

AGENDA

ASSEMBLY BUDGET SUBCOMMITTEE NO. 1 ON HEALTH AND HUMAN SERVICES

ASSEMBLYMEMBER DR. JOAQUIN ARAMBULA, CHAIR

WEDNESDAY, FEBRUARY 9, 2022

1:30 P.M. – STATE CAPITOL, ROOM 444

We encourage the public to provide written testimony before the hearing. Please send your written testimony to: BudgetSub1@asm.ca.gov. Please note that any written testimony submitted to the committee is considered public comment and may be read into the record or reprinted. All are encouraged to watch the hearing from its live stream on the Assembly's website at: <https://assembly.ca.gov/todaysevents>.

The Capitol will be open for attendance of this hearing. Any member of the public attending a hearing in the Capitol will need to wear a mask at all times while in the building.

*A moderated telephone line will be available to assist with public participation. After all witnesses on all panels and issues have concluded, and after the conclusion of member questions, the public may provide public comment by calling the following toll-free number:
1-877-692-8957 / Access Code: 131 54 44.*

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LIST OF PANELISTS IN ORDER OF PRESENTATION

All panelists are asked to please be succinct and brief in their presentations (3-5 minutes is suggested) in order to facilitate the flow of the hearing. Thank you.

5160 DEPARTMENT OF REHABILITATION

ISSUE 1: REVIEW OF SERVICES FOR THE BLIND AND VISUALLY IMPAIRED

- Joe Xavier, Director, Department of Rehabilitation
- Andi Mudryk, Chief Deputy Director, Department of Rehabilitation
- Jaleel Baker, Budget Analyst, Department of Finance
- Sonja Petek, Principal Fiscal and Policy Analyst, Legislative Analyst's Office
- Jeff Thom, Director of Governmental Affairs, California Council for the Blind
- Sarah Harris, 1st Vice-President, California Council of the Blind and Director of Programs, Resources for Independence Central Valley, a Center for Independent Living

4300 DEPARTMENT OF DEVELOPMENTAL SERVICES

ISSUE 2. GOVERNOR'S PROPOSAL – EARLY START PART C TO PART B TRANSITIONS

- Nancy Bargmann, Director, Department of Developmental Services
- Maricris Acon, Deputy Director of Federal Programs, Department of Developmental Services
- Christopher Odneal, Budget Analyst, Department of Finance
- Sonja Petek, Principal Fiscal and Policy Analyst, Legislative Analyst's Office
- Lori Banales, Executive Director, Alta California Regional Center

ISSUE 3. GOVERNOR'S PROPOSAL – SUBMINIMUM WAGE PHASEOUT AND WORK ACTIVITY PROGRAM

- Nancy Bargmann, Director, Department of Developmental Services
- Brian Winfield, Chief Deputy Director, Program Services, Department of Developmental Services
- Christopher Odneal, Budget Analyst, Department of Finance
- Sonja Petek, Principal Fiscal and Policy Analyst, Legislative Analyst's Office
- Eric Zigman, Executive Director, Golden Gate Regional Center
- Aaron Carruthers, Executive Director, State Council on Developmental Disabilities

ISSUE 4. GOVERNOR'S PROPOSAL – COMMUNICATIONS ASSESSMENTS FOR CONSUMERS WHO ARE DEAF

- Nancy Bargmann, Director, Department of Developmental Services
- Brian Winfield, Chief Deputy Director, Program Services, Department of Developmental Services
- Christopher Odneal, Budget Analyst, Department of Finance
- Sonja Petek, Principal Fiscal and Policy Analyst, Legislative Analyst's Office
- Lisa Kleinbub, Executive Director, Regional Center of the East Bay

ISSUE 5. IMPLEMENTATION REVIEW AND OVERSIGHT – DEVELOPMENTAL SERVICES WORKFORCE AND RATE STUDY IMPLEMENTATION, INCLUDING PERFORMANCE INCENTIVES

- Brian Winfield, Chief Deputy Director, Program Services, Department of Developmental Services
- Pete Cervinka, Chief, Data Analytics and Strategy, Department of Developmental Services
- Jim Knight, Deputy Director, Administration Division, Department of Developmental Services
- Christopher Odneal, Budget Analyst, Department of Finance
- Sonja Petek, Principal Fiscal and Policy Analyst, Legislative Analyst's Office
- Jordan Lindsey, Executive Director, The Arc & UCP California Collaboration
- Judy Mark, President, Disability Voices United, Professor, UCLA Disability Studies, Parent of a young man served by a Regional Center
- Vivian Haun, Senior Attorney, Intellectual/Developmental Disabilities Practice Group, Disability Rights California
- Mark Melanson, Executive Director, California Community Living Network
- Mark Klaus, Executive Director, San Diego Regional Center

ISSUE 6. IMPLEMENTATION REVIEW AND OVERSIGHT – DISPARITIES IN THE DEVELOPMENTAL SERVICES SYSTEM AND STRATEGIES TOWARD EQUITY

- Nancy Bargmann, Director, Department of Developmental Services
- Leinani Walter, Assistant Deputy Director, Service Access and Equity, Department of Developmental Services
- Dr. Vicky Lovell, Chief, Research, Evaluation and Audits, Department of Developmental Services
- Christopher Odneal, Budget Analyst, Department of Finance
- Sonja Petek, Principal Fiscal and Policy Analyst, Legislative Analyst's Office
- Elizabeth Gomez, Director of the Integrated Community Collaborative
- Amy Westling, Executive Director, Association of Regional Center Agencies

ISSUE 7. IMPLEMENTATION REVIEW AND OVERSIGHT – COVID-19 SPENDING AND DIRECTIVES

- Carla Castaneda, Chief Deputy Director, Operations, Department of Developmental Services
- Brian Winfield, Chief Deputy Director, Program Services, Department of Developmental Services
- Christopher Odneal, Budget Analyst, Department of Finance
- Sonja Petek, Principal Fiscal and Policy Analyst, Legislative Analyst's Office
- Gilda Giron, Director of Outreach and Leadership Training, Disability Voices United, Advisory Committee Member, Spina Bifida Association, Parent of 3 young children, 2 of whom have disabilities
- Andy Imparato, Executive Director, Disability Rights California
- Michi A. Gates, Executive Director, Kern Regional Center

ISSUE 8. IMPLEMENTATION REVIEW AND OVERSIGHT – HOME AND COMMUNITY-BASED SERVICES (HCBS) FINAL RULE COMPLIANCE

- Brian Winfield, Chief Deputy Director, Program Services, Department of Developmental Services
- Jim Knight, Deputy Director, Administration Division, Department of Developmental Services
- Christopher Odneal, Budget Analyst, Department of Finance
- Sonja Petek, Principal Fiscal and Policy Analyst, Legislative Analyst's Office

ISSUE 9. IMPLEMENTATION REVIEW AND OVERSIGHT – SELECT 2021 INITIATIVES AND SELF-DETERMINATION PROGRAM

- Nancy Bargmann, Director, Department of Developmental Services
- Brian Winfield, Chief Deputy Director, Program Services, Department of Developmental Services
- Carla Castaneda, Chief Deputy Director, Operations, Department of Developmental Services
- Christopher Odneal, Budget Analyst, Department of Finance
- Sonja Petek, Principal Fiscal and Policy Analyst, Legislative Analyst's Office
- Tim Jin, Assistant Director, Communications Rights Projects, Disability Voices United, Self-Advocate who is a participant in the Self-Determination Program
- Vivian Haun, Senior Attorney, Intellectual/Developmental Disabilities Practice Group, Disability Rights California
- Amy Westling, Executive Director, Association of Regional Center Agencies

There are no panels for the Non-Presentation Items on this agenda.

Public Comment will be taken after the completion of all panels and any discussion from the Members of the Subcommittee.

ITEMS TO BE HEARD

5160 DEPARTMENT OF REHABILITATION

ISSUE 1: REVIEW OF SERVICES FOR THE BLIND AND VISUALLY IMPAIRED

PANELISTS AND QUESTIONS ASKED OF EACH PRESENTER

1. Joe Xavier, Director, Department of Rehabilitation
2. Andi Mudryk, Chief Deputy Director, Department of Rehabilitation
 - A. Please provide a very brief overview of the Department of Rehabilitation.
 - B. Please review current services for the blind and describe areas where services could be expanded and on what basis.
3. Jaleel Baker, Budget Analyst, Department of Finance
 - A. Please provide any additional information on the issue.
4. Sonja Petek, Principal Fiscal and Policy Analyst, Legislative Analyst's Office
 - A. Please provide any additional information on the issue.
5. Jeff Thom, Director of Governmental Affairs, California Council for the Blind
 - A. Please describe how services for the blind could be expanded and why this is needed.
6. Sarah Harris, 1st Vice-President, California Council of the Blind and Director of Programs, Resources for Independence Central Valley, a Center for Independent Living
 - A. Please describe how services for the blind could be expanded and why this is needed.

BRIEF DEPARTMENT OVERVIEW

Department Purpose and Mission. The Department of Rehabilitation (DOR) works in partnership with consumers and other stakeholders to provide direct services and advocacy resulting in employment, independent living, and equality for individuals with disabilities. DOR provides services to over 130,000 Californians with disabilities annually to obtain, retain, and advance in competitive employment in integrated settings, and to maximize equality and the ability to live independently in communities of their choice. With a proposed 2022-23 budget of \$500 million (\$78 million General Fund) and 1,886 authorized positions, DOR offers programs related to vocational rehabilitation (VR), independent living, assistive technology, and traumatic brain injury. DOR's federal funding constitutes about 82 percent of its total funding.

Order of Selection. When DOR does not have sufficient VR grant funds to serve all applicants who are deemed eligible for VR services, the federal government requires DOR to implement an Order of Selection (OOS) process, under which the department must serve eligible individuals with the most significant disabilities (Priority Category One) first, followed by eligible individuals with significant disabilities (Priority Category Two), and then all other eligible

individuals with disabilities (Priority Category Three). DOR has been operating under an OOS since 1995. Within each category, DOR serves individuals according to date of application. If placed on a waiting list, DOR consumers receive information and referral services and may ask for their priority category to be re-evaluated if they have experienced a change in severity of disability. As of November 2020, DOR no longer operates under an OOS and is able to serve eligible individuals in all priority categories.

The OOS applies to the VR Program, Orientation Center for the Blind (OCB), and Business Enterprises Program (BEP), which are funded by the VR grant. These programs are discussed further below.

BUDGET ISSUE

Services for the Blind and Visually Impaired. The Subcommittee has asked DOR to present on programs and services available to blind/visually impaired individuals. The following is information on this subject as provided by DOR.

Vocational Rehabilitation (VR) Program. In addition to DOR's general VR program serving people with all types of disabilities in their efforts to gain, retain, and advance in employment, DOR operates the Blind Field Services (BFS) program specifically for blind and visually impaired (B/VI) consumers. The BFS was established in 2002 under SB 105 which required the state to develop a program that specialized in services for the B/VI with a focus on reducing the high unemployment rate of that community. BFS served 4,660 B/VI consumers in 2020-21.

DOR's general VR program assists all eligible participants, including the B/VI, to obtain, retain, or advance in competitive integrated employment. VR services may include career guidance and counseling, job search and preparation, independent living skills training, on the job training, assistive technology and related training, and job placement and job coaching. VR services can also include mental health treatment that is necessary to enable people with disabilities to achieve an employment goal. B/VI consumers with a goal of employment are served primarily through the DOR's BFS section, subject to their choice.

Orientation Center for the Blind (OCB). DOR operates the Orientation Center for the Blind to provide independent living skills training for the B/VI. Training can include cooking, independent travel, Braille and communication, assistive technology use, and the work readiness skills necessary for vocational success. In 2020-21, OCB provided training to 64 B/VI consumers.

Business Enterprises Program (BEP). DOR operates the Business Enterprises Program, which provides training to legally blind consumers to become independent business owners in the food service industry with facilities located in federal, state, and other government buildings. In 2020-21, BEP supported 68 business owners.

Older Individuals who are Blind (OIB) Program. DOR serves B/VI consumers aged 55 and older who do not intend to seek employment but who wish to remain independent in their

homes and communities. DOR works with grantees throughout the state to provide those services and 4,492 consumers benefitted from the program in 2020-21. OIB services may include orientation and mobility training, assistive technology and training, independent living skills training, adjustment to blindness counseling, and low vision devices and related training.

Other services available to B/VI. DOR's Independent Living and Community Access Division also serves people with all disabilities, including B/VI consumers transitioning from institutional settings into community-based living arrangements and B/VI individuals who are at risk of institutional placement to allow them to remain in the community.

Below is a table demonstrating the amount of funding each program budgeted in 2021-22. There has been little to no change in funding over the last few years.

Program	Total 2021-22	Federal Fund	General Fund	Vending Stand Fund
BFS District	\$ 34,000,000	\$ 26,758,000	\$ 7,242,000	\$ 0
BEP	\$ 10,700,000	\$ 6,539,000	\$ 800,000	\$ 3,361,000
OCB	\$ 3,400,000	\$ 2,675,800	\$ 724,200	\$ 0
OIB	\$ 3,400,000	\$ 3,400,000	\$ 0	\$ 0

Staff Recommendation: This issue was included as an informational item. The Subcommittee may consider asking for information about the projected needs and capacity in expansion for services in California for blind populations that are not school-aged nor age 55 and older. The Subcommittee could request additional information to come back to the Subcommittee and Chair's staff by Friday, April 8, 2022.

