California State Assembly

Informational Hearing Agenda

Assembly Budget Subcommittee No. 2 on Human Services

Assemblymember Dr. Corey Jackson, Chair

Wednesday, August 5, 2026
1:30 P.M. – State Capitol, Room 437

Items To Be Heard

Public Comment will be taken (in person only) after the completion of both panels and after Member questions and discussion.
Thank you.

Panels

4300 Department of Developmental Services (DDS)

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

- Karina Hendren, Fiscal and Policy Analyst, Legislative Analyst's Office
- Pete Cervinka, Director, Department of Developmental Services
- Michi A. Gates, Ph.D., Chief Deputy Director, Department of Developmental Services
- Christine Bagley, Branch Chief, Statewide Clinical Services Division, Department of Developmental Services
- Charlene Harrington, Ph.D. RN, Professor Emerita, Department of Social & Behavioral Sciences, University of California San Francisco
- Vivian Haun, Senior Policy Attorney, Disability Rights California
- Fernando Antonio Gomez, Parent Advocate – Co-Founder, Integrated Community Collaborative (ICC), and Vice-President, Disability Voices United (DVU)
- Eric Ciampa, Chief Operating Officer, United Cerebral Palsy (UCP) of Sacramento and Northern California
- Larry Landauer, Executive Director, Regional Center of Orange County
- Amy Westling, Executive Director, Association of Regional Center Agencies
- Omar Sanchez, Finance Budget Analyst, Department of Finance

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

- Christine Bagley, Branch Chief, Statewide Clinical Services Division, Department of Developmental Services
- Angela Munoz, Deputy Director, Community Development Division, Department of Developmental Services
- Aaron Carruthers, Executive Director, State Council on Developmental Disabilities
- Will Leiner, Managing Attorney, Disability Rights California
- Stephanie Regular, Assistant Public Defender, Alameda County, representing the California Public Defenders Association
- Taryn Hunter, Chief Deputy District Attorney, Office of Napa County District Attorney
- Jay Kolvoord, Chief Executive Officer, Strategies to Empower People (STEP)
- Amy Westling, Executive Director, Association of Regional Center Agencies
- Karina Hendren, Fiscal and Policy Analyst, Legislative Analyst's Office
- Omar Sanchez, Finance Budget Analyst, Department of Finance

Items To Be Heard

4300 Department of Developmental Services

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

Purpose of the Hearing

The three proposals that are the subject of this hearing (this Issue 1 and the remaining two combined under Issue 2) were Governor's proposals at the May Revision, announced on May 14, 2026. Due to the significant implications and complexity of these subjects, the Legislature chose to defer these proposals to August to allow for a public hearing, which facilitates taking input from stakeholders and the public on these proposals. The Assembly intends to listen to testimony and stakeholders in this hearing and continue discussion and consideration of these issues.

The original language for these proposals is on the Department of Finance (DOF) website, link provided here. Since the time of the introduction of these proposals, the language has been revised, and the most updated versions of the language, because they are not posted on the DOF website, are made publicly available as attachments to this agenda. Please see the list of attachments immediately following this agenda, followed by the attachments themselves.

Current Intake and Service Needs Process

This Subcommittee heard issues in the Department of Developmental Services at its hearings on April 15, 2026, and for the May Revise on May 18, 2026. Those agendas can be found here.

By way of brief background, the Department of Developmental Services (DDS) is responsible for administering the Lanterman Developmental Disabilities Services Act (Lanterman Act). The Lanterman Act was originally passed in 1969 and substantially revised in 1977. It amounts to a statutory entitlement to services and supports for individuals ages three and older who have a qualifying disability. Qualifying disabilities include autism, epilepsy, cerebral palsy, intellectual disabilities, and other conditions closely related to intellectual disabilities that require similar treatment, such as a traumatic brain injury. To qualify, an individual must have a disability that is substantial, expected to continue indefinitely, and which began before the age of 18. There are no income-related eligibility criteria. More information on this is included on the next page.

The Lanterman Act provides for the coordination and provision of services and supports to enable people to achieve their goals. Additionally, the Early Start Program provides services to infants and toddlers who have, or are at risk of having, a developmental disability. Services are delivered through a statewide network of 21 private, nonprofit, locally based community agencies known as Regional Centers (RCs), as well as through state-operated programs. The number of individuals served by RCs in the community is expected to be 526,848 in the current year. In

addition, the proposed budget supports capacity for 302 individuals who can be served through state-operated services. The enacted 2026 Budget includes $21.6 billion ($13.5 billion General Fund) for DDS. Over $21 billion supports RC operations, supports, and services.

Eligibility for Services. The following information is from the DDS website. Below is only an excerpt and interested readers should go to the link for more information. For eligibility for services under the Lanterman Act, the following conditions are a developmental disability:

- Autism
- Cerebral palsy
- Epilepsy
- Intellectual disability
- Other conditions that are closely related to an intellectual disability or that need treatment like a person with an intellectual disability and is not solely a physical disability.

