans and community resource development plans.



Existing law, the Lanterman Developmental Disabilities Services Act, requires the State Department of Developmental Services to contract with regional centers to provide services and supports to persons with developmental disabilities and their families. Existing law requires the department to establish policies and procedures for the development of an annual community placement plan by regional centers, and requires the plan to provide dedicated funding for comprehensive assessments of developmental center residents, identified costs of moving individuals from developmental centers to the community, and deflection of individuals from developmental center admission. Existing law requires the department's policies in this regard to address statewide priorities, plan requirements, and the statutory roles of regional centers, developmental centers, and regional resource development projects in the process of assessing consumers for community living and in the development of community resources. Existing law requires the department to establish guidelines for using community placement plan funds appropriated through the budget process for community resource development to address the needs for services and supports of developmental services consumers living in the community, as specified. Existing law establishes procedures for regional centers relating to the proposed use of community resource development plan funds, requires regional centers to submit to the department quarterly reports on the use of those funds, and requires the department to make reports to specified legislative staff and committees in connection with community resource development plans and activities.

This bill would revise and recast these provisions to replace the term "community placement plan" with "community resource development plan" and make other clarifying and conforming changes.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

Background about Porterville Developmental Center and Canyon Springs Community Facility

Prepared by Disability Rights California | July 2026

Overview

Porterville Developmental Center (PDC) and Canyon Springs Community Facility (Canyon Springs) are the two largest state-operated facilities in California's developmental-services system. PDC is a secure treatment program for people with developmental disabilities who were at one point charged with a criminal offense but could not understand the charges against them or assist their counsel. Canyon Springs is a smaller state-operated facility used principally as a transitional or step-down setting from PDC. Both facilities serve people with complex combinations of developmental, behavioral, mental-health, medical, and supervision needs.

This background document briefly covers the history of California's developmental centers, the current census at PDC and Canyon Springs, the profile of the people served, and what is known about residents' needs and the capacity available to meet them.

Sources of Information. Resident demographic and transition data come from (1) a DDS fact sheet about the TBL proposal establishing clear transition timelines and; (2) a 2025 DRC Public Records Act request to DDS. Facility descriptions and licensure come from publicly posted information. Expenditure figures are drawn from DDS budget documents.

History of California's State-Operated Developmental Centers

For much of the twentieth century, California relied on large, state-operated hospitals and developmental centers to house people with intellectual and developmental disabilities. These institutions were large, segregated spaces separated from ordinary community life. In 1968, 13,355 people lived in California's developmental centers. At the time, institutional placement was often the only practical option available to people and families that needed significant support.

California began building an alternative system in the 1960s. The state established its first two regional centers in 1966, followed by enactment of the Lanterman Act in 1969 and the eventual creation of a statewide network of 21 regional centers. Instead of requiring people to enter state institutions to receive services, the regional-center system was designed to coordinate individualized supports in people's home communities and to help developmental-center residents transition into community settings. Today, the regional centers serve nearly 500,000 Californians with intellectual and developmental disabilities and their families.

This transition reflects a central promise of California's developmental services system. The Lanterman Act states that services should support integration into the mainstream life of the community and, to the maximum extent feasible, prevent people from being displaced from their home communities. California law also recognizes a right to treatment

and supports in the least restrictive environment and provides that, to the maximum extent possible, services should be delivered in natural community settings.

Litigation and federal disability-rights law reinforced that direction. In the early 1990s, the DRC-led settlement in *Coffelt v. Department of Developmental Services* required California to expand community living arrangements, individualized planning, crisis services, and quality monitoring and to reduce the developmental-center population by approximately 2,000 people. The litigation arose in part because many people remained institutionalized despite being appropriate for community placement, largely because adequate community resources had not been developed.

The Americans with Disabilities Act and the United States Supreme Court's 1999 decision in *Olmstead v. L.C.* established a related federal integration mandate. *Olmstead* held that unjustified institutional isolation constitutes disability discrimination and that states must provide services in community settings when community placement is appropriate, the person does not oppose it, and the placement can be reasonably accommodated.

