

Date of Hearing: April 23, 2019

ASSEMBLY COMMITTEE ON HUMAN SERVICES

Eloise Gómez Reyes, Chair

AB 627 (Frazier) – As Amended March 21, 2019

SUBJECT: Developmental services: regional centers

SUMMARY: Requires the director of the Department of Developmental Services (DDS) to identify regional centers that are in need of satellite offices in rural catchment areas, and to consult with each identified regional center to determine the location of its satellite office.

Specifically, **this bill:**

- 1) Requires the director of DDS, in order to ensure accessibility of services to individuals with developmental disabilities, to identify regional centers that are in need of satellite offices in rural catchment areas.
- 2) Requires the director of DDS to, by July 1, 2020, consult with each regional center identified as in need of a satellite office to determine an appropriate location for that office and, further, requires locations to be selected based on an identified need to provide more accessibility to services and a better quality of care for individuals with developmental disabilities who reside in rural areas.
- 3) Requires a regional center identified as in need of a satellite office to inform the public of its plans to open that office.
- 4) Requires a regional center that opens a satellite office to, by January 1, 2021, offer services to individuals with developmental disabilities at that satellite office and, further, authorizes the satellite office to offer limited services based on the needs of individuals eligible for services.

EXISTING LAW:

- 1) Establishes the Lanterman Developmental Disabilities Services Act (Lanterman Act), which declares California’s responsibility for providing an array of services and supports to meet the needs of each person with developmental disabilities in the least restrictive environment, regardless of age or degree of disability, and to support their integration into the mainstream life of the community. (Welfare and Institutions Code [WIC] Section 4500, *et seq.*)
- 2) Establishes the jurisdiction of DDS over state developmental centers (DCs), including Sonoma, Fairview and Porterville DCs, as specified. (WIC 4440 *et seq.*)
- 3) Establishes a system of 21 nonprofit regional centers throughout the state to identify needs and coordinate services for eligible individuals with developmental disabilities and requires DDS to contract with regional centers to provide case management services and arrange for or purchase services that meet the needs of individuals with developmental disabilities, as defined. (WIC 4620 *et seq.*)
- 4) Creates a process by which regional centers may “vendorize” service providers, thereby providing a path to contract for services with that provider and ensuring maximum flexibility

and availability of appropriate services and supports for persons with developmental disabilities. (WIC 4648)

FISCAL EFFECT: Unknown

COMMENTS:

Developmental services: Developmental disabilities are defined to be those disabilities that: originate before a person turns 18 years old, are anticipated to continue indefinitely, and that constitute a substantial disability for that individual. They include intellectual disabilities, cerebral palsy, epilepsy, and autism spectrum disorders. Developmental disabilities can also be those disabling conditions similar to an intellectual disability that require care and management similar to what is required by individuals with an intellectual disability.

The state, pursuant to the Lanterman Act (initially established with AB 225 [Lanterman], Chapter 1594, Statutes of 1969, and updated and expanded by AB 846 [Lanterman], Chapter 546, Statutes of 1973), has a responsibility to provide an array of services and supports to meet the needs of each person with developmental disabilities in the least restrictive environment, regardless of age or degree of disability, and to support their integration into the mainstream life of the community. All individuals with developmental disabilities are entitled, per the Lanterman Act, to treatment and habilitation services and supports in the least restrictive setting possible, and services provided under the Lanterman Act are designed to facilitate this, enabling consumers to live more independently in the community.

DDS and 21 regional centers share responsibility for the implementation of the Lanterman Act. These regional centers are private, nonprofit entities that contract with DDS to carry out many of the state's obligations under the Lanterman Act. While DDS still operates two DCs (and one state-operated, specialized community facility) which provide 24-hour habilitation and medical and social treatment services to individuals with developmental disabilities, these developmental centers – Fairview DC and Porterville DC – are slated to be closed in the coming years, with the exception of the forensic portion of the Porterville DC. There are currently under 400 total individuals placed at either developmental center or the community facility. Meanwhile, over 345,000 individuals receive services through regional centers.