Having a mental health diagnosis or learning disability is not enough to qualify an individual for regional center services. To be eligible for services, an individual must have a developmental disability that:

- Starts before they are 18 years old
- Will last all of their life
- Makes it hard to do things like walking, communicating, understanding, taking care of themselves, or working

And, presents challenges to everyday life in at least three areas:

- Everyday living skills like eating, dressing, caring for self (self-care)
- Understanding language, talking, and expressing self (receptive and expressive language)
- Thinking and understanding (learning)
- Walking, moving around, being physical (mobility)
- Making choices, taking care of basic needs, using social and emotional judgement, and being independent (self-direction)
- Living in the home they choose with very little help (capacity for independent living)
- Being able to buy food, pay bills, and have a job (economic self-sufficiency)

The regional center may evaluate an individual to determine if they are eligible for services. Family income and immigration status does not affect eligibility for regional center services.

To be eligible for regional center services, a person must have a developmental disability. The signs of a developmental disability may be different based on the age of the person. Signs can show a need for regional center services.

For infants and toddlers, one might notice:

- Premature birth or low birth weight
- Vision or hearing difficulties
- Prenatal (before birth) or postnatal (after birth) exposure to drugs, alcohol, or tobacco
- Poor nutrition or trouble eating (lack of nutritious foods, proteins, vitamins, or iron)

- Exposure to lead-based paint
- Environmental factors, such as abuse or neglect
- A genetic condition associated with a developmental disability (for example, Down syndrome)

For children, teens, and adults, they may need help with:

- Dressing, bathing, eating, and general daily living compared to others the same age
- Planning daily activities, being organized, and setting goals
- Solving problems, looking at things in a different way, and understanding right from wrong
- Learning at school, making friends, and talking with new people
- Understanding numbers, time, or money
- Walking, moving, seeing, and hearing

Anyone can make a referral to the regional center by phone, email or in writing. A person does not have to have a diagnosis to see if a person qualifies for regional center services. The regional center may want to do more evaluations to see if someone qualifies for services.

Intake and Assessment. The process and timeline for applying for services is the same at each regional center. A person can start by locating their local regional center and making contact. They can contact their regional center by calling, emailing, or by filling out an electronic form on the regional center's website. The three steps today are:

1. Referral with the Regional Center. Once a person contacts the regional center, the Service Coordinator or Intake Specialist will ask questions and will help the person through this intake process. The Service Coordinator or Intake Specialist will ask if there is anyone else who knows about the person. This could be other family members, doctors, teachers, and social workers. An individual can share any assessments and diagnoses with the Service Coordinator or Intake Specialist. If the regional center says that a person qualifies for services, the Intake process is complete. If the regional center is not sure, they will do more assessments or evaluations to see if the person qualifies for services. The regional center will decide this within 15 working days of when they are contacted.

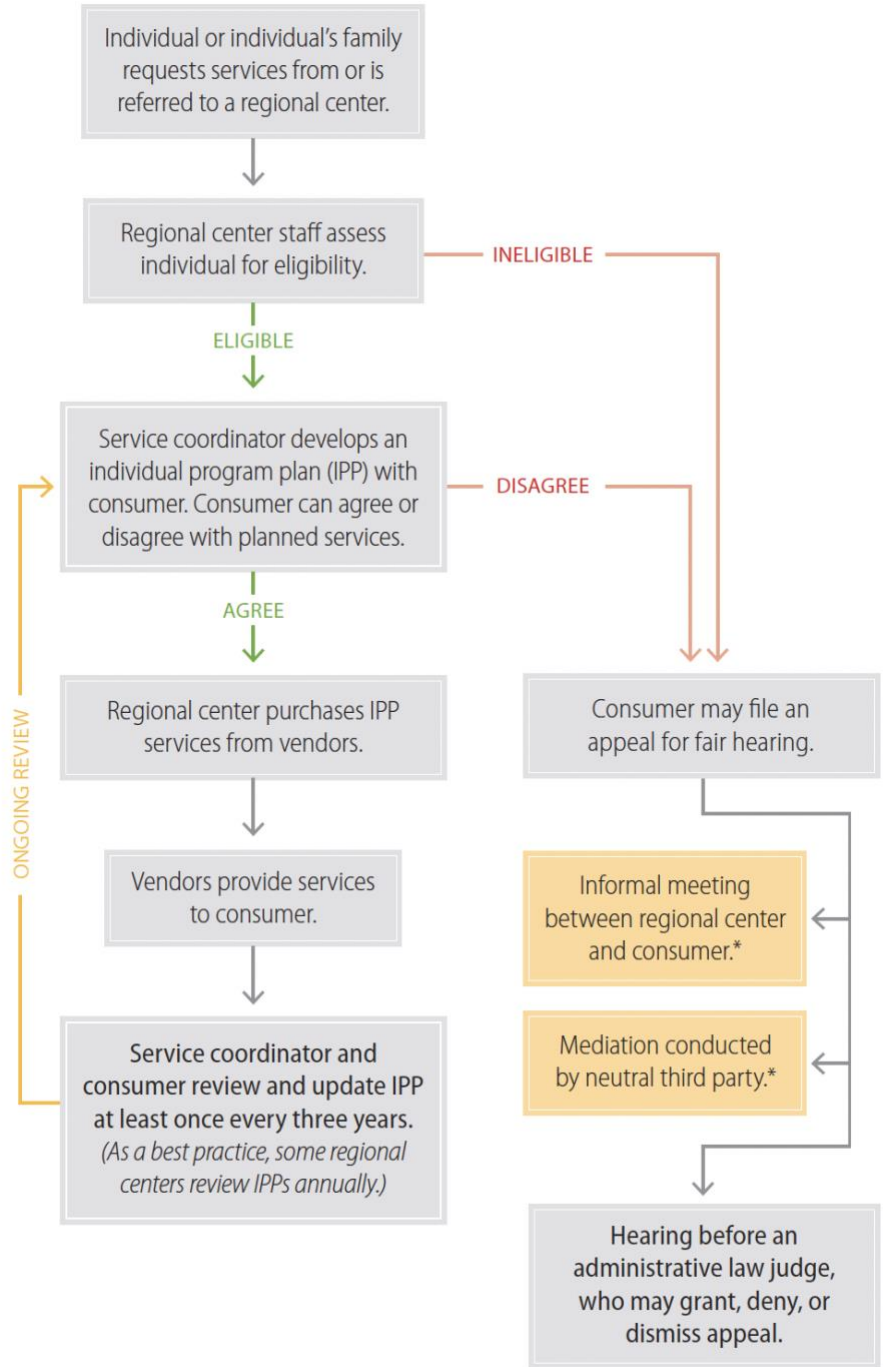
2. Consent for Assessments or Evaluations. If the regional center needs to do more assessments or evaluations, they need permission. If the person is over age 18, they can sign their consent and give permission for the evaluation to start. If they are under age 18, the parent or guardian, or in the case of a child in foster care, the educational rights holder, must sign the consent form. If there is a conservator, they should sign the consent form.