4300 DEPARTMENT OF DEVELOPMENTAL SERVICES

ISSUE 2. GOVERNOR'S PROPOSAL – EARLY START PART C TO PART B TRANSITIONS

PANELISTS AND QUESTIONS ASKED OF EACH PRESENTER

1. Nancy Bargmann, Director, Department of Developmental Services
2. Maricris Acon, Deputy Director of Federal Programs, Department of Developmental Services
 - A. Please describe the proposal briefly, explaining the 1:40 proposed caseload ratio for ages 3, 4, and 5, when the workgroup recommendation was 1:45.
 - B. What activities would be required of service coordinators in the proposal for children and families, rather than encouraged?
 - C. Why choose to propose one IDEA specialist per Regional Center, and will this be adequate for RCs with larger, more complex, and diverse Early Start caseloads?
 - D. How was the \$10 million for preschools inclusion and accessibility estimate developed and how many and what share of preschools is this amount meant to help? How does this specifically coordinate with the California Department of Education (CDE) efforts in this area? What exactly will this \$10 million be used for?
 - E. How would preschools be selected and what outcomes will be tracked to assess impact or identify areas for course correction?
 - F. How would “disability” be defined? Would this be equivalent to the CDE proposal that would require the child to have an individualized family service plan or individual education plan and be receiving associated services?
3. Christopher Odneal, Budget Analyst, Department of Finance
 - A. Please provide any additional information on the issue.
4. Sonja Petek, Principal Fiscal and Policy Analyst, Legislative Analyst's Office
 - A. Please provide any additional information on the issue.
5. Lori Banales, Executive Director, Alta California Regional Center
 - A. Please describe how the proposal would change and impact your Regional Center's services for infants and toddlers transitioning to preschool.
 - B. What are areas for special attention as the state looks to improve services for children in Early Start?

BRIEF DEPARTMENT OVERVIEW

Department Purpose and Mission. The Department of Developmental Services (DDS) is responsible for administering the Lanterman Developmental Disabilities Services Act (Lanterman Act). The Lanterman Act provides for the coordination and provision of services and supports to enable people with intellectual and developmental disabilities to lead more

independent, productive, and integrated lives. Additionally, the Early Start Program provides services to infants and toddlers at risk of having a developmental disability. DDS carries out its responsibilities through contracts with 21 community-based, non-profit corporations known as regional centers (RCs), as well as through state-operated homes and facilities.

Caseloads. The number of individuals served by regional centers (consumers) is expected to be 386,431 in the current year and increase to 407,634 in 2022-23. In addition, 322 individuals are projected to be served in state-operated facilities as of July 1, 2022.

Caseloads	FY 2021-22	FY 2022-23	Difference
State Operated Facilities	322	322	0
Regional Centers*	386,431	407,634	21,203
Departmental Positions			
State Operated Facilities	1,955.2	1,955.2	0.0
Headquarters	519.0	549.0	30.0

*Does not include children who meet provisional eligibility.

DDS Budget Highlights
(Dollars in Thousands)

Community Services Program	FY 2021-22*	FY 2022-23	Difference
Regional Centers	\$10,387,266	\$11,918,702	\$1,531,436
Total, Community Services	\$10,387,266	\$11,918,702	\$1,531,436
General Fund	\$5,943,001	\$7,131,876	\$1,188,875
Program Development Fund	\$204	\$204	\$0
Developmental Disabilities Services Account	\$150	\$150	\$0
Federal Trust Fund	\$84,798	\$54,063	(\$30,735)
Reimbursements	\$4,130,909	\$4,099,188	(\$31,721)
Mental Health Services Fund	\$740	\$740	\$0
HCBS ARPA	\$138,850	\$382,700	\$243,850
HCBS ARPA Reimbursements	\$88,614	\$249,781	\$161,167
State Operated Facilities Program			
Personal Services	\$266,915	\$267,397	\$482
Operating Expense & Equipment	\$68,144	\$48,123	(\$20,021)
Total, State Operated Facilities	\$335,059	\$315,520	(\$19,539)
General Fund	\$298,355	\$281,890	(\$16,465)
Lottery Education Fund	\$130	\$130	\$0
Reimbursements	\$36,574	\$33,500	(\$3,074)
Headquarters Support			
Personal Services	\$91,864	\$95,634	\$3,770
Operating Expense & Equipment	\$75,093	\$39,867	(\$35,226)
Total, Headquarters Support	\$166,957	\$135,501	(\$31,456)
General Fund	\$86,751	\$80,664	(\$6,087)
Federal Trust Fund	\$2,742	\$2,787	\$45
Program Development Fund	\$425	\$425	\$0

Reimbursements	\$50,278	\$44,864	(\$5,414)
Mental Health Services Fund	\$511	\$511	\$0
HCBS ARPA	\$23,500	\$5,000	(\$18,500)
HCBS ARPA Reimbursements	\$2,750	\$1,250	(\$1,500)
Total, All Programs	\$10,889,282	\$12,369,723	\$1,480,441
Total Funding			
General Fund	\$6,328,107	\$7,494,430	\$1,166,323
Federal Trust Fund	\$87,540	\$56,850	(\$30,690)
Lottery Education Fund	\$130	\$130	\$0
Program Development Fund	\$629	\$629	\$0
Developmental Disabilities Services Account	\$150	\$150	\$0
Reimbursements	\$4,217,761	\$4,177,552	(\$40,209)
Mental Health Services Fund	\$1,251	\$1,251	\$0
HCBS ARPA	\$162,350	\$387,700	\$225,350
HCBS ARPA Reimbursements	\$91,364	\$251,031	\$159,667
Total, All Funds	\$10,889,282	\$12,369,723	\$1,480,441

*Does not include \$2.7 million deferred maintenance re-appropriation in FY 2021-22.

Governor's Budget for DDS. The Governor's budget proposal includes \$12.4 billion total funds in 2022-23, up \$1.5 billion (14 percent) over the revised 2021-22 level (\$10.9 billion). Of the proposed 2022-23 total, \$7.5 billion is from the General Fund, up \$1.2 billion (19 percent) over the revised 2021-22 level (\$6.3 billion General Fund). Primary drivers of the substantial year-over-year growth include: growth in caseload, increased utilization of services, additional costs for 2021-22 initiatives, and the cost of a temporary 6.2 percentage point increase in federal Medicaid funding ending. New discretionary proposals total \$73 million General Fund in 2022-23, declining to \$61 million in 2023-24, and to \$59 million in 2024-25 and ongoing.

BUDGET ISSUE

Governor's Budget Proposal for Early Childhood and Transition to Schools Proposal. The proposal includes \$65.5 million total funds (\$45.1 million General Fund) in 2022-23 and \$82.5 million total funds (\$55.8 million General Fund) in 2023-24 and ongoing. The local assistance request is for \$64.3 million (\$44.1 million General Fund) in 2022-23 and \$81.3 million (\$54.8 million General Fund) in 2023-24 and ongoing to reduce caseload ratios for children through age five, provide technical support for service coordinators, and provide resources to promote preschool inclusion of children served by regional centers, consistent with Chapter 51, Statutes of 2019 (SB 75). The state operations cost is discussed under the "Budget Change Proposal" item. The three components for local assistance are discussed further below:

1. Caseload Ratios. \$51.1 million total funds (\$31.9 million General Fund) in 2022-23 and \$68.1 total funds (\$42.6 General Fund) in 2023-24 and ongoing to reduce the maximum caseload per regional center (RC) service coordinator to 40 (the current statutory maximum is 62; caseload averaged 59 as of March 2021). The proposal notes potential positive outcomes, like service coordinators having more encounters with the family and attending the school individual education plan (IEP) meetings with the family.

2. RC and DDS Specialists. \$4.4 million total funds (\$3.2 General Fund) in 2022-23 and ongoing for one Individuals with Disabilities Education Act (IDEA) specialist per RC and six childhood specialists at DDS, several of whom would focus primarily on early childhood (including the transition from Part C [managed by DDS] to Part B [managed by the California Department of Education (CDE)]) of IDEA. RC specialists would train and support service coordinators working with children exiting Part C to move to Part B and would provide technical assistance to the RC and the local education agency (LEA) providing infant and toddler services.
3. Preschool Inclusion and Accessibility. \$10 million General Fund ongoing to improve the inclusion of children with developmental disabilities at preschools. For context, the CDE budget includes funding for related proposals requiring state preschools' enrollment to include at least 10 percent of students having a disability.

The proposal complements one-time projects funded with American Rescue Plan Act (ARPA) funds (\$23.9 million) provided July 1, 2021 and available through September 2023. The one-time projects supported with ARPA funds focus on training for earlier intervention service providers to provide more culturally and linguistically sensitive services, supporting families when they first receive their child's disability diagnosis, outreach and education to underserved populations (to increase Early Start take-up rates), and providing technology tools related to screening and assessments.

Part C of the federal Individuals with Disabilities Education Act (IDEA) addresses early intervention services for infants and toddlers with disabilities, birth to age three, and their families. Part C responsibilities and activities are identified as "Early Start." There are approximately 43,000 Part C infants and toddlers served by DDS/regional centers and approximately 2,300 served by CDE/local educational agencies, as reported to OSEP in April 2021. The state receives approximately \$54 million in Part C federal grants annually.

Transition is an important element of the Early Start experience. It is presented to families as a critical program component during their earliest introduction to early intervention services. Transition involves preparation, planning, and implementation, and it begins at the initial visit with the family. Part of the service coordinator's discussions with each family is about the program's beginning and ending, including possible options available for a child at age three (such as LEA-operated special education services, community-based preschool programs, or other community resources). IDEA Part B addresses special education and related services for children and young adults ages three to twenty-two. Part B responsibilities and activities are carried out by local educational agencies.

Chapter 51, Statutes of 2019 (SB 75) required the California Department of Education to convene one or more workgroups to provide input and recommendations in improving transition of three-year-old children with disabilities from regional centers to local educational agencies, to help ensure continuity of services for young children and families. The [final report](#) provides detailed recommendations from the Part C to B for CA Kids Workgroup and the actions necessary to meet the charge set by the legislation.

Caseload*	FY 2021-22	FY 2022-23	Difference
Active (Age 3 & Older)	332,465	349,619	17,154
Early Start (Birth through 35 Months)	53,966	58,015	4,049
Total Community Caseload	386,431	407,634	21,203

*Does not include children who meet provisional eligibility.

Budget Change Proposal. The Governor proposes a Budget Change Proposal (BCP) connected to this initiative. DDS requests \$1.2 million (\$1.0 million General Fund) in 2022-23 and ongoing to support six (6.0) permanent positions and funding for contracts to improve the management and outcomes of statewide services for children with intellectual and developmental disabilities and their families.

Trailer Bill Language. The Governor recently released trailer bill language in connection to this proposal. The following is information on this language as provided by the Administration, and the language draft itself is included at <https://esd.dof.ca.gov/trailer-bill/trailerBill.html>.

DDS proposes amendments in statutes governing the Early Start Program to:

1. Require regional center service coordinators to conduct at least quarterly reviews of the Individualized Family Service Plan (IFSP).
2. Require regional centers to follow reduced caseload ratios as specified in either the Budget Act or in their contracts with DDS.
3. Promote parent understanding of the transition process through:
 - a. posting transition requirements and training opportunities on pertinent websites
 - b. developing transition procedures at the local level that promote parent engagement
 - c. requiring points of contact for Part C to B transitions at regional centers and local educational agencies
 - d. referral of families to Family Resource Centers at specified points in time
4. Require the interagency agreement with CDE to include provisions related to joint development and dissemination of educational information about transitions.
5. Require the use of data to improve service delivery and transition from Part C.
6. Require the development of a process for Part C programs to incorporate family feedback to help update and improve the transition process, training, and family satisfaction.

Also included in the Governor's trailer bill language are changes that would extend specific flexibilities that have been permitted in the COVID-19 pandemic. Chapter 76, Statutes of 2021 (Assembly Bill 136) allowed until June 30, 2022 and, at the request of the parent or legal guardian, an IFSP or Individual Program Plan (IPP) meeting to be held by remote electronic communications. Throughout the COVID-19 pandemic, stakeholders and families have shared the benefits of certain flexibilities. The Department proposes authority to allow remote IFSP and IPP meetings and addendums for an additional year, per the following:

1. Extension until June 30, 2023 of the option for parents or legal guardians to request that an IFSP meeting be held by remote electronic communications.

2. Extension until June 30, 2023 of the option for a consumer or an authorized representative to request meetings concerning services, supports, or the IPP to be held by remote electronic communications.

Staff Recommendation: Staff recommends that the Subcommittee request that the Department provide written and detailed responses to the Subcommittee by Friday, April 8, 2022 to the questions raised on this proposal in the agenda (posed as questions to the Administration representatives on the panel). The Subcommittee may ask DDS and DOF to consult with Subcommittee staff and the Legislative Analyst's Office to assure that all questions raised in the agenda and in the course of the hearing are covered as part of this effort to learn more about how this proposal would implement, which will likely necessitate changes to the proposed trailer bill language in this area.