The 21 regional centers provide access to a broad range of services, including residential placements, supported living services, respite care, transportation, day treatment programs, work support programs, and various social and therapeutic activities. Regional center representatives work together with consumers and their family members or other authorized representatives and others as an individual program plan (IPP) team to develop an IPP for the consumer. This IPP is based on the consumer's needs and choices, and guides the services provided to the consumer through the developmental services system. Pursuant to the Lanterman Act, the IPP is required to promote integration in an individual's community and to maximize opportunities for each consumer to develop relationships, increase control over their life, be part of community life, and acquire increasingly positive roles in the community. The IPP must place the highest preference on services and supports that enable adults to live as independently as possible in the community and minors to live with their families.

Regional centers do not directly provide services contained in a consumer's IPP, but instead contract with service providers through a "vendorization" process. Before a service provider can

be authorized to be compensated by a regional center for providing services to a consumer, the provider must become vendorized by the regional center that oversees the catchment area in which the provider is located. This process includes verifying that the provider meets regulatory standards and requirements and is qualified to provide the planned services. While vendorization makes a provider eligible to provide services paid for by the regional center, this does not guarantee the regional center will refer consumers. Additionally, nothing prevents a vendor from being vendorized by more than one regional center.

Regional center origins and offices: House Resolution 64 (Marks, et al), in 1963, created an interim committee to study mental health services in the state; this committee was established as a special subcommittee of the Assembly Ways and Means Committee. The subcommittee ultimately focused on conducting an analysis of the state’s program for individuals with intellectual disabilities¹, and among other things, recommended the following:

- State responsibility for individuals with intellectual disabilities should shift from the point at which an individual enters a state hospital to earlier, when any individual is diagnosed as needing special care;
- The State Department of Public Health should be charged with contracting with appropriate medical agencies in the community to provide regional services; and,
- According to the report, “the regional centers, in addition to diagnostic services, should: a) provide counseling services to affected families; b) determine eligibility for state support of patients in community facilities; c) assist families in selecting appropriate community services; d) provide continuing supervision and case management services for patients receiving state supported care; e) periodically inspect community service facilities for compliance with established standards.”

These recommendations were made in recognition of the fact that individuals with intellectual disabilities were typically not in need of hospital care and, instead, could be more appropriately served by other facilities and services in the community.

Following the release of this report, two of the three members of the special subcommittee – Jerome Waldie and Frank Lanterman – authored legislation establishing a regional center program. AB 691 (Waldie and Lanterman), Chapter 1242, Statutes of 1965, created a two-center pilot program, establishing the Golden Gate Regional Center (serving individuals in Alameda, Contra Costa, Marin, San Francisco and San Mateo Counties) and Children’s Hospital, Los Angeles Regional Center (serving individuals in Los Angeles County). During the first 30 months of the pilot, there were 2,898 requests for regional center assistance, with 1,003 of those cases registered as appropriate for regional center services; 770 of those individuals received services during the last month of the reporting period.

A 1969 report examining the first two years of the program stated about AB 691 that, “the legislative intent was not that the Center would become the total service available for [individuals with intellectual disabilities], but it would assist families to use existing services and

¹Note: an outdated term for intellectual disability was used during this period. Upon the adoption of AB 846 (Lanterman), Chapter 546, Statutes of 1973, the regional center mandate was expanded to other developmental disabilities, including cerebral palsy, epilepsy, autism, and other conditions closely related to intellectual disabilities.

provide services only when no other resource existed. One of the two major principles guiding Regional Center operation is that of integration of [individuals with developmental disabilities] into the community...The second major principle of the Center concept is that of maximum family involvement in care of the [individual with an intellectual disability] and in selection of services to be provided. This encourages and helps a family to maintain its responsibilities for the [family member with an intellectual disability].”

The adoption of AB 691 and creation of the regional center pilot program changed the state’s role regarding individuals with developmental disabilities, charging California with providing services to individuals up front at the time of diagnosis, versus upon entry into an institution. Ultimately, the pilot was deemed a success, and steps were taken to expand the model across California. AB 225 (Lanterman), Chapter 1594, Statutes of 1969, created a statewide regional center system and, by 1976, 21 regional centers covering California had been established. It has been stated that Assemblymember Lanterman envisioned one regional center for every one million residents in the state (there were 21.9 million people living in California in 1976).