3. Eligibility Assessment. Once the regional center has signed consent forms, they can do more assessments or evaluations. The person conducting the evaluation will describe what happens at every step of the process. This may take up to 120 days to complete. If there is a risk to health and safety, the timing may speed up.

An assessment or evaluation to decide if a person qualifies for regional center services may include review of records or reports from assessments and diagnoses that happened before, diagnostic evaluations by the regional center, and other evaluations by the regional center. An

individual may also see other regional center staff or other professionals they work with, including social workers, psychologists, health professionals, and other specialists. This team is called an interdisciplinary or ID team and includes at least one doctor, a psychologist, and an Intake or Service Coordinator. The next step for the team is to develop the Individual Program Plan (IPP).

The following chart is from the June 2022 California State Auditor report on DDS services.



Source: State law and regional center procedures.

* These steps are optional for the consumer.

It is important to note that a new grievance process for DDS was recently codified in Senate Bill 163 (Chapter 80, Statutes of 2026), in a new Chapter 16 (commencing with Section 4890) added to Division 4.5 of the Welfare and Institutions Code. This new grievance process, which will begin February 1, 2027, is appropriate for complaints about the process and procedures followed by regional centers, service providers, or state-operated facilities, and does not include disagreements regarding eligibility for and the provision of services. Those disagreements go through the state fair hearing process, as indicated in the chart from the Auditor on the prior page.

Client Development Evaluation Report (CDER)

There is a current standardized assessment instrument called the Client Development Evaluation Report (CDER), which is used by Regional Centers to assist with planning and allocating services and supports, in conjunction with the IPP. The goal is to provide services and supports to meet the needs and choices for each person with intellectual and developmental disabilities (IDD), regardless of age or degree of disability and at each stage of life in order to support independence and integration into the community. The CDER and the IPP are key to ensuring equity and appropriate services and supports to clients.

DDS has recently made clear to Subcommittee staff that their proposal is intended to replace the CDER. Chief complaints about the CDER are that is an outdated instrument and that it is not used uniformly throughout the 21 RCs, however stakeholders also respond that it can be modernized to achieve the objectives that the Administration lays out in their proposal.

For more information and background on CDER, please see the recent policy brief from California Health Policy Strategies, which is also an attachment to this agenda.

Current Law Requirement for Standardized Intake Process

As part of a suite of policy changes to help address disparities in the DDS/regional center system, Senate Bill 138 (Chapter 192, Statutes of 2023), which was an end of session trailer bill, codified a requirement for a standardized intake process in WIC 4435.1 (f) and (g), included below. It is unclear to what extent this current requirement in current law has been implemented.

Welfare and Institutions Code Section 4435.1

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

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

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

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

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

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

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

(4) Regional centers shall report the data described in this subdivision to the department on a quarterly basis, based on the criteria specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 4519.5.
(g) The department shall develop the standardized processes specified in this section with input from stakeholders, including consumers and families, who reflect the demographic diversity of California, to the extent practicable. In developing the standardized processes specified in this section, the department shall address barriers that may impact access to services.

Administration's Proposal

The following is from the Administration's fact sheet on their proposal:

Standardizing Intake Eligibility Assessment Processes
To become eligible for Lanterman Act services, a regional center must determine that an individual has a "developmental disability" that is considered a "substantial disability." Regional centers do not currently use a standardized method for assessing developmental disability or substantial disability, resulting in variability in intake processes across the State. Through the implementation of Chapter 192, Statutes of 2023 (Senate Bill 138), it has become clear that a critical part of the requirements to standardize intake is to specifically standardize the methods for assessing developmental disability or substantial disability.