ISSUE 3. GOVERNOR’S PROPOSAL – SUBMINIMUM WAGE PHASEOUT AND WORK ACTIVITY PROGRAM
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PANELISTS AND QUESTIONS ASKED OF EACH PRESENTER
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1. Nancy Bargmann, Director, Department of Developmental Services
2. Brian Winfield, Chief Deputy Director, Program Services, Department of Developmental Services
 - A. Please describe the proposal briefly, explaining the proposed plan for this pilot and how would it align to or deviate from SB 639 and best practices for transitioning people with IDD from subminimum wage to competitive integrated employment?
 - B. How is DDS working with the State Council on Developmental Disabilities (SCDD) to coordinate efforts, reduce or eliminate overlap or duplication, and optimize these efforts?
 - C. Will DDS consumers in other programs (group supported employment and certain day programs) who also make subminimum wage be included in the pilot?
 - D. Is the Administration amenable to further detail in the trailer bill language that would more clearly delineate the scope, timeline, definitions, services, and outcomes reporting for this pilot?
 - E. Do the planned provider rate increases create the necessary investment in developing Competitive Integrated Employment jobs with employers in community businesses?
3. Christopher Odneal, Budget Analyst, Department of Finance
 - A. Please provide any additional information on the issue.
4. Sonja Petek, Principal Fiscal and Policy Analyst, Legislative Analyst’s Office
 - A. Please provide any additional information on the issue.
5. Eric Zigman, Executive Director, Golden Gate Regional Center
 - A. Will the pilot, as conceived, help individuals transition out of subminimum wage jobs into Competitive Integrated Employment jobs?
 - B. Besides the “career readiness” described in the pilot, what else will be needed to effectively end the use of subminimum wage and increase opportunities for Competitive Integrated Employment jobs?
6. Aaron Carruthers, Executive Director, State Council on Developmental Disabilities (SCDD)
 - A. Please describe the efforts that SCDD is engaged in and the status of the multiyear phaseout plan.
 - B. How is SCDD working with DDS to coordinate efforts, reduce or eliminate overlap or duplication, and optimize these efforts?

BUDGET ISSUE

Governor’s Budget Proposal Regarding Subminimum Wage Phaseout Planning/Pilot and Work Activity Program. The Budget includes \$8.4 million (\$5.1 million General Fund)

one-time available over three years, and one DDS position, to establish an alternative service model pilot program focused on expanding employment opportunities for individuals with intellectual and/or developmental disabilities who are currently served through Work Activity Programs (WAP) or who are recent high school graduates. The effort is intended to implement Chapter 339 of 2021 (SB 639, Durazo), which phases out subminimum wage certificates by January 1, 2025, or when the required multiyear phaseout plan led by State Council on Developmental Disabilities (SCDD) is released, whichever is later. The bill requires the SCDD to collaborate with stakeholders and state agencies (including DDS) in creating a multiyear plan by January 1, 2023 to phase out the subminimum wage.

As of 2021, about 3,800 DDS consumers earn subminimum wage and about 3,600 consumers are served in WAPs. The DDS proposal would focus on alternatives for individuals currently served in WAPs or just graduating from high school.

It is worth noting that \$20 million General Fund has been provided annually since 2016-17 (\$120 million cumulatively to date) for Competitive Integrated Employment (CIE) incentives to service providers supporting consumers in CIE job placements and for the consumer paid internship program.

Budget Change Proposal. The Governor proposes a Budget Change Proposal (BCP) connected to this initiative. DDS requests headquarters' support for limited-term resources of \$153,000 (\$122,000 General Fund) in 2022-23 and \$80,000 (\$64,000 General Fund) in 2023-24 equivalent to one position to implement Chapter 339, Statutes of 2021 (SB 639) requirements to phase out subminimum wage work performed by individuals with intellectual and developmental disabilities (IDD).

Trailer Bill Language. The Governor recently released trailer bill language in connection to this proposal. The following is information on this language as provided by the Administration, and the language draft itself is included at <https://esd.dof.ca.gov/trailer-bill/trailerBill.html>.

In 2014, the Centers for Medicare and Medicaid Services (CMS) published regulations known as the Home and Community-Based Services (HCBS) Final Rule to ensure individuals receive services in settings that are integrated in and support full access to the greater community. Compliance with the HCBS Final Rule is required by March 2023. The Budget includes \$15 million General Fund to assist programs such as Work Activity Programs (WAPs) in making modifications to come into compliance. However, this service model's future is unclear given its segregated settings.

Existing WAPs largely support employment for individuals with I/DD in sheltered workshops which pay subminimum wages. As of 2021, approximately 3,600 individuals participated in WAPs throughout California. The Department has seen a steady decline in consumer WAP participation from a recent high of 6,100 in 2019. The proposed trailer bill language and accompanying funding would establish a three-year pilot of a new service model focused on career readiness for consumers either exiting WAPs or graduating high school to prepare them to enter competitive and integrated workplaces.

FROM THE LAO

The Legislative Analyst's Office (LAO) notes that the DDS consumer employment rates remain low. The employment rate for people with developmental disabilities in California has remained below 17 percent since 2016-17, and it worsened during the COVID-19 pandemic, dropping from 16 percent in 2019 to 13.5 percent in 2020. Only a small fraction of funding provided for CIE incentives and paid internships has been used each year (between 4 percent and 30 percent).

The LAO additionally provided the following points and analysis for this proposal. "In concept, the proposal has merit for several main reasons. First, Chapter 339 effectively eliminates WAPs, so alternatives will be needed. Second, for some individuals served in WAPs, quickly finding a new job that constitutes "competitive integrated employment" (CIE) may be difficult. (In this context, "competitive" means market rate wages.) In such a case, the individual currently served in a WAP is at risk of losing employment altogether as WAPs are phased out. Consequently, phasing out WAPs and providing employment alternatives deserve careful consideration. Third, this proposal is consistent with legislative policy direction, which makes California an "employment first" state supporting CIE for individuals with developmental disabilities. It is also consistent with new federal home- and community-based services (HCBS) rules that take effect in 2023. Finally, both the Department of Rehabilitation (DOR) and CDE have programs to educate, train, and prepare individuals with developmental disabilities for competitive integrated jobs. In 2019, we recommended DDS take a more deliberative approach to planning the phase out of outmoded service models like WAPs.

Despite the merits of this proposal, the implementation plan could be more refined. First, the proposal does not indicate specifically whether DDS consumers in other programs (group supported employment and certain day programs) who also make subminimum wage will be included. Second, Chapter 339 gave responsibility to SCDD to lead the subminimum wage phaseout plan; the current DDS proposal does not indicate how it is aligned with the planning efforts of SCDD (except that the new DDS position would collaborate with SCDD and attend SCDD-organized meetings). Third, the extent to which the proposed DDS activities duplicate or align with DOR's and CDE's workforce readiness programs also is unclear. The Legislature could ask DDS to explain more clearly how its proposal supports and complements the efforts of SCDD in phasing out subminimum wage and how it complements, rather than duplicates, the existing activities of DOR and CDE."

Staff Recommendation: Staff recommends that the Subcommittee request that the Department provide written and detailed responses to the Subcommittee by Friday, April 8, 2022 to the questions raised on this proposal in the agenda (posed as questions to the Administration representatives on the panel). The Subcommittee may ask DDS, SCDD, and DOF to consult with Subcommittee staff and the Legislative Analyst's Office to assure that all questions raised in the agenda and in the course of the hearing are covered as part of this effort to learn more about how this proposal would implement and how DDS will coordinate with and complement the work of the SCDD. This ongoing conversation will likely necessitate changes to the proposed trailer bill language in this area.

ISSUE 4. GOVERNOR'S PROPOSAL – COMMUNICATIONS ASSESSMENTS FOR CONSUMERS WHO ARE DEAF

PANELISTS AND QUESTIONS ASKED OF EACH PRESENTER

1. Nancy Bargmann, Director, Department of Developmental Services
2. Brian Winfield, Chief Deputy Director, Program Services, Department of Developmental Services
 - A. Please describe the proposal briefly, explaining how the funding amount requested was determined?
 - B. What is the implementation plan and timeline?
 - C. Why is the funding one-time? How will DDS and RCs handle consumers entering the system in the future or consumers requiring ongoing communications assessments (given that methods of communication are not always static)?
 - D. What will happen following completion of the assessments? For example, would it be reasonable to assume that some programmatic changes may be necessary to better serve these consumers?
 - E. Is the Administration amenable to further detail in the trailer bill language that would more clearly delineate the scope, timeline, definitions, services, and outcomes reporting for this pilot?
3. Christopher Odneal, Budget Analyst, Department of Finance
 - A. Please provide any additional information on the issue.
4. Sonja Petek, Principal Fiscal and Policy Analyst, Legislative Analyst's Office
 - A. Please provide any additional information on the issue.
5. Lisa Kleinbub, Executive Director, Regional Center of the East Bay
 - A. How will this investment improve communication assessments?
 - B. Does the one-time funding create barriers to access for out-year needs? What would it mean tangibly in implementation for future persons served?
 - C. What would occur following completion of assessments? Are there other areas that warrant program improvement if communication assessments are enhanced to better identify needs? What are these specifically?

BUDGET ISSUE

Governor's Budget Proposal Regarding Communications Assessments for Consumers Who Are Deaf. The Budget includes \$15 million (\$9 million General Fund) one-time funding to support communication assessments that will be used in developing individual program plans (IPPs) to improve services for individuals with intellectual and developmental disabilities who are deaf or hard of hearing (Deaf+), estimated at 14,300 individuals. Communications assessments in this context ascertain the ways an individual with a developmental disability and who is deaf or hard of hearing best expresses themselves and receives information. It also identifies the supports and adaptive technology they will need to communicate (including

identifying the competencies support staff will need) as well as assesses an individual's communication potential (including recommendations for what they need to increase their success in communicating).

DDS began stakeholder engagement approximately 2.5 years ago to obtain information about services for consumers who are deaf. Approximately two years ago, Disability Rights California (DRC) and Disability Rights Advocates (DRA) filed a lawsuit against DDS regarding services to consumers who are deaf and DDS began settlement discussions with DRC and DRA. The plaintiffs were alleging discrimination by RCs for not providing sufficient accommodation and supports to engage in community life, resulting in isolation and lack of meaningful communication. The Budget Act of 2021 provided an ongoing augmentation of \$2.4 million total funds (\$1.6 million General Fund) to support one deaf service specialist at each RC and one deaf specialist at DDS to provide statewide leadership. Eight regional centers have filled the position, with the remainder (of the 21 total RCs) in recruitment and anticipated to be filled within the next few months.

There is no trailer bill associated with this proposal.

Staff Recommendation: Staff recommends that the Subcommittee request that the Department provide written and detailed responses to the Subcommittee by Friday, April 8, 2022 to the questions raised on this proposal in the agenda (posed as questions to the Administration representatives on the panel). The Subcommittee may ask DDS and DOF to consult with Subcommittee staff and the Legislative Analyst's Office to assure that all questions raised in the agenda and in the course of the hearing are covered as part of this effort to learn more about how this proposal would implement and how to optimize its outcomes for individuals served. This ongoing conversation will likely require proposed trailer bill language in this area.

ISSUE 5. IMPLEMENTATION REVIEW AND OVERSIGHT – DEVELOPMENTAL SERVICES WORKFORCE AND RATE STUDY IMPLEMENTATION, INCLUDING PERFORMANCE INCENTIVES**PANELISTS AND QUESTIONS ASKED OF EACH PRESENTER**

1. Brian Winfield, Chief Deputy Director, Program Services, Department of Developmental Services
2. Pete Cervinka, Chief, Data Analytics and Strategy, Department of Developmental Services
3. Jim Knight, Deputy Director, Administration Division, Department of Developmental Services
 - A. Please provide a brief review of how the rate increases are implementing. Are there any issues, delays, or complications that have arisen in implementation of which the Legislature should be aware?
 - B. What is the plan for the quality incentive program and can you provide specific examples of how this might work when it is implemented?
 - C. As DDS implements rate reform and the quality incentive program, are any statutory or rate model changes needed now to improve a rate-setting system that presumably will be in place for some time?
 - D. How will DDS identify and address needed refinements in rate-setting, the quality incentive program, and the RC performance incentive program going forward?
4. Christopher Odneal, Budget Analyst, Department of Finance
 - A. Please provide any additional information on the issue.
5. Sonja Petek, Principal Fiscal and Policy Analyst, Legislative Analyst's Office
 - A. Please provide any additional information on the issue.
6. Jordan Lindsey, Executive Director, The Arc & UCP California Collaboration
 - A. What is the current situation for providers in the community today? How does the rate model implementation fit in and what can it do to respond to workforce needs?
7. Judy Mark, President, Disability Voices United, Professor, UCLA Disability Studies, Parent of a young man served by a Regional Center
 - A. What is the current situation for persons served and their families in the community today? How does the rate model implementation fit in and what can it do to respond to these needs?
8. Vivian Haun, Senior Attorney, Intellectual/Developmental Disabilities Practice Group, Disability Rights California
 - A. What is the current situation for persons served and their families in the community today? How does the rate model implementation fit in and what can it do to respond to these needs?