Over time, California translated these principles into a series of planned developmental-center closures alongside additional investments in community resources. The state closed Agnews Developmental Center in 2009 and Lanterman Developmental Center in 2014. In 2012, the Legislature ended new admissions to developmental centers, while preserving limited exceptions for people involved with the criminal legal system or needing short-term crisis stabilization. The state subsequently closed Sonoma Developmental Center, the General Treatment Area at PDC, and Fairview Developmental Center.

These closures reduced the developmental center system from eight large facilities to the two that remain operational today: Porterville Developmental Center and Canyon Springs Community Facility.

Porterville and Canyon Springs Today

Porterville Developmental Center occupies roughly 670 acres in Tulare County. It is licensed by the California Department of Public Health for general acute, skilled nursing, and intermediate care. Statutory capacity is 211 residents (WIC § 7502.5(a)(2)). The latest DDS fact sheet reports an average PDC census of 166 in December 2025.

People are placed at PDC through a narrow process outlined in Penal Code section 1370.1, where a court has found that a defendant with a developmental disability is not presently able to understand the criminal proceedings or assist their counsel. PDC provides treatment intended to restore competence. This commitment is limited to two years or the maximum potential term of imprisonment, whichever is shorter.

If the person's "competency to stand trial" is restored, they are returned to court to stand trial for the charges against them. If there is a finding that the person's "competency to stand trial" cannot be restored, the person may be civilly committed and remain at PDC under Welfare and Institutions Code section 6500 because they are "danger to themselves

or others.” Although 6500 commitments are reviewed annually by a court, they can last for many years and in some cases, decades.

According to a recent DDS fact sheet, individuals committed to PDC under section 6500 remain for an average stay of 5.5 years, ranging from 7 months to 26 years. Based on the most recent census statistics from DDS, it costs roughly **$1 million per person per year** for a person to remain at Porterville, which is funded entirely by the state General Fund.

Canyon Springs Community Facility is a 57,000 square foot facility in Cathedral City, leased and operated by DDS. It is licensed as a 63-bed intermediate care facility and serves as a step-down and re-entry program for people leaving Porterville. Individuals at Canyon Springs are civilly committed under Welfare and Institutions Code section 6500.

The latest DDS fact sheet reports an average Canyon Springs census of 34 individuals as of December 2025. The average length of stay at Canton Springs is 4 years, ranging between 8 days to 19 years. Based on the most recent census from DDS, it costs roughly **$960,000 per person per year** for a person to remain at Canyon Springs.

Snapshot of Porterville Developmental Center residents as of March 2025 based on public records provided to DRC.

The March 18, 2025 census provides a point-in-time profile of PDC’s 172 residents.

The PDC population is predominantly male: 148 residents, or 86 percent, were recorded as male, while 20 residents, or 12 percent, were recorded as female.