This proposal does not change the definitions of developmental disability or substantial disability. It also does not change eligibility for people already served by regional centers. Instead, it standardizes the intake eligibility assessment processes and methods used to determine if individuals meet those definitions, thereby improving consistency, equity, and transparency in access to the regional center system. Where someone lives, and which regional center serves that area, should not make a difference in someone's eligibility.

Modernizing Strengths and Needs Evaluation
After a person is found eligible, some regional centers rely on the Client Diagnostic and Evaluation Report (CDER) to document diagnoses and evaluate daily living skills. The CDER is outdated, inconsistently applied, and is not a standardized clinical instrument. This makes it difficult to accurately get a picture of an individual's developmental needs. The CDER has not been meaningfully updated since 1977. As a result, services and supports may not align with actual needs, limiting the ability to understand whether services are effective or equitable.

A modern, person-centered, validated evaluation would support consistent and transparent identification of strengths and needs statewide, strengthen alignment between evaluated needs and Individual Program Plans (IPPs), improve insight into patterns of underservice, and support more reliable planning and developing service providers across regional centers. Importantly, this proposal does not determine which or how many services someone would get, but would identify areas that should be considered in the IPP planning process.

A strengths and needs evaluation is essential because it establishes a consistent, equitable, and evidence-based way for the developmental services system to understand each person's unique strengths and needs, regardless of where they live. It addresses longstanding inequities caused by inconsistent CDER practices, and supports planning teams and person-centered planning, with trustworthy information. By standardizing how strengths and needs are identified and

discussed, the evaluation helps align statewide practices, improve transparency, and strengthen the connection between individual needs and the supports and services provided to meet them.

Justification for the change:

Standardizing Intake Eligibility Assessment Processes

Establishing standardized methods for determining whether an individual meets the criteria of "developmental disability" that constitutes a "substantial disability" is necessary for equity and consistency in the individual and family experience with the intake process. Current differences in regional center intake eligibility assessment practices create inconsistency and risk leaving individuals and families uncertain about eligibility determinations, as well as outcomes that vary depending on the regional center. A standardized approach is essential for equitable access to the regional center system.

Modernizing Strengths and Needs Evaluation

Assessing strengths and needs and using that information to inform service and support decisions, is not a new process. However, current practices have not been maintained with fidelity and vary widely across the state. This has eroded trust in the CDER, and its validity has diminished over time. The CDER includes outdated clinical terminology and criteria inconsistent with current clinical diagnostic evaluation criteria (e.g., DSM-IV, multi-axial diagnostic tree, and ICD-10), as well as deficit-based and stigmatizing language that conflicts with person-centered principles. It also relies on inconsistent rating scales, creating confusion, and fidelity concerns that make data difficult to analyze and interpret.

Modernizing the strengths and needs evaluation will reinforce alignment between understanding a person's needs and identifying individualized supports and services, enable the development of standard metrics, and improve the state's ability to monitor outcomes of services, treatments, and supports. A modern strengths and needs evaluation will enhance our collective ability to understand the strengths and needs of the community and guide policy, program development, and investments.

Summary of Arguments in Support:

Standardizing Intake Eligibility Assessment Processes

- Creates consistency and equity in intake processes by standardizing methods and protocols for assessing for developmental disability and substantial disability.
- Supports consistency in the individual and family experience with intake eligibility assessment processes statewide.
- Increases transparency in the intake eligibility assessment process, reducing confusion among individuals, families, and referring community partners.
- Establishes standard protocols for clinicians and regional centers to create consistent operations and clinical practices.
- Increases equity in access to the regional center system.

Modernizing Strengths and Needs Evaluation

- Provides a dynamic, holistic, person-centered, and strengths-based evaluation to assess strengths and needs with people and their circle of support.

- Strengthens the new IPP process and supports the goal of identifying and measuring the achievement of individual outcomes through provision of supports and services.
- Guides support and service provision IPP decisions with an evaluation that informs plan goals and evaluation of how services and supports address needs.
- Increases equity by aligning supports and services with standardized metrics of need.
- Supports capacity development and data informed investments by providing the Department with comprehensive data on strengths and needs across life domains.

Costs of the Proposal

Below is the cost breakdown as provided by DDS for the Administration's proposal. The associated budget change proposal on this proposal is available at the Department of Finance website here, and search for "Equitable and Consistent Needs."

	2026-27			2027-28			2028-29		
	General Fund	Reimb.	Total Fund	General Fund	Reimb.	Total Fund	General Fund	Reimb.	Total Fund
Department Positions & Related OE&E	1.40	0.35	1.75	1.40	0.35	1.75	1.40	0.35	1.75
Contracted Support/Tool Evaluation	3.00	0.00	3.00	1.00	0.00	1.00	1.00	0.00	1.00
Regional Center Staff	4.70	2.00	6.70	4.70	2.00	6.70	0.00	0.00	0.00
Total	**9.10**	**2.35**	**11.45**	**7.10**	**2.35**	**9.45**	**2.40**	**0.35**	**2.75**

The first two years of funding only for the DDS positions and contracted support/tool evaluation were provided in the June 2026 Budget as placeholder, with the expectation that the dollars will align to decisions ultimately made on the trailer bill.