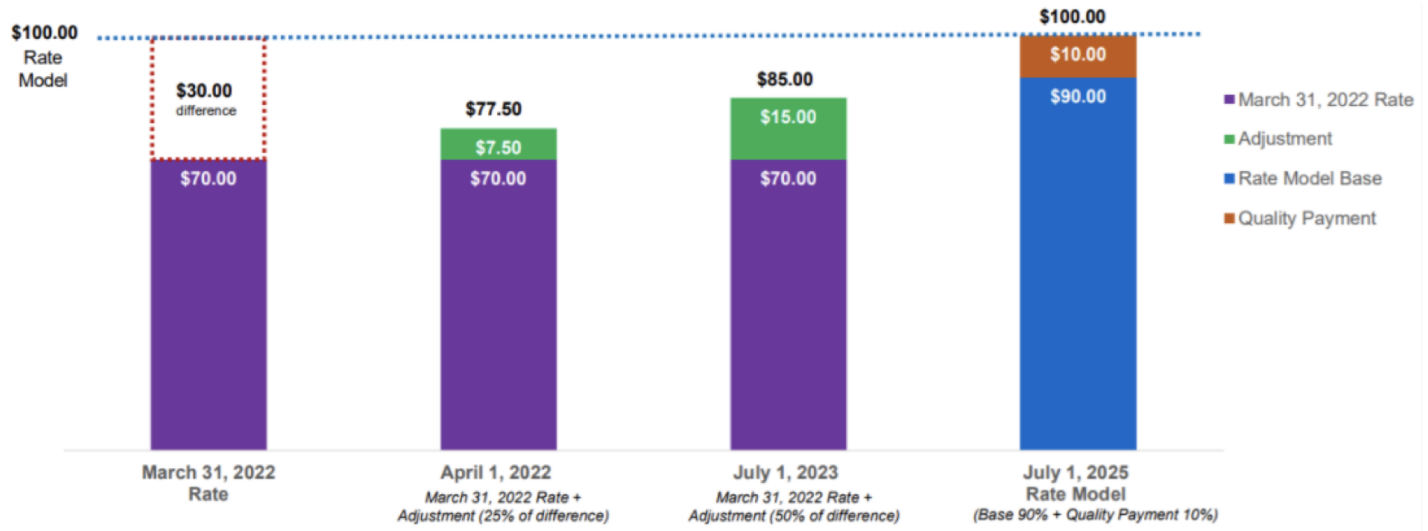
9. Mark Melanson, Executive Director, California Community Living Network (CCLN)
 - A. Please summarize your work to date on performance incentives and outcomes. How could the quality incentive program be optimized to assure transparency, improvement, and greater equity in service provision?
10. Mark Klaus, Executive Director, San Diego Regional Center
 - A. What do you see as the biggest challenges in the workforce and purchase of services for individuals served by your Regional Center? How does the rate model implementation fit in and what can it do to respond to these needs? Can the state respond further to improve outcomes?

OVERSIGHT ISSUE

Rate Study Implementation, Including Performance Incentives. Pursuant to Welfare and Institutions Code Section 4519.8, DDS submitted a rate study addressing the sustainability, quality, and transparency of community-based services for individuals with developmental disabilities to the Legislature in March 2019. Chapter 76, Statutes of 2021 (AB 136, Committee on Budget and Developmental Services) added Welfare and Institutions Code section 4519.10 specifying the timeline for implementation of the rate models proposed in the rate study, as follows:

1. Effective April 1, 2022, the department shall implement a rate increase for service providers that equals one-quarter of the difference between current rates and the fully-funded rate model for each provider.
2. Effective July 1, 2023, and continuing through the 2024-25 fiscal year, the department shall adjust rates to equal one-half of the difference between rates in effect March 31, 2022, and the fully-funded rate model for each provider, and additional funding shall be available for the quality incentive program described in current law.
3. Commencing July 1, 2025, the department shall implement the fully-funded rate models using two payment components, a base rate equaling 90 percent of the rate model, and a quality incentive payment, equaling up to 10 percent of the rate model, to be implemented through the quality incentive program described in current law.

Rate Adjustment Example



Workforce Staffing, Deficiencies, and Impacts. The Subcommittee requested information about how DDS can track changes in the provider workforce. DDS provided the following response.

The National Core Indicators (NCI) is a set of indicators originally developed in 1998 by the Human Services Research Institute and the National Association of State Directors of Developmental Disabilities Services (NASDDDS). NCI has been used in 48 states and Washington D.C. NCI indicators are the only existing Long-Term Services and Supports measures included in the Centers for Medicare and Medicaid Services' (CMS) 2020 and 2021 Medicaid Adult Core Set, and in CMS's HCBS Recommended Measure Set RFI.

In California, the DDS collects NCI data to assess both statewide and individual regional center performance. California has collected NCI data since 2010 (WIC Section 4571 requires implementation of a nationally normed quality assessment survey), while several regional centers began collecting the data earlier. DDS contracts with the State Council on Developmental Disabilities to administer the protocols associated with data collection. DDS has developed a publicly facing dashboard for the primary NCI results available on here on the DDS website, including results from domains and specific indicators of the most recent data collection cycle.

The NCI provides individual experience data (fact based) as well as individual satisfaction data (perception based) in these domains: choice, consumer experience, residence type, employment, relationships, involvement in the community, information and planning, health and welfare, safety, respect and rights, access to services and supports, satisfaction with services. There are several data collection methods within the NCI package: online or paper survey instruments targeted to families with children supported by the system and families with adult family members who live with family, or outside of the family home and an In-Person Survey, which can be conducted on site or through video/telehealth connections. These

surveys have been conducted every three years, and California is transitioning to a two-year cycle beginning in 2022.

The NCI suite includes a Staff Stability Survey currently used by 26 states. DDS plans to carry out the Staff Stability data collection for the first time this year, as baseline to vendored provider performance data. In the late spring of 2022, all agencies employing Direct Support Professionals (DSPs) through contract with a regional center will be given the opportunity to provide standardized quantitative data about factors that impacted this workforce in 2021. For the purpose of this survey, DSPs are defined as paid staff whose primary job responsibility is to provide support and guidance, help with skills development, or provide personal assistance to individuals with intellectual and developmental disabilities (I/DD). Factors addressed in the data include DSP tenure, turnover and vacancy rates, wages, benefits and other types of compensation, recruitment and retention, and front-line supervisor support. Questions specifically tailored to California's workforce and I/DD service system have been included. The data collection instrument has been tested with a small group of CA vendors and adapted based on feedback received.

Staff Recommendation: Staff recommends that the Subcommittee request that the Department provide a General Fund (displaying assumed federal funds) cost estimate for accelerating the rate increase, along with an estimate of timing of federal funding approval for this change and flagging any programmatic issues or considerations, by Friday, March 4, 2022. This information should come back to the Subcommittee staff and the Legislative Analyst's Office please.

ISSUE 6. IMPLEMENTATION REVIEW AND OVERSIGHT – DISPARITIES IN THE DEVELOPMENTAL SERVICES SYSTEM AND STRATEGIES TOWARD EQUITY
PANELISTS AND QUESTIONS ASKED OF EACH PRESENTER

1. Nancy Bargmann, Director, Department of Developmental Services
2. Leinani Walter, Assistant Deputy Director, Service Access and Equity, Department of Developmental Services
3. Dr. Vicky Lovell, Chief, Research, Evaluation and Audits, Department of Developmental Services
 - A. Please provide a review of disparities in the system and how DDS tracks these changes over time.
 - B. What are the key strategies and goals to reduce disparities?
 - C. What are the main areas of concern as illuminated by the disparity measures?
 - D. What are the root causes for inequities in the system? If we do not know these, what can be done to identify them to further the work toward equity?
 - E. Will the pending evaluation of the disparity grant dollars provide concrete best practices that could be adapted for all RCs statewide? If not, why not?
 - F. Has DDS sought the advice of other states that have been more successful in this area?
4. Christopher Odneal, Budget Analyst, Department of Finance
 - A. Please provide any additional information on the issue.
5. Sonja Petek, Principal Fiscal and Policy Analyst, Legislative Analyst's Office
 - A. Please provide any additional information on the issue.
6. Elizabeth Gomez, Director of the Integrated Community Collaborative
 - A. What are your priorities for disparity reduction and how can the state respond in a concrete way to advance this?
7. Amy Westling, Executive Director, Association of Regional Center Agencies
 - A. What are the Regional Centers' priorities for disparity reduction and how can the state respond in a concrete way to advance this?

OVERSIGHT ISSUE

System Disparities and Strategies Toward Equity. DDS annually collaborates with regional centers to compile purchase of service (POS) data by ethnicity, language, living arrangement and diagnosis. Each regional center maintains historical POS reports on their own websites. DDS' website also contains a dashboard of POS data by regional center. Recognizing that state-level data has not been easily accessible, and to support tracking of progress across the system, DDS will also post an aggregate state-level report of the regional center POS data in the coming months. The 2020-21 state-level report will serve as a baseline for future reports

and will inform Developmental Services Task Force discussions. In addition, the budget includes \$11 million General Fund, which has been provided at this amount annually, since 2016-17 for grants to RCs and community-based organizations (\$66 million cumulatively to date) to close disparities in spending. An independent evaluation of the use of these funds and their impact is being initiated in a contract with the Georgetown National Center on Cultural and Linguistic Competence.

DDS collaborated with stakeholders to define a set of 11 equity measures using baseline 2015-16 data. In internal review of data for 2018-19, some gaps had narrowed, while others had not. Numerous policy changes in the intervening years made it difficult to isolate the cause for these changes. As an example of a narrowing equity gap, DDS tracked outcome data on the use of in-home respite services since the cap was removed in January 2018. Initially, both per capita POS funding and caseload increased more for communities of color than for whites. In the first year of the pandemic, per capita in-home respite POS funding continued to increase more for communities of color than for Whites; and the number of consumers using in-home respite decreased more for Whites and individuals from Asian communities than for other groups., further closing that gap.

As of March 12, 2019, the aforementioned statewide disparity/equity measures are as following:

1. High-Level Comparison of Purchase of Service (POS) Expenditures by Age, Ethnicity and Language
2. Timely Eligibility Determination: Birth Through Two Years
3. Access to Early Start Services: Birth Through Two Years
4. Early Start Utilization Rate
5. POS Equity: Youth
6. Equity in Adaptive Skills Training: Youth
7. Respite and Personal Assistance Equity: Youth
8. Personal Assistance Services Equity
9. Equity for Language Diversity
10. Equity in Supported Living Services and Independent Living Services: Adults
11. Equity in Supported Work Programs: Working-Age Adults

DDS uses regional center POS data annually to set priorities in the Service Access and Equity Grant program. In addition, individual projects awarded under the Service Access and Equity Grant program track local project impacts. Each project reports quantitative data and qualitative information each quarter to demonstrate the progress of implementation as well as outcomes for participants. To capture results by type of project, starting in 2020-21, community navigator projects report on the same outcome measures, so data can be combined, giving a broader picture of the impacts of this model of consumer and family support.

DDS' new dashboard for the National Core Indicators (NCI) project offers survey respondents' information by race/ethnicity for all questions from the NCI surveys. Data can be tracked for individual regional centers and at the state level across survey years. The dashboard was

posted to the DDS website in July 2021. DDS is exploring additional data elements to be added to the dashboard.

FROM THE LAO

The Legislative Analyst's Office (LAO) provided the following information on this subject. "Despite DDS's efforts and \$66 million in cumulative funding to date, [disparities] persist. The 2021-22 budget approved funding for DDS to evaluate the various small projects supported with the targeted funding, which could potentially identify scalable promising practices to improve equity in the system. Nevertheless, the most recently compiled statewide spending data from 2019-20 shows that the average per person amount spent on services for white consumers (\$25,900), for example, is two-and-a-half times that spent on services for Latino consumers (\$10,600). While some of the reasons for these spending gaps are apparent, such as an adult child living with their family rather than in a group home or on their own (which would be more costly), there has not been a formal research study to understand the causes."

Staff Recommendation: The Subcommittee may consider asking for an Equity Plan of Action from DDS as part of this hearing. This could include use of the tools DDS is already utilizing, such as the equity measures, and the pending evaluation work to potentially identify best practices, but within a framework that would include a timeline, goals, and milestones delineated over fiscal years to reduce gaps in access and create more parity for persons and families served in the system.

ISSUE 7. IMPLEMENTATION REVIEW AND OVERSIGHT – COVID-19 SPENDING AND DIRECTIVES**PANELISTS AND QUESTIONS ASKED OF EACH PRESENTER**

1. Carla Castaneda, Chief Deputy Director, Operations, Department of Developmental Services
2. Brian Winfield, Chief Deputy Director, Program Services, Department of Developmental Services
 - A. Please provide a brief review of COVID-19 spending and any issues or complications that have arisen in implementation of which the Legislature should be aware.
 - B. What have been the characteristics for infection and mortality due to COVID-19 and what are areas for improvement as the current surge in the pandemic continues?
 - C. How have alternative services fared and what is the current situation?
 - D. What are the upsides and downsides of the ways that provision of services has adapted in the pandemic?
3. Christopher Odneal, Budget Analyst, Department of Finance
 - A. Please provide any additional information on the issue.
4. Sonja Petek, Principal Fiscal and Policy Analyst, Legislative Analyst's Office
 - A. Please provide any additional information on the issue.
5. Gilda Giron, Director of Outreach and Leadership Training, Disability Voices United, Advisory Committee Member, Spina Bifida Association, Parent of 3 young children, 2 of whom have disabilities
 - A. What have been the biggest challenges and revelations with receiving services in the pandemic?
 - B. How can the state respond to create better health, safety, and equity outcomes for persons and families served?
6. Andy Imparato, Executive Director, Disability Rights California
 - A. What have been the biggest challenges and revelations with receiving services in the pandemic?
 - B. How can the state respond to create better health, safety, and equity outcomes for persons and families served?
7. Michi A. Gates, Executive Director, Kern Regional Center
 - A. What have been the biggest challenges and revelations with providing and coordinating services in the pandemic?
 - B. How can the state respond to create better health, safety, and equity outcomes for persons and families served?