Sex	Number of People	Percent
Female	20	12%
Male	148	86%
No data	4	2%

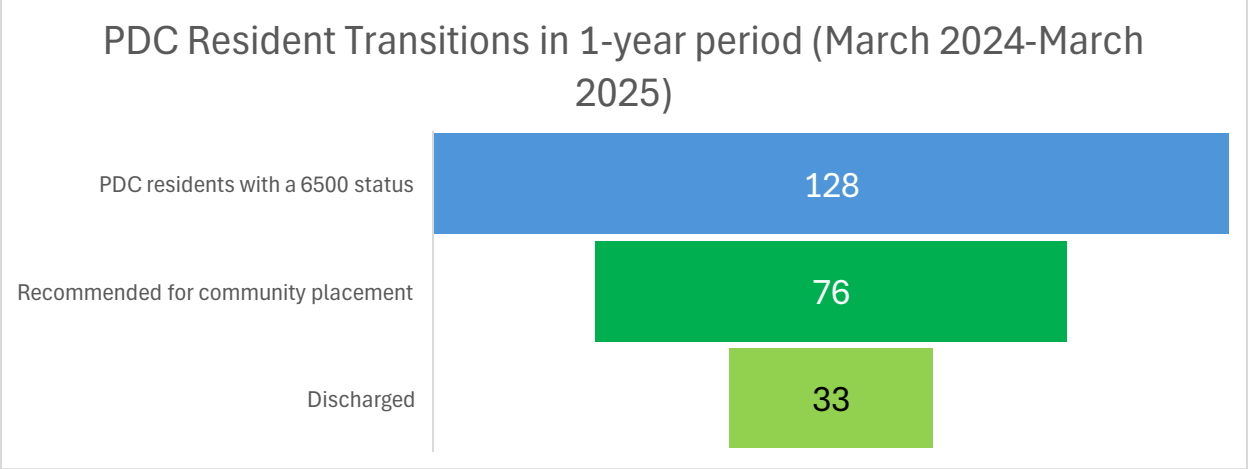
Nearly two-thirds of PDC’s residents are Latino or Black.

Ethnicity	Number of People	Percent
Latino / Hispanic	58	34%
Black / African American	52	30%
White	29	17%
Other	29	17%
No data	4	2%
Total	172	100%

The PDC population is divided almost evenly between PDC's two principal legal pathways. 83 residents, or 48 percent, were receiving competency-restoration services under Penal Code §1370.1 after being found incompetent to stand trial. 89 residents, or 52 percent, were civilly committed under Welfare and Institutions Code section 6500.

Legal Status	Number of People	Percent
Penal Code § 1370.1 – Competency Restoration	83	48%
Welf. & Inst. Code § 6500 – Civil Commitment	89	52%

From March 1, 2024 and March 15, 2025, PDC served 128 people under a section 6500 commitment. During this time period, seventy-six (59 percent) had a recommendation for community placement. Only 33 (43 percent) were discharged during this timeframe. Among people who left PDC during the reported period, the average time from admission to departure was 4.07 years.



Needs of PDC and Canyon Springs Residents

The people served by PDC and Canyon Springs do not have one uniform service profile. In general, both facilities serve people with complex combinations of developmental, behavioral, mental-health, medical, and supervision needs.

Depending on the individual, safe and stable placement may require:

- a small residential setting, with delayed egress or a secure perimeter when legally authorized and clinically necessary;
- 24-hour staffing, individualized behavioral supports, and staff trained in intellectual disability and trauma-informed care;
- psychiatric, psychological, medical, dental, and substance-use treatment with clear responsibility for coordination;

- offense-specific treatment, supervision conditions, and collaboration with courts, counties, probation or law enforcement when applicable;
- crisis response, step-up and step-down options, and rapid clinical consultation so that a difficult period does not automatically lead to reinstitutionalization; and
- meaningful daytime activity, employment or education, relationships, transportation, and culturally and linguistically appropriate support.

These needs are well documented. For example, the 2014 Task Force on the Future of Developmental Centers identified limited psychiatric and dual-diagnosis capacity, insufficient crisis and step-down services, a need for residential options with delayed egress or secure perimeters in appropriate cases, gaps in substance-use and offense-specific treatment, and fragmented responsibility among DDS, counties, courts, law enforcement, and mental-health systems.

Previous public DDS reporting has also identified the number of individuals who have transitioned from Porterville and Canyon Springs and the type of setting to which they transition. The 2023 DDS Plan for Crisis and Other Safety Net Services, for example, identifies 271 total transitions from PDC to the community between 2019 and 2022, with the majority of residents moving to smaller community facilities, a family home setting, enhanced behavioral support homes, and supported living.

During the same period of time, there were 38 total transitions from Canyon Springs to the community, with the majority of residents moving to enhanced behavioral support homes and smaller community facilities.