Related Attachments

Attached to this agenda are the following documents that relate to this issue:

- The revised proposed language from the Administration for the "Equitable Access to Intake and Services" proposal is included in RN 17290.

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

Panel

Questions for the Panel:

◊ What problem(s) is the Administration's proposal intended to solve and what are the expected impacts for individuals and families served?

◊ What changes are most needed in the system today?

- ◊ What risks do these proposals have for people with IDD?
- ◊ What does the proposal for the change in evaluating "substantial disability" mean?
- ◊ Could the current CDER tool be modernized and trained for consistent use, instead of contemplating a full replacement?
- ◊ Why hasn't the Administration implemented current law on a standardized intake process? Can that occur first and instead of this new effort?
- ◊ Would the Administration be amenable to a more incremental approach, such as evaluating how the CDER can be improved?
- ◊ Can the stakeholder consultation and legislative review processes within these proposals be significantly strengthened?

More specific and additional questions on this subject are included in the "Assembly Questions" attachment following this agenda.

Panel:

- Karina Hendren, Fiscal and Policy Analyst, Legislative Analyst's Office
- Pete Cervinka, Director, Department of Developmental Services
- Michi A. Gates, Ph.D., Chief Deputy Director, Department of Developmental Services
- Christine Bagley, Branch Chief, Statewide Clinical Services Division, Department of Developmental Services
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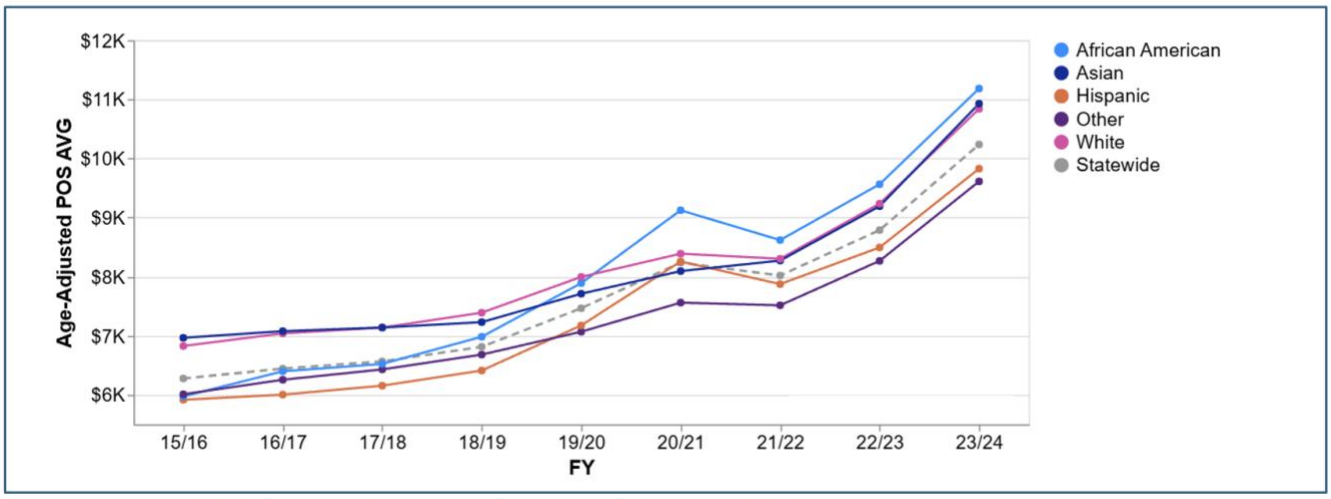
Staff Comments

There is significant confusion about this proposal, what specific problems it is intended to address, what specific new process or tool it would lead to, what adverse outcomes could result for individuals and families, why it is being pushed now for adoption, and for what purpose funding would be utilized when the "what" and "how" are not tangibly understood and have not been presented, considered, and evaluated by the Legislature.

In response to a question on purchase of service data related to disparities, DDS provided the following table to show trends. DDS also shared the table below, showing continuing levels of disparities among individuals served. The Administration is attesting that "equity" is a central driver for their proposal, however it is unclear how these trends could be impacted by their proposals. Could the trend lines flatten or decrease for all groups?

Age-Adjusted Purchase of Service Expenditures by Fiscal Year and Race



Data source: DDS Comprehensive Dataset, February 2026.