OVERSIGHT ISSUE

COVID-19 Expenditures and Activities. On March 4, 2020, Governor Gavin Newsom declared a State of Emergency for California in response to the global COVID-19 pandemic. As a result of COVID-19, DDS experienced increased costs in supporting regional center consumers. These costs include providing additional support for consumers in their homes as well as the development of “surge sites” to serve consumers diagnosed with, exposed to, or at high risk due to COVID-19. The Governor’s Budget supports the projected increased costs to meet the additional needs of consumers during the public health crisis.

These include short-term impacts, as well as long-term challenges that will continue into 2022-23. The Department’s budget recognizes the need for additional resources in residential settings, including the family home, as well as the impacts of decreased access to other community services as a result of the COVID-19 pandemic. All of the estimated expenditures due to COVID-19 are incorporated into the Purchase of Services budget categories.

The impact due to COVID-19 was calculated using the September 2021 State Claims Data file, with expenditures through June 30, 2021. Expenditure trends through June 2021 were compared to trends prior to the COVID-19 pandemic. The results of this comparison and actual data informed the estimated impact of COVID-19 on expenditures. While it is assumed that expenditures in some categories will return to historical utilization and growth patterns in 2021-22, longer-term impacts of COVID-19 are anticipated in Community Care Facilities, Transportation, Support Services, In-Home Respite, and Miscellaneous services.

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
Community Care Facilities	\$224,561	\$121,141
Day Program Services	\$7,529	\$0
Habilitation Services	(\$7,355)	(\$12,149)
Transportation	(\$88,020)	(\$16,738)
Support Services	\$158,057	\$93,795
In-Home Respite	\$79,597	\$41,814
Out-of-Home Respite	\$6,363	\$1,186
Health Care	(\$21,279)	\$0
Miscellaneous	\$17,140	\$16,686
Medical Facilities	\$677	\$0
TOTAL PURCHASE OF SERVICES	\$377,270	\$245,735

FY 2021-22	<u>Enacted Budget</u>	<u>FY 2021-22</u>	<u>Difference</u>
TOTAL	\$242,018	\$377,270	\$135,252
GF	\$137,179	\$248,998	\$111,819
Reimbursements	\$104,839	\$128,272	\$23,433

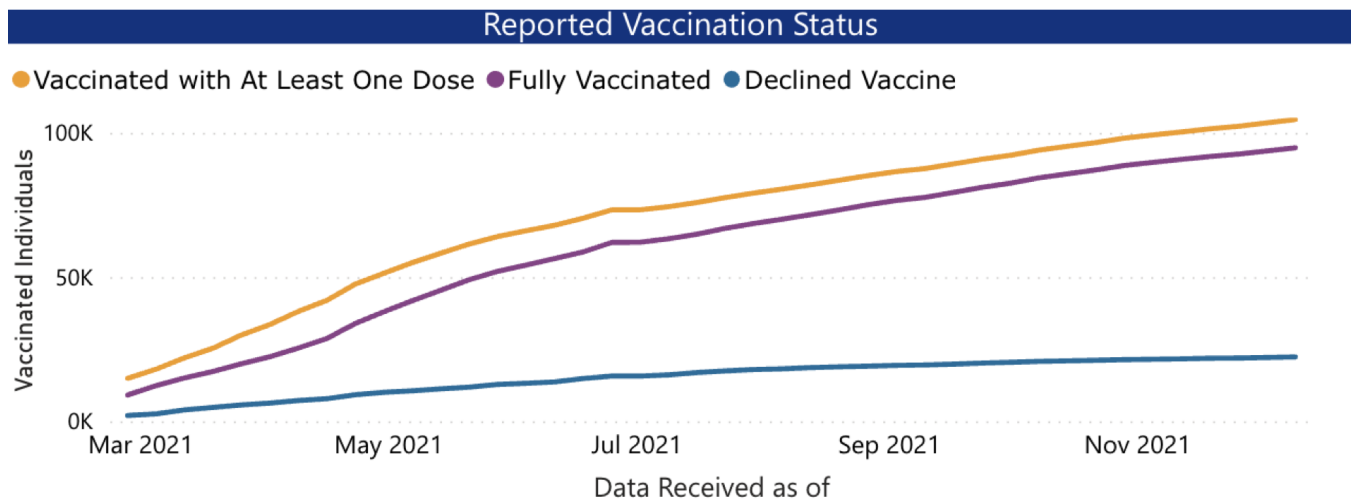
FY 2022-23	<u>FY 2021-22</u>	<u>FY 2022-23</u>	<u>Difference</u>
TOTAL	\$377,270	\$245,735	(\$131,535)
GF	\$248,998	\$162,185	(\$86,813)
Reimbursements	\$128,272	\$83,550	(\$44,722)

Funding for State-Operated Facilities. The Budget Act of 2021 included one-time funding to support short-term care for an average of 20 beds at Fairview Developmental Center (FDC) and 10 beds at Porterville Developmental Center (PDC) to address the unique needs of individuals with intellectual/developmental disabilities (I/DD).

The Department will contract with outside vendors to provide services to individuals who have I/DD and those in the community who are COVID-positive. The contract costs will cover personal services along with operating equipment and expenses expenditures. There are no federal funds for this purpose, all funds are General Fund.

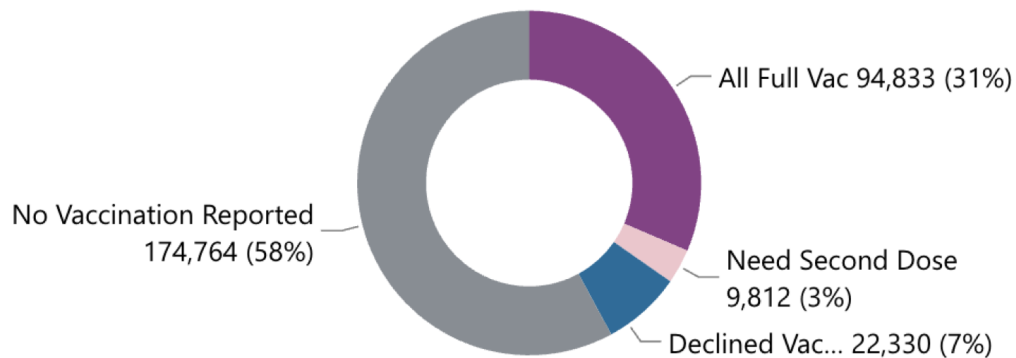
	<u>FY 2021-22</u>	<u>FY 2022-23</u>
Fairview Developmental Center	\$10,819	\$0
Porterville Developmental Center	\$4,206	\$0
TOTAL EXPENDITURES	\$15,025	\$0

The following are information from the DDS website regarding COVID-19 vaccination status, infections, and mortality.



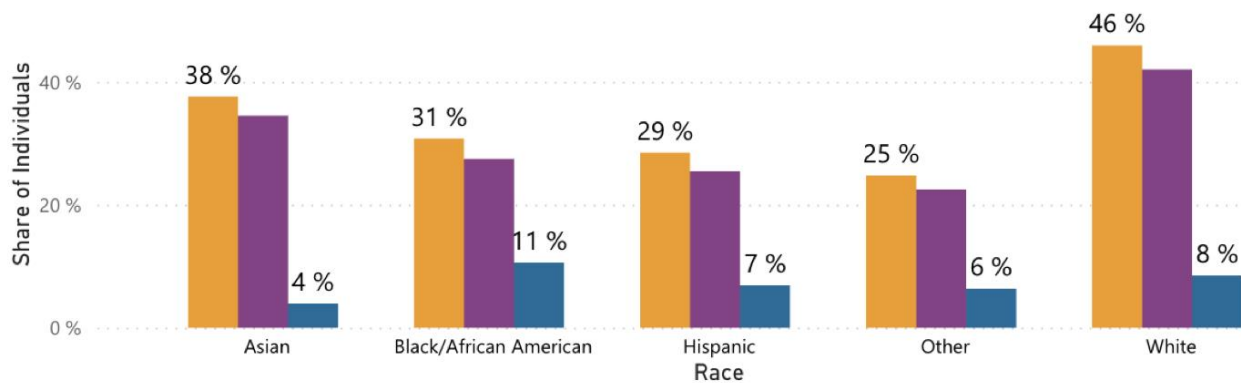
*"Vaccinated with At Least One Dose" includes individuals who are fully vaccinated as well as those who need a second dose.

Number and Share of Eligible Consumers



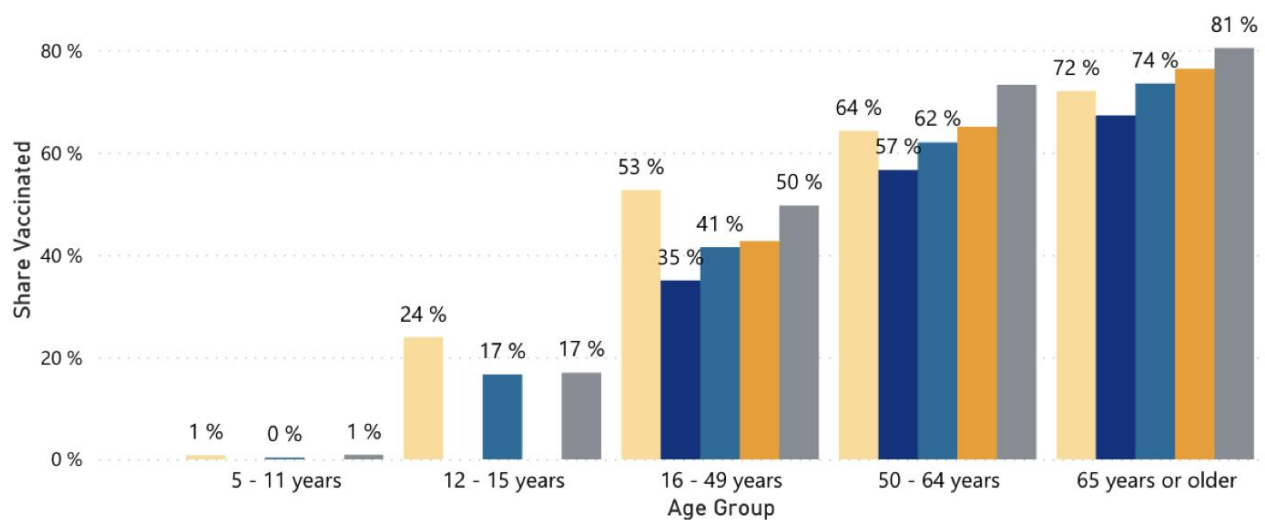
Vaccination by Race

● Share Vaccinated with At Least One Dose ● Share Fully Vaccinated ● Share Declined Vaccine



Individuals Vaccinated with At Least One Dose by Race and Age

Race ● Asian ● Black/African American ● Hispanic ● Other ● White



*Data for Black/African American and Other individuals in the 5 - 11 years and 12 - 15 years age groups suppressed due to small counts.

Individuals Vaccinated with At Least One Dose by Regional Center

RC	Share	Number
SGPRC	55 %	6,248
GGRC	47 %	3,843
TCRC	44 %	5,385
NBRC	43 %	3,370
ACRC	42 %	9,630
FNRC	42 %	2,948
VMRC	40 %	5,099
RCOC	39 %	7,420
SDRC	38 %	10,041
FDLRC	36 %	3,227
ELARC	36 %	3,735
KRC	34 %	3,022
RCRC	34 %	1,210
HRC	34 %	4,362
CVRC	34 %	5,998
WRC	31 %	2,342
RCEB	29 %	5,599
SCLARC	28 %	4,040
NLACRC	28 %	6,366
SARC	27 %	3,998
IRC	21 %	6,762

Regional Center

[Alta California Regional Center](#)
[Central Valley Regional Center](#)
[Eastern Los Angeles Regional Center](#)
[Far Northern Regional Center](#)
[Frank D. Lanterman Regional Center](#)
[Golden Gate Regional Center](#)
[Harbor Regional Center](#)
[Inland Regional Center](#)
[Kern Regional Center](#)
[North Bay Regional Center](#)
[North Los Angeles County Regional Center](#)
[Redwood Coast Regional Center](#)
[Regional Center of the East Bay](#)
[Regional Center of Orange County](#)
[San Andreas Regional Center](#)
[San Diego Regional Center](#)
[San Gabriel/Pomona Regional Center](#)
[South Central Los Angeles Regional Center](#)
[Tri Counties Regional Center](#)
[Valley Mountain Regional Center](#)
[Westside Regional Center](#)

REPORTED POSITIVE COVID-19 TESTS AND DEATHS OF REGIONAL CENTER CONSUMERS

DATA PROVIDED BY REGIONAL CENTERS AS OF 1/6/22

These tables compile data provided to DDS by California's 21 regional centers. As of July 2021, DDS has shifted from collecting data daily to collecting and reporting on data weekly. Updates received from each regional center every week include information for individuals known to them to have tested positive for COVID-19. Data is provisional and may change as regional centers provide updates. Details regarding gender, age group, and self-reported ethnicity are retrieved from separate databases of information for all regional center consumers.