Today, with a state population of 39.5 million people, California still has 21 regional centers covering the state. However, 16 regional centers have at least one field office in addition to the main regional center office; a number of these centers having multiple field offices, with a high of eight field offices for two regional centers. It is unclear how and why it was determined which regional centers would have multiple field offices; while it may be reasonable to conclude that the establishment of additional offices was done in order to address issues of location for regional centers with large catchment areas or capacity for regional centers serving large populations, the overall rationale is not readily apparent. Examples of the variation that exists include the following:

- Far Northern Regional Center serves a geographically large catchment area covering nine counties (Butte, Glenn, Lassen, Modoc, Plumas, Shasta, Siskiyou, Tehama, and Trinity) and has a total of four offices (including its main office). It serves a total of 7,941 consumers and therefore averages 1,985 consumers per office.
- Regional Center of Orange County serves a catchment area that is much smaller and has a total of two offices, meaning it averages 11,011 consumers per office for its total consumer population of 22,021.
- Inland Regional Center serves a sizeable catchment area covering both San Bernardino and Riverside Counties, but has only two total offices, meaning its 37,846 consumers are served at an average of 18,923 consumers per office.

Need for this bill: While regional centers do not directly provide services to consumers (this is done by vendors under contract with a regional center), they do play a very important role in consumers’, and potential consumers’, lives by providing assessment and care coordination services. This bill seeks to ensure and improve consumer access to regional center services by identifying regional centers in need of satellite offices in rural catchment areas, and requiring an identified regional center to be involved in determining the location of its satellite office.

According to the author, “The current regional center system serves an estimated 330,000 consumers with intellectual and developmental disabilities (IDD). However, California’s growing population of individuals with IDD has been estimated at approximately 630,000 – nearly double. We need to ensure that all Californians living with IDD have reasonable access to

services- especially where the closest regional center is not readily accessible. [This bill] will identify those areas most in need of one or more additional regional center offices so that every person with IDD can be provided services.”

Recommended amendments: Difficulty accessing regional center services is likely not limited only to rural areas. While living in remote, rural locations can make it harder to get to a regional center office, so can living in any area that is a significant distance away from a regional center office, or that lacks sufficient public transportation, or poses other barriers. Additionally, given that regional centers currently have from one to eight locations in each catchment area, a review of the need for satellite offices may reveal that a regional center needs more than one additional satellite office. In order to ensure an examination of regional center accessibility for all Californians, and not just those located in rural areas, and in order to allow for the identification of the need for more than one additional satellite office in some regional center catchment areas, *committee staff recommends the following amendments beginning on line 6 of page 2 of the bill:*

3 4640.1. (a) In order to ensure accessibility of services to
 4 individuals with developmental disabilities, the Director of
 5 Developmental Services shall identify regional centers that are in
 6 need of satellite offices in ~~rural~~ catchment areas where barriers to access
may exist for reasons including, but not limited to, rural location, lack of
public transport, and significant travel time to the regional center office.
 7 (b) On or before July 1, 2020, the director shall consult with
 8 each regional center identified pursuant to subdivision (a) to
 9 determine an appropriate location for a satellite office or offices. Locations
 10 shall be selected based on an identified need to provide more
 11 accessibility to services and a better quality of care for individuals
 12 with developmental disabilities who reside in ~~rural~~ areas with barriers to
access.
 13 (c) A regional center identified pursuant to subdivision (a) shall
 14 inform the public of its plans to open a satellite office or offices, and shall,
 15 on or before January 1, 2021, offer services to individuals with
 16 developmental disabilities at that satellite office or those satellite offices. ~~The A~~
 17 satellite office
 18 may offer limited services based on the needs of individuals eligible
 for services.

PRIOR LEGISLATION:

AB 225 (Lanterman), Chapter 1594, Statutes of 1969, created a statewide regional center system.

AB 691 (Waldie and Lanterman), Chapter 1242, Statutes of 1965, created a regional center pilot program in two locations, establishing the Golden Gate Regional Center (serving individuals in Alameda, Contra Costa, Marin, San Francisco and San Mateo Counties) and Children’s Hospital, Los Angeles Regional Center (serving individuals in Los Angeles County).

REGISTERED SUPPORT / OPPOSITION:

Support

Disability Rights California

Opposition

None on file

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