FY	Statewide	African American	Asian	Hispanic	Other	White	Absolute Difference (High vs. Low)	Relative Difference[1] (Variability)
23/24	$10,237	$11,184	$10,928	$9,828	$9,612	$10,840	14%	6%
22/23	$8,788	$9,564	$9,192	$8,494	$8,267	$9,236	14%	5%
21/22	$8,019	$8,619	$8,272	$7,874	$7,515	$8,303	13%	4%
20/21	$8,238	$9,124	$8,094	$8,257	$7,560	$8,389	17%	5%
19/20	$7,465	$7,890	$7,711	$7,174	$7,068	$7,996	12%	5%
18/19	$6,813	$6,983	$7,230	$6,411	$6,681	$7,390	13%	6%
17/18	$6,566	$6,523	$7,139	$6,155	$6,430	$7,138	14%	7%
16/17	$6,443	$6,398	$7,077	$6,003	$6,255	$7,040	15%	7%
15/16	$6,277	$5,973	$6,965	$5,916	$6,010	$6,827	15%	7%

Data source: DDS Comprehensive Dataset, February 2026.

Staff Recommendation: Hold open.

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

Background on State-Operated Facilities

The Department of Developmental Services (Department) proposes statutory changes to establish time limits on the length of stay at Canyon Springs Community Facility (CS) and for Porterville Developmental Center (PDC). The following information was provided by DDS in their budget estimates documents.

Canyon Springs Community Facility. CS opened in December 2000 and is designed to provide residential services, treatment and training for up to 56 adults who have intellectual and developmental disabilities. There are three Immediate Care Facilities (ICF) units on site that provide services to assist these individuals lead more independent, productive and dignified lives. Facility staff help individuals improve their ability to manage their lives through various treatment and training opportunities as well as by creating an Individual Program Plan based on what is "important to" and "important for" the individual. While at Canyon Springs individuals learn coping skills, self-awareness, how to exercise their rights, self-advocacy, make safe and healthy choices, increase their independence, and foster relationships. CS operation expenditures are funded through General Funds ($16.8 million), Reimbursements ($16 million) and Lottery Funds ($70,000).

There are two types of staffing needed to operate the CS facility:

- Unit and Program Support Staff. Unit Staffing includes Clinical and Medical staff who are qualified healthcare professionals who provide direct patient care services. These staff include, but are not limited to, Physicians and Surgeons, Psychologists, Pharmacists, Psychiatric Technicians and Nursing. There are 155 Clinical and Medical staff at the facility.
- Program Support Staffing may provide direct and/or indirect support services to the individuals. Administration, Personnel, Maintenance and Food Service are a few of these areas with support staff. There are 81 Program Support staff at the facility.

Below is a budget display from DDS showing no changes for CS in 2026-27 from the prior fiscal year.

FY 2026-27	FY 2025-26	FY 2026-27	Difference
Positions	236.0	236.0	0.0
Personal Services	$27,927	$27,927	$0
OE&E	$4,926	$4,926	$0
Total	**$32,873**	**$32,873**	**$0**

Porterville Developmental Center. PDC provides person-centered support and a Secure Treatment Program (STP) to individuals with IDD. PDC is the only state-operated facility that supports individuals aged 18 or older who have been determined to be a danger to themselves or others, or are incompetent to stand trial. PDC provides 24-hour residential services and medical treatment. The STP is 100 percent funded by the General Fund as these services are not matched by federal Medicaid funds.

There are four types of staffing needed to effectively operate PDC:

- Unit Staffing: consists of 720.0 staff including but not limited to, Physicians and Surgeons, Psychologists, Pharmacists, Nursing and various support staff.
- Program Support: consists of 484.5 staff who provide direct and/or indirect support services to the individuals. Areas that support staff work include but are not limited to, Administration, Personnel, Office of Protective Service, Maintenance and Food Services, etc.
- Intensive Behavioral Treatment Residence (IBTR): consists of 75.5 staff who serve individuals who require a highly structured treatment setting.
- Forensic Team: consists of 4.0 Senior Psychologists who work with individuals who have been determined to be incompetent to stand trial.

Below is a budget display from DDS showing no significant changes for PDC in 2026-27 from the prior fiscal year.

FY 2026-27	FY 2025-26	FY 2026-27	Difference
Positions	1,284.0	1,284.0	0.0
Personal Services	$167,664	$167,664	$0
OE&E	$6,179	$6,179	$0
Total	**$173,843**	**$173,843**	**$0**
Lease Revenue Bond	$8,262	$8,257	($5)
Grand Total	**$182,105**	**$182,100**	**($5)**

State-Operated Facility Proposal

The following is from the Administration's fact sheet on the State-Operated Transitional and Rehabilitative Services proposal.

Background:
CS is a state-operated facility licensed for 63 individuals and staffed to support an average of 56 individuals. As of December 2025, the facility's average census at CS was 34 individuals. Admissions to CS are permitted only through transfers from PDC under WIC section 6500(a)(1) court commitments, which are determined through clinical certification and judicial review. CS does not currently impose limits on lengths of stay, and transitions depend on a regional center's ability to identify or develop appropriate community resources. As of January 2026, individuals served at CS had an average stay of 4 years, ranging between 8 days to 19 years.

PDC is a state-operated secure treatment facility for 469 beds, with 99 beds in suspense and an average census of 166 individuals. Admissions to PDC occur under Penal Code section 1370.1 court commitments. After two years, individuals determined unrestorable and who continue to pose a danger to themselves, or others may be committed as a Welfare and Institutions Code (WIC) Section 6500(a)(1). As of December 2025, 72 individuals with WIC section 6500(a)(1) commitments resided at PDC, with an average stay of 5.5 years, ranging from 7 months to 26 years.