Existing models to meet the needs of people who reside (or are at risk of residing) at PDC and Canyon Springs

California has portions of the needed community infrastructure today. DDS and regional centers fund or operate a safety net continuum that includes:

- Stabilization, Training, Assistance, and Reintegration (STAR) homes are state-run, short-term crisis homes with stays of up to 13 months. STAR homes offer a high staffing ratio, tailored care, and a home-like setting.
- Enhanced Behavioral Supports Homes (EBSHs) are licensed adult residential facilities or group homes that provide 24-hour care in a model designed for people with high support needs. These facilities can have alarms on exit doors so staff are aware when people want to leave or a locked gate around the perimeter when necessary for safety. There are no limits on how long people can remain in these facilities.
- Community Crisis Homes (CCHs) are residential facilities for adults or children that also provide 24-hour care and a high staffing ratio. They are designed specifically for people at risk of an institutional placement.
- “Enhanced” Supported Living Services can provide up to 24-hour care in the community with individualized wraparound supports that are tailored to both complex behavioral and complex medical needs. Enhanced SLS offers long-term stability that can adjust as someone’s needs change.

- Systemic, Therapeutic, Assessment, Resources and Treatment (START) programs serve individuals residing both in-home and out-of-home to provide person-centered, trauma-informed, evidence-based, positive support, such as 24-hour case coordination and in-home therapeutic coaching.

Opportunities for additional investments using Community Placement Plan (CPP) and Community Resource Development Plan (CRDP) funding

Developing the right combination of provider, location, trained workforce, treatment, and supervision may require additional investment. Dedicated development funding exists. Regional centers receive Community Placement Plan (CPP) and Community Resource Development Plan (CRDP), created expressly to expand community capacity and reduce reliance on developmental centers. The 2026 May Revision identifies more than $78 million in CPP/CRDP funding, including approximately $27.3 million for start-up costs, $2.7 million for assessments, and $32.9 million for placement costs.

This funding is statewide and is not a new pool reserved exclusively for PDC and Canyon Springs transitions. However, the administration's TBL proposal to merge CPP/CRDP funding would require regional centers and DDS to prioritize funding to support people moving from PDC and Canyon Springs.

Subcommittee Questions on DDS Deferred Trailer Bill Issues

Issue 1: Equitable Access to Intake and Services (title changed from Equitable and Consistent Needs Assessment)

On the new "Standardized Intake Eligibility Assessment" proposal:

1. On the development of a new, unknown "standardized intake eligibility assessment process to determine if an individual meets the definition of "developmental disability" and "substantial disability,"" please explain in plain language, how this process would work specifically and how it would be different from the current process?

2. Please provide specific examples – these can be theoretical, but realistic based on current knowledge of cases -- of how this process would change, improve, or injure outcomes for individuals served.

3. Provide examples of how an individual might receive decreased, fewer, or no services under this process compared to today's practices pursuant to the status quo.

4. Please explain what this sentence in the language means: "The standardized intake eligibility process developed pursuant to this subdivision shall not be implemented without prior legislative approval." What specific steps would take place to submit a proposal for this new standardized intake eligibility process and build in time for legislative review, public hearings, discussion, and for the negotiations necessary to make decisions about whether or how this process would be approved, changed, or denied?

5. Please break down and explain the timeline, contracts, stakeholder collaboration, and specific steps to enable a true legislative review process for a standardized intake eligibility process that would be proposed – and not implicitly adopted -- until and unless the Legislature were to approve it in a subsequent formal action, i.e. adopting statute to explicitly authorize the new process, again, if the Legislature chose to agree to that policy outcome, which is not a foregone conclusion.

6. Could the Administration be agreeable to a narrower approval of solely the exploration and presentation of options for a standardized intake eligibility process, with stakeholder consultation and review, and submitting that to the Legislature before or by January 1, 2028?