TABLE 1: CONSUMERS REPORTED AS COVID-19-POSITIVE, BY GENDER, AGE AND ETHNICITY				
CONSUMER CHARACTERISTICS	NUMBER OF CONSUMERS REPORTED AS HAVING TESTED POSITIVE FOR COVID-19	THIS GROUP AS A SHARE OF ALL CONSUMERS REPORTED AS COVID-19 POSITIVE	FOR COMPARISON: NUMBER OF CONSUMERS AT ALL REGIONAL CENTERS	FOR COMPARISON: THIS GROUP AS A SHARE OF ALL CONSUMERS
TOTAL	22,479	100%	375,698	100%
GENDER: FEMALE	8,673	39%	126,363	34%
GENDER: MALE	13,806	61%	249,334	66%
AGE GROUP: 0 - 2 years	833	4%	48,176	13%
AGE GROUP: 3 - 17 years	4,867	22%	143,722	38%
AGE GROUP: 18 - 24 years	2,543	11%	52,462	14%
AGE GROUP: 25 - 34 years	4,084	18%	54,305	14%
AGE GROUP: 35 - 44 years	2,867	13%	30,044	8%
AGE GROUP: 45 - 64 years	4,948	22%	36,244	10%
AGE GROUP: 65 years and older	2,337	10%	10,745	3%
ETHNICITY: Asian	1,002	4%	35,485	9%
ETHNICITY: Black/African American	1,709	8%	31,481	8%
ETHNICITY: Hispanic	10,064	45%	151,412	40%
ETHNICITY: Other ¹	1,719	8%	50,315	13%
ETHNICITY: White	7,985	36%	107,005	28%

Note: The availability of testing for COVID-19 varies. Changes in the number of reported COVID-positive consumers may include cases resulting from record reconciliation. Modifications have been made to the methodology for calculating age group. Age is calculated to reflect the current age of the consumer as of the date being reported; ages of deceased consumers are calculated as of the date the death was reported to DDS.

¹"Other" includes multiple ethnicities and individuals with no recorded ethnicity.

Source: DDS analysis of COVID-19 surveillance data provided by regional centers as of 1/6/22 and Client Master File data as of December 2021.

TABLE 2: CONSUMERS REPORTED AS COVID-19-POSITIVE, BY RESIDENCE TYPE

RESIDENCE TYPE	NUMBER OF CONSUMERS REPORTED AS HAVING TESTED POSITIVE FOR COVID-19	THIS GROUP AS A SHARE OF ALL CONSUMERS REPORTED AS COVID-19 POSITIVE	FOR COMPARISON: NUMBER OF CONSUMERS AT ALL REGIONAL CENTERS	FOR COMPARISON: THIS GROUP AS A SHARE OF ALL CONSUMERS
Community Care Facility (CCF)	4,872	22%	23,247	6%
ICF for the Developmentally Disabled (ICF/DD)	310	1%	484	0%
ICF/DD-Habilitative (ICF/DD-H)	1,278	6%	3,517	1%
ICF/DD-Nursing (ICF/DD-N)	650	3%	2,070	1%
Family Home Agency (FHA)	144	1%	1,562	0%
Supported Living Services (SLS)	1,234	5%	9,368	2%
Independent Living Services (ILS)	993	4%	17,642	5%
Family	11,764	52%	314,009	84%
Own home	302	1%		
Skilled Nursing Facility (SNF)	600	3%	998	0%
State-Operated Facilities	73	0%	246	0%
Other	259	1%	2,555	1%
Total	22,479	100%	375,698	100%

Note: The availability of testing for COVID-19 varies. Changes in the number of reported COVID-positive consumers may include cases resulting from record reconciliation.

Source: DDS analysis of COVID-19 surveillance data provided by regional centers as of 1/6/22, DDS data on state-operated facilities as of December 2021, and Client Master File data as of December 2021.

TABLE 3: CONSUMERS REPORTED AS COVID-19-POSITIVE, BY REGIONAL CENTER

REGIONAL CENTER	NUMBER OF CONSUMERS	THIS REGIONAL CENTER AS A SHARE OF ALL CONSUMERS REPORTED AS COVID-19 POSITIVE	FOR COMPARISON: NUMBER OF CONSUMERS AT ALL REGIONAL CENTERS	FOR COMPARISON: THIS GROUP AS A SHARE OF ALL CONSUMERS
ACRC	1,169	5%	26,937	7%
CVRC	1,697	8%	22,887	6%
ELARC	981	4%	13,045	3%
FDLRC	805	4%	11,363	3%
FNRC	538	2%	8,368	2%
GGRC	423	2%	9,832	3%
HRC	642	3%	15,972	4%
IRC	2,643	12%	40,440	11%
KRC	761	3%	10,993	3%
NBRC	486	2%	9,444	3%
NLACRC	1,414	6%	28,655	8%
RCEB	825	4%	22,796	6%
RCOC	1,289	6%	23,453	6%
RCRC	183	1%	4,158	1%
SARC	985	4%	17,826	5%
SCLARC	1,397	6%	18,705	5%
SDRC	2,196	10%	34,106	9%
SGPRC	1,351	6%	14,434	4%
TCRC	1,104	5%	16,295	4%
VMRC	1,045	5%	16,550	4%
WRC	545	2%	9,439	3%
Total	22,479	100%	375,698	100%

Note: The availability of testing for COVID-19 varies. Changes in the number of reported COVID-positive consumers may include cases resulting from record reconciliation.

Source: DDS analysis of COVID-19 surveillance data provided by regional centers as of 1/6/22 and Client Master File data as of December 2021.

TABLE 4: REPORTED NUMBER OF DEATHS OF CONSUMERS WHO TESTED POSITIVE FOR COVID-19, BY RESIDENCE TYPE

RESIDENCE TYPE	NUMBER OF CONSUMERS	THIS GROUP AS A SHARE OF ALL DECEASED CONSUMERS REPORTED AS COVID-19 POSITIVE	FOR COMPARISON: NUMBER OF CONSUMERS AT ALL REGIONAL CENTERS	FOR COMPARISON: THIS GROUP AS A SHARE OF ALL CONSUMERS
Community Care Facility (CCF)	226	26%	23,247	6%
ICF for the Developmentally Disabled (ICF/DD)	30	3%	484	0%
ICF/DD-Habilitative (ICF/DD-H)	69	8%	3,517	1%
ICF/DD-Nursing (ICF/DD-N)	75	9%	2,070	1%
Family Home Agency (FHA)	*	*	1,562	0%
Supported Living Services (SLS)	61	7%	9,368	2%
Independent Living Services (ILS)	30	3%	17,642	5%
Family Own Home	214	25%	314,009	84%
	*	*		
Skilled Nursing Facility (SNF)	134	16%	998	0%
State-Operated Facilities	0	0%	246	0%
Other	*	*	2,555	1%
Total	860	100%	375,698	100%

Note: This chart includes all known COVID cases since the pandemic stay-at-home order, and any deaths reported for those consumers. This data should not be construed as “deaths caused by COVID”. The availability of testing for COVID-19 varies. Changes in the number of reported COVID-positive consumers may include cases resulting from record reconciliation.

*In accordance with DDS Data De-Identification Guidelines, counts between one and ten and complimentary values have been suppressed.

Source: DDS analysis of COVID-19 surveillance data provided by regional centers as of 1/6/22, DDS data on state-operated facilities as of December 2021, and Client Master File data as of December 2021.

Staff Recommendation: This is an informational and updating item.

ISSUE 8. IMPLEMENTATION REVIEW AND OVERSIGHT – HOME AND COMMUNITY-BASED SERVICES (HCBS) FINAL RULE COMPLIANCE

PANELISTS AND QUESTIONS ASKED OF EACH PRESENTER

1. Brian Winfield, Chief Deputy Director, Program Services, Department of Developmental Services
2. Jim Knight, Deputy Director, Administration Division, Department of Developmental Services
 - A. Please update us on progress for HCBS federal compliance by March 2023.
 - B. What will occur if California does not meet compliance?
 - C. When will we know the status of federal compliance?
 - D. What is the updated schedule for this process?
 - E. How does the HCBS work interact with the implementation of the rate models?
3. Christopher Odneal, Budget Analyst, Department of Finance
 - A. Please provide any additional information on the issue.
4. Sonja Petek, Principal Fiscal and Policy Analyst, Legislative Analyst's Office
 - A. Please provide any additional information on the issue.

OVERSIGHT ISSUE

Home and Community-Based Services (HCBS) Compliance. In 2014, the Centers for Medicare and Medicaid Services (CMS) published regulations known as the Home and Community-Based Services (HCBS) Final Rule to ensure individuals receive services in settings that are integrated in and support full access to the greater community. While these rules originally were set to take effect in March 2019, they have been pushed back twice and states now must be in compliance by March 2023. These rules promote consumer integration into the broader community and consumer choice and independence. Service providers must meet certain guidelines to be considered in compliance with these rules.

Included in California's proposed Statewide Transition Plan (STP) is the process for provider self-assessment and DDS verification for all settings required to meet the new regulations. DDS reports that approximately 78% of providers indicated they were in compliance with the HCBS settings requirements. Verification (through a combination of on-site and desk reviews) of the results of the self-assessments is underway and targeted for completion by July 2022. The Department, in conjunction other CalHHS Departments, expects to submit the updated Statewide Transition Plan (STP) for final approval to the Centers for Medicare and Medicaid Services in the fall of 2022.

Included in updated STP will be estimates of the number of settings that meet the HCBS requirements as well as the number of settings that do not currently meet the HCBS requirements but are expected to by March 2023. As required by Welfare and Institutions

Code section 4519.2(b), the Department continues to post and update information on statewide compliance with the HCBS settings on its website.

Budget Change Proposal Regarding Compliance with Federal Medicaid and HCBS Requirements. DDS requests \$1.2 million (\$993,000 General Fund) in 2022-23 and \$811,000 (\$669,000 General Fund) ongoing for five (5.0) permanent positions and one-year limited-term resources equivalent to three (3.0) positions to comply with federal requirements necessary for continued federal funding for Home and Community-Based Services (HCBS) programs. This request includes \$100,000 General Fund to establish an interagency agreement with the State Council on Developmental Disabilities (SCDD) to support legislative reporting requirements on the effectiveness of the Self-Determination Program.

The budget has provided \$11 million General Fund annually since 2016-17 (\$66 million cumulatively to date) to assist service providers in making necessary changes to their programs to become compliant with new federal rules.

Staff Recommendation: This is an informational and updating item.

ISSUE 9. IMPLEMENTATION REVIEW AND OVERSIGHT – SELECT 2021 INITIATIVES AND SELF-DETERMINATION PROGRAM**PANELISTS AND QUESTIONS ASKED OF EACH PRESENTER**

1. Nancy Bargmann, Director, Department of Developmental Services
2. Brian Winfield, Chief Deputy Director, Program Services, Department of Developmental Services
3. Carla Castaneda, Chief Deputy Director, Operations, Department of Developmental Services

A. General Questions Related to Investments. Do DDS, RCs, and service providers have capacity problems that limit their ability to implement the many new programs and projects created in the past several years to address system challenges? How much of an impact do capacity limitations have on the success of a project or program?

B. Regarding the Self-Determination Program. How many SDP specialists have been hired at RCs? How will these specialists reduce barriers and facilitate access? How have the goals around equity been incorporated into the enrollment directives for RCs? How have DDS and the SDP Ombudsperson used the Statewide Self-Determination Advisory Committee's report on barriers to improve access?

C. Regarding Language Access and Cultural Competency. Please describe the timeline for when activities at Regional Center for these purposes would commence. Have you identified which RCs have the greatest challenges this area? Should DDS consider prioritizing language interpretation at all public meetings and translation of regional center intake and service materials for all RCs that meet a certain standard of need, and requiring that these activities be conducted in any "base" allocation?

D. Regarding the Restoration of Social Recreation and Camp Services. How can the state clarify rules so that the restoration does not unnecessarily result in diminishment of other services, like respite? What is DDS doing or will do to track the impact on disparities and services for families of color in this restoration? What is the current year level of expenditures statewide so far by regional center and what outreach efforts are occurring to promote the availability of the service?

E. Regarding Modernization of Developmental Services Information Technology Systems. How is the department ensuring that the planning process involves people with disabilities and their families from the outset? What can DDS tell the Legislature about its planning process, timeline, and goals for these systems and about their desired functionality? Who does DDS intend to include in planning conversations? What currently available software has or will DDS consider, such as software used in other states or by other human services programs? How will DDS implement performance-based programs without these systems in place?

4. Christopher Odneal, Budget Analyst, Department of Finance
 - A. Please provide any additional information on the issue.
5. Sonja Petek, Principal Fiscal and Policy Analyst, Legislative Analyst's Office
 - B. Please provide any additional information on the issue.
6. Tim Jin, Assistant Director, Communications Rights Projects, Disability Voices United, Self-Advocate who is a participant in the Self-Determination Program
 - A. Are there specific program implementation efforts that you would draw the Administration and Legislature's attention to in this area of oversight?
 - B. What tangible, concrete steps are you recommending to advance the goals of the investments made in recent budgets?
7. Vivian Haun, Senior Attorney, Intellectual/Developmental Disabilities Practice Group, Disability Rights California
 - A. Are there specific program implementation efforts that you would draw the Administration and Legislature's attention to in this area of oversight?
 - B. What tangible, concrete steps are you recommending to advance the goals of the investments made in recent budgets?
8. Amy Westling, Executive Director, Association of Regional Center Agencies
 - A. Are there specific program implementation efforts that you would draw the Administration and Legislature's attention to in this area of oversight?
 - B. What tangible, concrete steps are you recommending to advance the goals of the investments made in recent budgets?

OVERSIGHT ISSUE

2021 DDS Initiatives. The 2021-22 budget and the spending plan associated with federal HCBS funding provided by ARPA together included at least 21 fully new efforts in the DDS system. Among others, these include rate reform and the associated quality incentive program, which together are meant to sustain the service provider network while improving consumer outcomes. They also include programs meant to improve the quality and equitable delivery of services, such as direct service provider training and certification, an RC performance incentive program, and RC implicit bias training. The 2021-22 budget also augmented several other initiatives that began in recent years, including the Self-Determination Program (SDP), forensic diversion, and RC crisis training.