Justification for the Change:
The absence of time limits has led the developmental services system to rely on CS and PDC for long-term residential placements rather than prioritizing transitional and community-based options. As a result, some individuals remain in highly restrictive settings for extended periods, well beyond what is necessary for rehabilitation and transition.

A full continuum of care is essential to meet the needs of individuals with complex forensic backgrounds. The proposed changes will realign the purpose and programming of CS and PDC WIC section 6500(a)(1) placements with their intended roles as therapeutic and rehabilitative step-down settings. By establishing clear transition timelines and expectations, CS and PDC will function as transitional programs that provide the support, training, and preparation necessary for individuals to reintegrate successfully. This approach makes sure that people are safe, equipped, and stable for community living, while preventing the use of these facilities as long-term placement options.

Summary of Arguments in Support:
- Makes sure that individuals with intellectual and developmental disabilities and forensic backgrounds are not placed at CS or PDC as long-term residents, which hinders successful community transitions.
- Preserves appropriate access to CS and PDC for therapeutic and rehabilitative interventions, while preventing extended stays in restrictive settings by requiring timely transition planning and pre-determined discharge timelines.

Details of Proposed Changes to the Welfare and Institutions Code (WIC) [any inconsistencies with the revised version included in RN 17095 are unintentional]:

WIC Section 4462
- Removes outdated language requiring conservator consent for state operated transfers, as voluntary placements are no longer permitted to state operated settings.

WIC Section 4508
- Removes outdated language requiring parental or guardian consent for provisional placement, as voluntary placements and admissions of minors are no longer permitted.

WIC Section 6500
- Clarifies that a determination of “dangerousness to self or others” requires both a finding of incompetence to stand trial and a felony violation of the Penal Code, as specified.

WIC Section 6506

- Requires WIC 6506 orders for temporary placement at CS or PDC pending a court hearing for a 6500 commitment.

WIC Section 6509

- Starting July 1, 2031, no one can be committed to PDC under a WIC section 6500(a)(1) commitment for more than 24 months from that date forward. Anyone who is already living at PDC on or before July 1, 2031, cannot stay there past July 1, 2035.
  - Staggering discharges creates alignment for individuals at different stages of their annual commitment cycle, without requiring additional court proceedings to resolve timing discrepancies between the time limit and annual commitment orders. It also allows the Department and regional centers to effectively transition the approximately 70 individuals currently at PDC under a WIC 6500 (a)(1) commitment.

- A WIC 6500(a)(1) commitment order for placement at CS lasts for one year unless the regional center asks the court to extend it. To request an extension, the regional center must explain why the person still needs to be there and provide an updated assessment and plan. No one can remain at CS more than 24 months after July 1, 2027, unless a specific legal exception applies.

- Effective December 31, 2026, repeals obsolete language for acute crisis admission to PDC as acute admissions to PDC are no longer permissible.

WIC Section 7502.6

- Effective December 31, 2026, repeals obsolete language allowing temporary commitments at CS, formerly known as Desert STAR. Admissions have not been permissible since June 30, 2024.

WIC Section 7505

- Effective January 1, 2027, limits CS placement to 24 months, with one 60-day extension if specified criteria are met.
  - Requires regional centers to notify the court in writing if an extension is needed after the initial 12-month 6500 commitment. Courts must review placement every six-month interval during the final 12 months of placement at CS; and,
  - At each hearing, the court must review an updated assessment and placement plan, the Department's determination that continued placement is necessary, and an Individual Program Plan specifying the services needed, supports and a timeline for community transition.

- Effective July 1, 2027, repeals obsolete language for acute crisis admission criteria for CS, previously Desert STAR, and the five community treatment beds. Admissions have not been permissible since June 30, 2024. The repeal date allows a therapeutic transition for the remaining two individuals, both of whom have transition plans in progress.

- Amendments clarify the June 30, 2024, admissions sunset and require a comprehensive assessment every six months with additional monitoring responsibilities.

- Restricts the right of return only to PDC and eliminates the five-person limit. This option remains critical as a last resort to reduce recidivism and avoid cyclical judicial involvement. If a community placement fails, the individual may return to PDC, rather than reentering local carceral and court systems.

- Effective December 31, 2026, repeals obsolete language for acute crisis admission criteria to PDC, previously the location of Central Valley STAR. Admissions have not been permissible since June 30, 2024, as Central Valley STAR transitioned to the community.

Merge CPP & CRDP Proposal

The following is from the Administration's fact sheet on the Merge Community Placement Plan (CPP) and Community Resource Development Plan (CRDP) to Align with Current Developmental Services Delivery System.

Background:
This proposal combines the Community Placement Plan (CPP) and the Community Resource Development Plan (CRDP) into one unified program. Under Welfare and Institutions Code (WIC) sections 4418.25 and 4679, the Department annually establishes policies and procedures for regional centers to develop and submit annual CPP and CRDP funding proposals.