7. What are the specific costs for this proposal (showing General Fund, total funds, and by fiscal year)? Please explain how you arrived at the costs that you will present. This is being requested because the cost breakdown provided previously was for the evaluation tool and not for this component of the proposal.

On the new "Strengths and Needs Evaluation" proposal:

8. Please provide the data to support the problem statement of: "Current differences in regional center intake eligibility assessment practices create inconsistency and risk leaving individuals and families uncertain about eligibility determinations, as well as outcomes that vary depending on the regional center. A standardized approach is essential for equitable access to the regional center system." Please provide data and narrative in plain language that supports this problem statement and that also describes what the data or trends could look like under your proposal.

9. What role does the Client Development Evaluation Report (CDER) have in this proposal? Is it intended that CDER will be replaced by this new statewide strengths and needs evaluation, or could there be a role for a modernized, updated CDER as this new evaluation? What are the specific issues with the CDER and can they be addressed without creating or choosing a new strengths and needs evaluation?

10. Who would the new strengths and needs evaluation tool apply to exactly? Would it apply only to new individuals coming into the regional center system, after approval of this tool, if that were to occur? Would it apply to reassessed individuals already being served in regional centers? Would this correspond in some way to the (individual program plan) IPP process?

11. How will the community and stakeholders be involved in the process of reviewing options for a strengths and needs evaluation tool before one is selected? Please explain the timeline (showing specific months and dates) and process steps that will enable true community and stakeholder input.

12. What is the purpose of the "contracted support/tool evaluation" that is envisioned as part of the cost breakdown that is part of the Administration's proposal? Who would be the contractor? Would it be expected to be Mission Analytics Group? Please provide a listing of all contracts currently in effect for DDS with complete costs (showing General Fund, other funds, and total funds), timeframes for activities, and a summary of outcomes/work product expected from each.

13. How and why would a strengths and needs evaluation be selected with a vendor if it is all contingent on legislative approval that hasn't, even in the Administration's current draft, been provided as yet? Should this be about exploring options and presenting a proposal? Selecting a vendor for a contracted service for implementation of an evaluation would be beyond the bounds of this proposal and would require legislative review and approval.

14. What have been the milestones and progress of establishing the standardized intake process pursuant to WIC 4435.1 (f) and (g), as chaptered in SB 138 of 2023?

15. Is the goal that the assessment results would function as a planning tool, in conjunction with the IPP and other clinical information, or that it would become a central mechanism for allocating resources?

16. Is the intention that the tool lead to a numerical score or tier based on perceived levels of need?

17. Is the intention that scores be linked to specific services or funding ranges?

18. Who will conduct the assessments and how will they be trained?

19. Would the IPP team retain authority to approve services beyond what the assessment determines?

20. Why do the resources for regional center staff in the Administration's cost breakdown occur in 2026-27 and 2027-28, and then disappear after then, if the tool is both not being chosen now nor has the Legislature approved the use of any tool? What are these resources, $6.7 million total funds each in 2026-27 and 2027-28, proposed for?

21. What has the data shown regarding the provision of respite services since the standardization of that service began January 1, 2026? What have been the lessons learned so far from this standardization effort?

22. What are the projected fiscal implications of the strengths and needs evaluation proposal, including projected costs and savings, as well as net impacts, over the budget forecast period?

23. Please provide a comprehensive list of the known and possible strengths and needs evaluation tools that the department and contractor would be considering as candidates for consideration in California. Please provide detail on how these are used in practice and what system impacts they have had, both positive and negative from an objective perspective.

24. What experiences have other states had with strengths and needs evaluation? Are there particular states and strengths and needs evaluation tools that DDS is favorable to? Please explain why.

25. Please explain what this sentence in the language means: "A statewide strengths and needs evaluation developed pursuant to this section shall not be implemented without prior legislative approval." What specific steps would take place to submit a proposal for this new strengths and needs evaluation and build in time for legislative review, public hearings, discussion, and for the negotiations necessary to make decisions about whether or how this process would be approved, changed, or denied?