The General Fund cost of these initiatives will continue to ramp up significantly, as follows:

- \$243 million in 2021-22.
- \$513 million in 2022-23.
- \$899 million in 2023-24.
- \$929 million in 2024-25.
- \$1.46 billion in 2025-26 and ongoing.

A table with basic information on these investments is included as follows.

DDS 2021-22 Budget Initiatives

1. Community Navigator Program	Establish a community navigator program using family resource centers to help families connect with services. Funding in 2021-22 includes \$500,000 for an independent evaluation of the efforts to promote equity and reduce disparities.	\$5.3 M RC Ops
2. Coordinated Family Support Services	Pilot a new service options to improve and expand supports for individuals living at home with their family.	\$41.7 M
3. DSP Bilingual Differential	Provide a pay differential to direct service professionals (DSP) who can communicate with consumers in a language or medium other than English.	\$3.6 M POS increases to \$10.8 M by 2023-24
4. DSP Workforce Training and Development	Establish a training and certification program for direct service professionals (DSP) tied to wage differentials, to foster a more sustainable and professional workforce.	\$4.3 M RC Ops increases to \$75.0 M by 2023-24
5. Early Start Outreach to Tribal Communities	Conduct engagement and outreach with tribal communities to improve access and utilization of Early Start services.	\$0.5 M RC Ops
6. Electronic Visit Verification (EVV) - Phase II	Continue dedicated resources to support implementation of EVV. Providers of in-home personal care services must utilize EVV by January 2022 to record services provided.	\$11.4 M HQ
7. Emergency Preparedness and Resources	Establish dedicated regional center emergency coordinators for emergency planning, preparedness, response, and recovery activities. Provide education and outreach, power supplies and Go-Kits/Bags for individuals in high risk areas.	\$4.3 M RC Ops
8. Employment Grants	Increase pathways to competitive integrated employment and other employment opportunities for people with disabilities.	\$14.7 M RC Ops
9. Enhanced Community Integration for Children and Adolescents	Grant program to enable regional centers and local communities (i.e., local park and recreation departments) to leverage local resources and increase integrated and collaborative social recreational options.	\$12.5 M HQ
10. Enhanced Service Coordination for Consumers with Low or No POS	Enhanced service coordination for consumers with low or no purchase of service (POS) expenditures.	\$12.8 M RC Ops
11. FY 2022-23 Enhanced Service Coordinator Ratios	Reduce service coordinator ratios at the 21 regional centers linked to Regional Center Performance Measures.	Beginning FY 2022-23 ongoing \$87.5 M RC Ops
12. Forensic Diversion Program	Multifaceted forensic diversion program for individuals with IDD and who are actively involved in the criminal justice system.	\$3.2 M POS \$0.5 M RC Ops \$0.3 M HQ \$0.3 M SORCS
13. Foster Youth Trauma Informed Services	Ongoing implementation of AB 2083 for children and youths in foster care who have experienced severe trauma.	\$1.6 M RC Ops
14. Group Homes for Children with Special Health Care Needs (GHCSHN)	Establish GHCSHNs to provide 24-hour health care and intensive support services in home-like settings for up to five children each.	Existing resources
15. Implicit Bias Training for Regional Centers	Implicit Bias training to all regional center personnel, as well as contracted staff involved in intake and assessment and eligibility determinations.	\$7.0 M RC Ops
16. Language Access and Cultural Competency Orientations and Translations	Promote language access and cultural competency across the regional center system, through orientations and specialized group and family information sessions, culturally sensitive outreach efforts, and translation services.	\$16.7 M RC Ops
17. Lanterman Act Provisional Eligibility Ages 3 and 4	Establishes provisional eligibility for Lanterman Act services for three and four-year-olds who meet specified eligibility requirements.	\$16.2 M POS \$7.6 M RC Ops

18	Modernize IT Systems	One-time investment supports the initial planning process to update the regional center fiscal system and implement a statewide Consumer Electronic Records Management System.	\$7.5 M
19	Paid Internship Program and Competitive Integrated Employment Program	Modify paid internship program's fiscal caps and add specified incentive payments, including a temporary increase to milestone payments for competitive integrated employment.	Existing resources
20	Provider Supplemental Rate Increases	Remove the December 31, 2021 suspension of supplemental rate increases for specified services.	\$470.8 M POS
21	Quality Improvement Pilot	Establish a quality improvement pilot project tied to outcomes, for up to four services and with up to three regional centers.	\$12.5 M HQ
22	Rate Adjustments and Quality Incentive Program	Five-year process for rate adjustments and implementation of the rate models, consistent with the 2019 Rate Study, which shall include a quality incentive program, create an enhanced person-centered, and outcomes-based system by July 1, 2025.	\$127.1 M POS in 2021-22 increasing to \$2.0 B POS in 2025-26 \$12.6 M RC Ops ongoing \$6.3 M HQ ongoing
23	Regional Center Performance Measures	Convene a workgroup to make recommendations for the development of standard performance improvement indicators and benchmarks to incentivize high-quality regional center operations.	\$3.7 M RC Ops \$1.9 M HQ
24	Repeal Uniform Holiday Schedule	Repeal the prohibition on compensating certain vendors on specified holidays.	\$56.8 M POS
25	Services for the Deaf Community	Provide increased expertise at the department and all regional centers to support services, and improve access and equity, for consumers who are deaf.	\$2.4 M RC Ops \$0.2 M HQ
26	Self-Determination Program	Establish the following to increase service access and equity, and reduce disparities: <ul style="list-style-type: none"> An Office of the Self-Determination Program Ombudsperson within the department to provide information and assist regional center consumers and their families in understanding their rights under the SDP; Participant Choice Specialists to provide timely transition to program participation and access to regional center staff; and Enhanced Transition Support Services for individuals and their families who need greater assistance in transitioning to the SDP. 	\$2.5 M POS \$7.8 M RC Ops \$1.3 M HQ
27	Social Recreation, Camp and Non-Medical Therapies	Restore previously suspended social recreation services, camp services, educational services, and nonmedical therapies, effective July 1, 2021.	\$29.4 M POS increases to \$57.0 M by 2023-24
28	Systemic, Therapeutic, Assessment, Resources, and Treatment (START) Teams	Establish nine additional START teams to provide 24-hour crisis prevention and response services. With this addition, there are 15 START teams statewide.	\$6.4 M POS \$10.2 M RC Ops

This agenda will highlight questions regarding only a subset of these program investments, for purposes of oversight and where issues have been raised by stakeholders.

Implementation of the Self-Determination Program (SDP). The budget has included \$6.8 million General Fund annually beginning in 2021-22 for the ongoing implementation of the SDP. Chapter 683 of 2013 (SB 468, Emerson) established the SDP, yet the program did not begin until 2018 when DDS received federal approval allowing the state to draw down federal funds for the program.

Chapter 683 created a phase-in period for the SDP, limiting enrollment during the first three years to 2,500 individuals. During these first three years (July 2018 through June 2021), DDS and RCs enrolled just 625 participants, with two RCs enrolling fewer than ten people. Pursuant to Chapter 683, the program was made available to all interested consumers as of July 2021. As of December 2021, 1,102 people were enrolled and this group did not reflect the racial/ethnic composition of the DDS consumer population. For example, the plurality of participants is white (44 percent), despite whites making up 29 percent of all DDS consumers. By comparison, Latinos comprise only 27 percent of SDP participants, but 40 percent of all DDS consumers.

SDP Trailer Bill Request in Governor' Budget. Chapter 11, Statutes of 2020 (AB 79) requires the State Council on Developmental Disabilities to collaborate with the State Protection and Advocacy Agency and the University Centers for Excellence in Developmental Disabilities to survey participants regarding satisfaction under the Self-Determination Program (SDP). The Council is required to issue a report to the Legislature no later than December 2022 and provide recommendations to enhance the effectiveness of the program. The legislative report supports the effective statewide implementation of the SDP, as the report will provide data collected from all regional center consumers. The report is needed to help identify deficiencies and inform programmatic strategies that will improve the program.

The Administration proposes to extend the due date for the report to June 30, 2023. "This will allow for a sufficient level of enrollment in the SDP, and will provide the Council sufficient time to compile data and develop the report. COVID-19 and other implementation challenges resulted in a slower than expected enrollment pace. The 2021 Budget Act provides several additional supports to increase participation and the pace of enrollment in the SDP. An extended due date also gives time to measure the impact of these changes."

Language Access and Cultural Competency. Welfare and Institutions Code section 4620.4 outlines allowable uses of the funds that will be provided to regional centers, including, but not limited to:

- Identification of vital documents and internet website content for translation, as well as points of public contact in need of oral and sign language interpretation services.
- Orientations and specialized group and family information sessions with ample and publicized question and answer periods, scheduled at times considered most convenient for working families and in consultation with community leaders.
- Regular and periodic language needs assessments to determine threshold languages for document translation.
- Coordination and streamlining of interpretation and translation services.
- Implementation of quality control measures to ensure the availability, accuracy, readability, and cultural appropriateness of translations.

The use of these funds may not supplant any existing efforts or funds for similar purposes but are intended to augment and provide maximum additional benefit to the greatest number of persons served, their caregivers, and their families.

DDS is finalizing a Directive to outline steps for regional centers to submit funding proposals to improve language access and culturally competent services. The regional center contract will be amended to incorporate key elements of this initiative. Regional center proposals will be expected to include at least two (2) identified priorities outlined in statute.

DDS has received initial input from diverse community-based organization leaders on areas that would strengthen language access (e.g., language interpretation at all public meetings and translation of regional center intake and service materials). DDS is analyzing data to identify the language needs across regional centers. Additionally, DDS has had early discussions with Association of Regional Center Agencies on this policy initiative.

Implementation of Social Recreation and Camp Restoration. DDS staff have received inquiries from the community about the restoration of social recreation services and have clarified that all services are determined by each consumer's planning team and are included in the Individual Program Plan. DDS has followed up with regional centers, as needed, regarding concerns raised. DDS required each regional center to develop an outreach plan, and those plans must contain a dedicated focus on under-served communities. As required by current law, regional centers have/are submitting their revised social recreation purchase of service policies to DDS for review and approval. Because social recreation services can be purchased under several service codes and are not always distinguishable from other services, DDS is working with regional centers on a method for capturing data specifically for social recreation services. The data will enable us to track utilization by various consumer characteristics, including ethnicity. The data can be used to further address issues of inequity where noted.

Modernize Developmental Services Information Technology Systems. The 2021 Budget included one-time funding of \$6 million ARPA and \$1.5 million in matching reimbursements to support the initial planning process to update the regional center fiscal system and implement a statewide Consumer Electronic Records Management System. The Governor's budget proposal for 2022-23 however, provides no detail about this effort. These systems will be vital to implementing the two performance-based programs approved in 2021-22 and to understanding system trends, including consumer outcomes, consumer service needs, gaps in service provider availability, performance of RCs and service providers, equity in the purchase of services, and spending trends.

Stakeholder Process. Subcommittee staff asked DDS to provide information on its stakeholder process. The following information was shared by the department.

DDS has woven community engagement into nearly all policy development and implementation activities through the Developmental Services Task Force and its associated workgroups, as well as several newly formed workgroups. In addition to workgroup participants participation, meetings have been opened to the public and dedicated email addresses have been created to facilitate input by topic. DDS wants to not only include, but actively seek out input, perspectives and recommendations from leaders within our communities, especially self-advocates and their families and communities of color.

In the past few years, with our focus on reducing disparities in our system, DDS has prioritized targeted outreach and increased the ways in which we engage stakeholders. This includes lessons learned from the COVID-19 pandemic that elevated our need for inclusive and frequent communication with system partners. Like so many others, we learned to meet virtually, meaning participation is no longer limited by geography, use of visual aids, or simultaneous translations. Meetings are recorded and posted on the DDS website and Zoom's chat and Q&A features to provide input in real time. The Department has increased the frequency of meetings and participation this way; however, remain sensitive to the digital divide and recognize that this is not for everyone.