WIC section 4418.25 prioritizes CPP funding to support the closure of developmental centers and creation of services for individuals transitioning from restrictive settings. The Agnews, Lanterman, Sonoma, and Fairview Developmental Centers all have closed, with final transitions completed in 2020. This language no longer reflects the needs of California's developmental services delivery system.

WIC Section 4679 established CRDP funding to address the needs of individuals with intellectual and developmental disabilities living in the community. It prioritizes the development of services that reduce reliance on the secure treatment program at Porterville Developmental Center, institutions for mental disease, out-of-state resources, and other restrictive settings. This language better reflects current conditions and evolving priorities in California's developmental services system. Also, the 2025 establishment of the Provider Directory provides insights into the geographical availability of services, so the Department can be more directive about the development of provider capacity to close gaps in access and availability.

Justification for the change:
Merging and consolidating these two programs will align current law with the needs of the community. Updating WIC section 4418.25 to remove outdated references to CPP and its focus on developmental center closures, and modernizing WIC section 4679, will streamline ongoing

efforts to develop service options for individuals in or diverted from restrictive settings or to address broader community needs.

Summary of Arguments in Support:
The proposed changes will continue to prioritize the development of services and supports for individuals in the most restrictive settings, including the secure treatment program at Porterville Developmental Center, institutions for mental disease, out-of-state resources, and other restrictive settings. The unified program will provide a more consistent framework for regional centers to develop services that meet individual's needs.

Below is a budget display from DDS for the merging of CPP and CRDP, though it is unclear how dollars from CRDP are included.

FY 2026-27	FY 2025-26	FY 2026-27	Difference
I. Operations	**$15,265**	**$15,265**	**$0**
II. Purchase of Services (POS)			
A. Start-Up	$27,265	$27,265	$0
B. Assessment	$2,700	$2,700	$0
C. Placement	$32,886	$32,886	$0
SUBTOTAL POS	**$62,851**	**$62,851**	**$0**
III. TOTAL CPP	**$78,116**	**$78,116**	**$0**
IV. Fund Sources			
A. TOTAL CPP	**$78,116**	**$78,116**	**$0**
B. GF	**$67,024**	**$67,024**	**$0**
C. Reimbursements	**$11,092**	**$11,092**	**$0**

Related Attachments

Attached to this agenda are the following documents that relate to this issue:

- The revised proposed language for the "State-Operational Transitional and Rehabilitative Services" proposal is included in RN 17095.
- The revised proposed language for the "Merge Community Placement Plan and Community Resource Development Plan to Align with Current Developmental Services Delivery System" proposal is included in RN 17485.
- A background paper about Porterville Developmental Center and Canyon Springs Community Facility prepared by Disability Rights California, July 2026.

Panel

Questions for the Panel:

- ◊ Is the proposal on state-operated facilities the right policy to adopt now and as part of budget trailer bill?
- ◊ Will appropriate community placements be ready for people proposed to transition from PDC and CS pursuant to the Administration's proposal?
- ◊ Are DDS, the state-operated facilities, regional centers, public safety professionals, and clients' rights advocates ready and able to provide the supports and services necessary to safely and effectively transition movers from PDC and CS, and at the same time provide staffing for and maintain access for non-forensic individuals for specialized and complex case placements?
- ◊ Are there public safety concerns for the community for movers with a criminal history?
- ◊ Are the time restrictions and right of return proposals in the revised language acceptable or should further changes be considered?
- ◊ What will the community placements cost and how is this being paid for in the state's fiscal forecast period?
- ◊ Would the Administration be amenable to formalizing the transition preparedness plan and accountability report and creating an annual date for this to be submitted, if the state-operated facilities proposal moves forward?
- ◊ What other changes do stakeholders want to raise up for consideration?

More specific and additional questions on this subject are included in the "Assembly Questions" attachment following this agenda.

Panel:

- Christine Bagley, Branch Chief, Statewide Clinical Services Division, Department of Developmental Services
- Angela Munoz, Deputy Director, Community Development Division, Department of Developmental Services
- Aaron Carruthers, Executive Director, State Council on Developmental Disabilities
- Will Leiner, Managing Attorney, Disability Rights California
- Stephanie Regular, Assistant Public Defender, Alameda County, representing the California Public Defenders Association
- Taryn Hunter, Chief Deputy District Attorney, Office of Napa County District Attorney
- Jay Kolvoord, Chief Executive Officer, Strategies to Empower People (STEP)

- Amy Westling, Executive Director, Association of Regional Center Agencies
- Karina Hendren, Fiscal and Policy Analyst, Legislative Analyst's Office
- Omar Sanchez, Finance Budget Analyst, Department of Finance

Staff Comments

These proposals, being released as part of the May Revision, did not have the benefit of a full conversation and discussion of related complexities and impacts. The Subcommittee will hear robust testimony and welcomes additional input as quickly as possible in August 2026 as the Legislature enters its final weeks of work before concluding on August 31, 2026.

Staff Recommendation: Hold open.

This agenda and other publications are available on the Assembly Budget Committee's website at: Sub 2 Hearing Agendas | California State Assembly. You may contact the Committee at (916) 319-2099. This agenda was prepared by Nicole Vazquez.