26. Please break down and explain the timeline, contracts, stakeholder collaboration, and specific steps to enable a true legislative review process for a strengths and needs evaluation that would be proposed – and not implicitly adopted -- until and unless the Legislature were to approve it in a subsequent formal action, i.e. adopting statute to explicitly authorize the new evaluation, again, if the Legislature chose to agree to that policy outcome.

27. Could the Administration be agreeable to a narrower approval of solely the exploration and presentation of options for a strengths and needs evaluation, with stakeholder consultation and review, and submitting that to the Legislature before or by January 1, 2028?

Issue 2: State-Operated Transitional and Rehabilitative Services and Merge Community Placement Plan and Community Resource Development Plan to Align with Current Developmental Services Delivery System

1. How does the proposal relate to other institutional placements, e.g. IMDs, College Hospital, or out-of-state placements? Could this proposal potentially lead to scenarios where we could see increased commitments in these facilities?

2. Are there concerns about the closer time limit for Canyon Springs, with the 24-month limit starting January 1, 2027, with one 60-day extension if specified criteria are met? Is there any concern that this could result in more individuals moving from CS to PDC, instead of remaining at CS under the status quo? Would a later start date (e.g. January 1, 2028 or July 1, 2028) for the 24-month time limit to start be more reasonable? Is the current start date too early given the unknown about adequate community resources and new placement development, or does it provide enough time?

3. What specific placements need to be developed to support the Canyon Springs transitions, how will they be funded, and on what time frame? There are no costs currently associated with this proposal.

4. What specific placements need to be developed to support the PDC transitions, how will they be funded, and on what time frame? There are no costs currently associated with this proposal.

5. Is there a detailed plan, with projected costs included, to develop placements that will be necessary for the transitions pursuant to the proposed time restrictions for stays at PDC and CS?

6. Does the right of return in WIC 4508 (c) mean that there are two possible right of return opportunities, but none further? Or is the right of return renewed following any provisional placement during the 12 months of that provisional placement, for as many times as it is needed?

7. How will the demand on adequate community placements pursuant to this proposal impact community placements for high and complex needs individuals who have not interacted with the criminal justice system and don't have a 6500 commitment (i.e. people who have not gone through PDC or CS)?

8. For both PDC and CS movers, what happens if the court does not approve the transition? Should the statute explicitly account for this and for other steps if/after a court does not approve transition and the time limit has been reached?

9. How much do people's total time at a facility exceed the court-ordered time of commitment today? What happens when a stay at a facility exceeds the court-ordered time of commitment? What are the current consequences?

10. What are the current reasons for longer stays for PDC and CS residents who have been recommended for community placement, accounting for the difference between those recommended for placement and those who are actually discharged?

11. On the reporting requirement in WIC 7505 (d), can a date be added for a formal report (i.e. the implementation plan, inclusive of the reporting requirement within it) to be submitted annually, as well the current inclusion in the quarterly legislative briefings? I would suggest that it be April 1 of each year, aligning with the CRDP reporting in WIC 4418.25 (g), with the first implementation plan and reporting deadline of April 1, 2027. The reason for this is that, without an annual date like this, the visibility of the plan and reporting is likely to be hindered, as the quarterly reports to the Legislature are not public documents and come in a compendium with many other subjects compiled all together. The presentation at the quarterly meetings to legislative staff is acceptable, but only with a standalone report that would be posted on the DDS website by an annual date as well.

12. For (d) (3), could the following be added at the end of the paragraph: "…and identified issues with transition planning, including right of return needs and placement availability." Can the subdivision also cross-reference the quarterly legislative briefings (QLBs) pursuant to WIC 4474.17?

13. Regarding the Merge CPP and CRDP RN, can specificity and frequency in reporting for individuals placed at IMDs from existing WIC 4418.25 (h) be restored in the new section replacing the WIC 4418.25 set to be repealed?