DDS' Community Engagement include:

- Developmental Services Task Force (DSTF)
 - DSTF Community Resources Workgroup
 - DSTF Oversight, Accountability & Transparency Workgroup
 - DSTF Safety Net Workgroup
 - DSTF Service Access and Equity
 - DSTF System and Fiscal Reform Workgroup
- Regional Center Performance Measures Workgroup
- Employment Workgroup
- Quality Incentive Program Workgroup
- Community-Based Organizations (CBOs)
- Direct Support Professionals Workgroup
- African American Focus Group
- LatinX Voices
- Tribal Leader Engagement
- Meetings with Individual Advocacy Groups & Provider Associations
- Electronic Visit Verification (EVV) Implementation
- Rate Adjustment Public Meetings
- Plain Language Workgroup

Developmental Services Task Force & Workgroups	<ul style="list-style-type: none"> • Quarterly full DS Task Force meetings* • DSTF Workgroups meet on an as-needed basis to provide in depth analysis/review of specific topics
Regional Center Performance Incentives Program	<ul style="list-style-type: none"> • Monthly Workgroup meetings* • Status update to Legislature on workgroup recommendations for indicators & benchmarks by May 2022 • Begin implementation in Summer 2022
Quality Incentive Program	<ul style="list-style-type: none"> • Monthly Workgroup meetings* • Report recommendations for measures, incentives and methodology prior to implementation • Begin implementation in Summer 2022
Employment	<ul style="list-style-type: none"> • Monthly Workgroup meetings* • Consultation with stakeholders starting Fall 2021 • Status update at May Revise
Rate Adjustments	<ul style="list-style-type: none"> • Ongoing targeted meetings with key stakeholder groups • First Rate Adjustment April 1, 2022 • Create an enhanced person-centered & outcomes-based system by July 1, 2025
Self-Determination Program	<ul style="list-style-type: none"> • Ongoing stakeholder engagement • Continued input in areas such as spending plans, alternative budget methodology, informational materials culturally and linguistically adapted, outreach and training program effectiveness
DSP Workforce Training and Development	<ul style="list-style-type: none"> • Anticipating monthly Workgroup meetings* beginning Spring 2022 • Develop curriculum and consultation with stakeholders throughout implementation of the program
Electronic Visit Verification	<ul style="list-style-type: none"> • Monthly public meetings* • System Configuration & Implementation through collaboration with Sandata/DHCS in 2022 (in-home personal care services) & in-home health care services 2023
Community Navigator Program	<ul style="list-style-type: none"> • Stakeholder engagement August 2021 • Reporting to be posted on DDS website November 2022 (& ongoing)
Additional Community Engagement	<ul style="list-style-type: none"> • Monthly meetings with Community Based Organization (CBO) Partners • Monthly meetings with African American Focus Group • Monthly meetings of the Plain Language Focus Group • Ongoing meetings with the LatinX Community • Monthly meetings with RC Cultural Specialists

Regional Center Liaisons. Subcommittee staff asked DDS to provide information on the role of Regional Center liaisons, which were authorized and funded in a 2019-20 effort to reorganize DDS headquarters. The following information was shared by the department.

The Office of Community Operations (OCO) is within DDS' Community Services Division (CSD) and is comprised of seven liaison teams covering the 21 regional centers. One of the key roles of the liaisons is to receive and follow up on inquiries and complaints from people and families served in the system. They connect with the individual and/or family (party) to obtain information, steps the party has taken to resolve the issue and provide information to the party on available next steps (fair hearings, 4731 complaints, etc.). Upon permission to follow up with the regional center, they make contact and work toward resolution. If it is determined that a specific issue warrants being elevated due to either the severity of the issue or difficulty in getting to a resolution with the party and the regional center, the liaison will raise the issue to the attention of management for further discussion and direction.

Liaisons also are required to attend regional center and other community meetings (such as board, performance contract, Self-Determination Program, local advisory committee meetings, etc.). Liaisons track issues that are discussed at these meetings and if there is a recurring theme or other issue that is garnering attention or discussion, the liaisons elevate to management for awareness and direction. Liaisons document all interactions with individuals and families. Management reviews reports on a monthly basis. The liaison teams are also responsible for monitoring the respective regional centers' compliance with various statutory and contractual requirements.

The OCO has weekly consultations where liaisons can discuss specific issues or request guidance. Typically, the liaisons will bring monitoring related questions, but they can also discuss specific cases. The section chiefs, who oversee two to three liaison teams each also meet with their liaison teams on a weekly basis and if there are issues that they are hearing from their liaisons, they will add these items for discussion during the weekly OCO Managers meeting. In addition, the OCO Managers (North and South), Assistant Deputy Director and CSD Deputy Director meet on a weekly basis. Any trends or issues that need to be elevated, that the Managers are seeing with their liaison teams, are discussed during this meeting.

Lastly, trends and elevated issues are brought to the attention of the Chief Deputy and if necessary, the Director during weekly scheduled meetings. Additionally, OCO management participates in periodic meetings with other divisions within the Department to share information about regional centers, discuss trends, concerns and promising practices. These meetings provide updates on the status of audits, early start, HCBS and FHA monitoring reviews, self-determination implementation and development of new resources, among other topics.

Staff Recommendation: This is an informational and updating item. The Subcommittee may request that the Department provide written and detailed responses to the Subcommittee by Friday, April 8, 2022 to the questions raised in the agenda in regard to specific program initiatives. The Subcommittee may ask DDS and DOF to consult with Subcommittee staff and the Legislative Analyst's Office to assure that all questions raised in the agenda and in the course of the hearing are covered as part of this effort.

NON-PRESENTATION ITEMS

There are no panels for non-presentation items.

4300 DEPARTMENT OF DEVELOPMENTAL SERVICES

ISSUE 9. NON-PRESENTATION ISSUES

Governor's Budget Proposals for DDS.

Major Initiatives and Premise Items Not Otherwise Discussed in the Agenda:

Home and Community-Based Services (HCBS) American Rescue Plan (ARPA) Act (\$1.6 billion TF, \$1.1 billion ARPA). The Budget includes approximately \$1.1 billion in HCBS funding made available by ARPA through 2023-24. The funding is allocated to six initiatives: Service Provider Rate Reform, Social Recreation and Camp Services, Language Access and Cultural Competency, Coordinated Family Support Services, Enhanced Community Integration for Children and Adolescents, and Modernization of Developmental Services Information Technology Systems. Details on funding for these programs is included in the display below.

ITEM	FY 2021-22			FY 2022-23			FY 2023-24			Grand Total		
	HCBS ARPA (State share)	Financial Federal Participation (FFP)	Total	HCBS ARPA (State share)	Financial Federal Participation (FFP)	Total	HCBS ARPA (State share)	Financial Federal Participation (FFP)	Total	HCBS ARPA (State share)	Financial Federal Participation (FFP)	Total
Rate Reform/ Rate Study Implementation	\$ 89,850	\$ 56,130	\$ 145,980	\$ 346,100	\$ 226,964	\$ 573,064	\$ 508,950	\$ 203,258	\$ 712,208	\$ 944,900	\$ 486,352	\$ 1,431,252
Language Access and Cultural Competency	\$ 10,000	\$ 6,667	\$ 16,667	\$ 10,000	\$ 6,667	\$ 16,667	\$ 7,500	\$ 4,966	\$ 12,466	\$ 27,500	\$ 18,300	\$ 45,800
Coordinated Family Support	\$ 25,000	\$ 16,667	\$ 41,667	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 25,000	\$ 16,667	\$ 41,667
Social Recreation and Camp Services	\$ 19,000	\$ 10,400	\$ 29,400	\$ 31,600	\$ 17,400	\$ 49,000	\$ 27,600	\$ 15,100	\$ 42,700	\$ 78,200	\$ 42,900	\$ 121,100
Enhanced Community Integrations for Children & Adolescents	\$ 12,500	\$ -	\$ 12,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,500	\$ -	\$ 12,500
Modernization Developmental Services IT Systems (UFS & CERMS)	\$ 6,000	\$ 1,500	\$ 7,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,000	\$ 1,500	\$ 7,500
Total	\$ 162,350	\$ 91,364	\$ 253,714	\$ 387,700	\$ 251,031	\$ 638,731	\$ 544,050	\$ 223,324	\$ 767,374	\$ 1,094,100	\$ 565,719	\$ 1,659,819

Enrolling Vendors as Medicaid Providers. The Budget includes \$550,000 General Fund, \$400,000 General Fund ongoing to support screening activities for regional centers and vendors, staffing to coordinate screening, and contract resources to conduct the federal database checks.

Fairview and Sonoma Developmental Centers. The Budget includes \$18.2 million (\$11.7 million General Fund) to extend the warm shutdown for Sonoma Developmental Center and Fairview Developmental Center. DDS proposes an extension of reimbursement authority to support the warm shutdown at Sonoma Developmental Center (SDC) through June 30, 2023. The future disposition of the SDC property is still pending. Sonoma County continues extensive community engagement on proposed site plan options. The county is looking to

conclude their specific planning process in 2022. They are behind schedule but have direction from the Board of Supervisors and are working toward a Specific Plan adoption.

DDS proposes an extension in funding to support the warm shutdown at Fairview Developmental Center (FDC) through June 30, 2023. DGS recently completed their assessment of the facility and the Administration is working with the members that represent the area and the city on next steps for the property.

Support for SANDIS Case Management. DDS requests \$250,000 General Fund through 2024-2025 to support data workload resulting from planned DDS system changes and recent initiatives.

Budget Change Proposals (BCPs) Not Otherwise Discussed in the Agenda:

Clinical Monitoring Team Support for Specialized Community Homes. DDS requests \$698,000 (\$558,000 General Fund) and five (5.0) permanent positions in 2022-23 and ongoing to support the development and monitoring of specialized community homes and services for consumers currently placed in, or at risk for placement in, congregate/institutional type settings and/or consumers in crisis. The specialized community homes include Adult Residential Facilities for Persons with Special Health Care Needs (ARFPSHNs), Group Homes for Children with Special Health Care Needs (GHCSHNs), Enhanced Behavioral Supports Homes (EBSHs), and Community Crisis Homes (CCHs).

Safety Net Program Support. DDS requests \$546,000 (\$437,000 General Fund) in 2022-23 and ongoing for three (3.0) permanent positions to enhance the developmental services safety net program. One (1.0) Staff Services Manager II (SSM II) and one (1.0) Research Data Specialist I (RDS I) would support the enhancement of the safety net program for all consumers and one (1.0) Career Executive Assignment A would serve as an aging inclusion specialist that focuses on resource and navigation needs of consumers and/or their caregivers who are aging.

Administrative Support for Stabilization, Training, Assistance, and Reintegration (STAR), Crisis Assessment and Stabilization Teams (CAST), and Protective Services. DDS requests \$968,000 (\$774,000 General Fund) for seven permanent positions to provide administrative support for STAR and CAST facilities, protective services, and related workload increases as the STAR homes move to community settings.

Currently, STAR/CAST budgeted staffing includes level of care and clinical supports. For administrative support of STAR/CAST a HQ Trust and STAR/CAST support unit was created with three AGPAs in March 2020 through redirection of existing staff to serve as the single point of contact in a liaison capacity to the STAR/CAST program. As STAR/CAST programs grow to seven homes and approximately 220 care and clinical staff, the existing redirections are insufficient to meet the growing procurement and human resources workload. DDS' headquarters staffing has not been adjusted to meet this need.

Information Security Staffing Support. DDS requests \$905,000 (\$774,000 General Fund) in 2022-23 and ongoing funding for four (4.0) permanent positions and cybersecurity consulting services, to meet federal and state information technology risk and compliance requirements, operate and maintain DDS' security systems infrastructure, and support the increasingly complex technology and data needs of DDS' business programs.

Reimbursement System Project Implementation and Maintenance and Operation Costs. DDS requests funding of \$428,000 (\$342,000 General Fund) ongoing for two (2.0) Information Technology Specialist II (ITS II) permanent positions in 2022-23, reappropriation of \$6.1 million General Fund from 2021-22 to 2022-23 and one-time funding of \$1.7 million General Fund in 2023-24 for Maintenance and Operation (M&O) costs.

RSP Stage 4 was approved by the Department of Technology on March 24, 2021. The project plans for a phased-in transition of DDS' current federally funded programs into the new reimbursement system in 2022-23. It is estimated that both Home and Community-Based Services Waivers as well as the 1915(i) state plan amendment billing will transition in the first quarter of 2022-23 with other programs completed by the third quarter. Incremental Maintenance and Operations to begin in 2022-23.

Porterville Developmental Center: Install Fire Sprinkler System Reappropriation. DDS requests the reappropriation of construction funding of \$3,905,000 General Fund from fiscal year 2021-22 to 2022-23. The working drawings and construction phases for installation of an automatic fire sprinkler system in nine (9) residences in the Secure Treatment Area (STA) at Porterville Developmental Center were previously approved in the fiscal year 21/22 enacted budget. This request ensures the Department's ability to move forward with the project to correct the identified fire sprinkler deficiency, as mandated by the State Fire Marshal to maintain occupancy of the residence buildings. The reappropriation is needed because the project schedule has been delayed as access to the facility has been restricted due to COVID. The Department of General Services anticipates approval of working drawings by August 2022 and start of construction by December 2022.

Electronic Visit Verification (EVV) Phase II. This multi-departmental proposal requests funding of \$13 million (\$3.9 million General Fund) in fiscal year 2022-23 and \$41.1million (\$14.9 million General Fund) for fiscal years 2023-24 through 2026-27 for contract services and 19.0 position resources (16.0 permanent and 3.0 limited term), with an ongoing funding need thereafter of \$9.2 million (\$3.3 million General Fund). This request is to ensure the EVV Phase II Project's continued progress towards implementation and operation of an EVV Solution for California required by the federal 21st Century Cures Act while avoiding further federal penalties for failure to meet federal implementation deadlines.

DDS requests ongoing funding and 4.0 positions, making permanent the following current one-year limited term positions:

- DDS IT Project Manager/Business Analyst
- DDS IT Lead Architect
- DDS Fed Programs CPS IV

- DDS Fed Programs AGPA

These state resources are responsible for management, support, and completion of activities throughout the project's planning, implementation, and operational phases. These resources will enable DDS to coordinate with the selected EVV solution contractor, support contractors, 21 regional centers and regional center providers who provide services subject to EVV to ensure program and technical needs are addressed and project milestones are met.

Staff Recommendation: Hold open all DDS budget and issues, pending action at the May Revision hearings.

PUBLIC COMMENT
(PUBLIC COMMENT WILL BE TAKEN ON ALL ITEMS)

This agenda and other publications are available on the Assembly Budget Committee's website at: <https://abgt.assembly.ca.gov/sub1hearingagendas>. You may contact the Committee at (916) 319-2099. This agenda was prepared by Nicole Vazquez.