

Date of Hearing: January 14, 2020

ASSEMBLY COMMITTEE ON HUMAN SERVICES

Eloise Gómez Reyes, Chair

AB 823 (Arambula) – As Amended January 6, 2020

SUBJECT: Developmental services

SUMMARY: Adds mobile crisis services to the list of components of its contract with the Department of Developmental Services (DDS) that a regional center must have or contract for, and requires the regional center to post specified information on its internet website. Specifically, **this bill:**

- 1) Expands the requirements of a contract between DDS and a regional center to include having or contracting for mobile crisis services to assist consumers in remaining in, or returning to, the community.
- 2) Requires each regional center to post their memorandum of understanding (MOU) with the county mental health agency on the regional center's internet website.
- 3) Makes technical changes.

EXISTING LAW:

- 1) Establishes the Lanterman Developmental Disabilities Services Act (Lanterman Act), an entitlement to services for individuals with developmental disabilities. (Welfare and Institutions Code [WIC] 4500 *et seq.*)
- 2) Grants all individuals with developmental disabilities, among all other rights and responsibilities established for any individual by the United States Constitution and laws and the California Constitution and laws, the right to treatment and habilitation services and supports in the least restrictive environment. (WIC 4502)
- 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 the 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)
- 5) Identifies the service area and the categories of persons that regional centers must serve and the services and supports that regional centers must provide. (WIC 4640 *et seq.*)
- 6) Requires a regional center, in contracts between DDS and a regional center, to have, or contract for criminal justice expertise, special education expertise, family support expertise, housing expertise, community integration expertise, quality assurance expertise, a consumer

advocate who is a person with developmental disabilities, and other staffing arrangements related to the delivery of relevant services. (WIC 4640.6(g))

- 7) Requires regional centers to provide emergency and crisis intervention services as needed to maintain individuals in the living arrangement of their choice and establish emergency housing in the individual's home community in the event that crisis intervention services are unsuccessful. (WIC 4648(a)(10))
- 8) Requires regional centers to develop a MOU with their county mental health agency to coordinate services, identify dually diagnosed consumers, and develop procedures for crisis intervention for the regional center staff and county mental health staff to collaborate in matters regarding regional center consumers that require mental health services. (WIC 4696.1(b))
- 9) Requires DDS to report to the Legislature about the availability of mobile crisis intervention services, including generic services, the names of vendors, and rates paid. (WIC 4696.1(f))

FISCAL EFFECT: Unknown

COMMENTS:

Developmental Services: The Lanterman Act guides the provision of services and supports for Californians with developmental disabilities. Each individual (referred to as "consumer") under the Act is legally entitled to treatment and habilitation services and supports in the least restrictive environment. The Lanterman Act established that individuals with developmental disabilities and their families have a right to receive the necessary supports and services required to live independently in the community. The term "developmental disability" is defined as a disability that originates before a person reaches 18 years of age, is expected to continue indefinitely, and is a significant disability for those individuals; such disabilities include, among others: intellectual disability, epilepsy, autism, and cerebral palsy. Other developmental disabilities are those disabling conditions similar to an intellectual disability that require care and management similar to that required by individuals with intellectual disabilities, but does not include conditions that are solely psychiatric or physical in nature. DDS currently serves 347,355 consumers.

Developmental Center Closures: Developmental Centers (DCs) provide 24-hour habilitation and medical and social treatment services. Since the first DC opened, the DC population reached a high of 13,400 consumers in 1968, but has since been in decline. Over time, increased awareness of the unique needs of individuals with developmental disabilities grew, prompting the establishment of other state facilities specifically for people with developmental disabilities. Non-residential community-based programs, therapeutic strategies and other services were also developed, providing support and alternatives that allowed more families to keep their children with intellectual and developmental disabilities at home. As a result, the resident population dropped in the DCs. The historic *Olmstead vs LC* (1999) U.S. Supreme Court ruling further spurred the shift to community-based care, citing that a lack of community supports was not legal grounds for denying someone a move from an institution to a community setting, and was, instead, a violation of individual civil rights. Currently, DDS still operates two DCs (and one state-operated, specialized community facility), Fairview DC and Porterville DC, which are slated to be closed in the coming years (with the exception of the forensic portion of the Porterville DC). DDS currently serves 270 consumers within the DCs.

Regional Centers: DDS contracts with 21 regional centers, which are private nonprofit entities whose primary purpose is to connect consumers with services in the community. A January 2019 caseload estimate from DDS demonstrated that there were around 345,600 regional center consumers throughout the state. While regional centers do not directly provide services to individuals and their families, they are charged with providing information and coordinating the delivery of services to consumers, such as residential placements, supported living services, respite care, transportation, day treatment programs, work support programs, and various social and therapeutic services and activities.

Because regional centers do not directly provide services, their primary objective is to contract with and supply funding to vendors in the surrounding area to provide services to regional center consumers. Before a vendor can provide services to a consumer, the vendor must undergo the “vendorization” process, in which the provider applies for contracts that enable them to serve individuals in the community. The vendorization process enables regional centers to verify that an applicant meets specific requirements and standards prior to the provision of services to consumers. While the vendorization process makes a provider eligible to provide services paid for by regional centers, there is no guarantee that a regional center will refer customers to any given vendor. It is also possible for a vendor to be vendorized by more than one regional center, which allows vendors to serve consumers in multiple catchment areas.

Mobile Crisis Services: Mobile crisis services provide immediate on-site crisis management through assessment, intervention, consultation, and referral, with follow-up to ensure linkage to recommended services after a crisis. A mobile crisis team is a team of professionals—commonly a social worker and a nurse—available to respond to mental or behavioral health crisis situations in the community. The purpose of the mobile team is to attempt to stabilize consumers in crisis to keep them in their homes, with an ultimate goal of reducing unnecessary hospital transports and connecting people to community-based mental health services and supports. Some communities, when a customer has given consent to share information, have developed databases or flagging systems that alert officers about a specific individual’s needs during an encounter. Therefore, depending on the system, the officer can talk by phone with a professional in the public mental health system where the person is or was in treatment, or a mental health professional and an officer partner to respond to emergency calls involving a mental health crisis, thereby using skills and expertise from both law enforcement and behavioral health. Potential benefits of employing mobile crisis services that have been evaluated include improved access to care, the ability to avert a crisis or reduce its severity, the opportunity to evaluate clients and provide supportive counseling in their own settings, and fewer arrests (along with more diversions from jail).

Need for this bill: As DDS has moved toward closing its remaining DCs, consumers are moving into community-based settings and relying more on services within the community. When a consumer is experiencing a crisis, crisis intervention and crisis de-escalation may be more efficient methods of addressing the crisis than immediate hospitalization. While DCs provided 24-hour staffing to address some of these crisis intervention strategies, consumers in their community settings do not always have immediate access to these services. When available, mobile crisis services can be utilized to stabilize and assist the consumer to prevent unnecessary psychiatric hospitalizations and police involvement.

According to the author, “As California closes its state-run Developmental Centers it is important to have a comprehensive, easy to access community safety net for regional center consumers. One critical safety net component for consumers who have behavioral challenges is access to timely mobile crisis intervention services.

“Mobile Crisis services provide access to trained staff who can intervene and provide crisis stabilization services thereby helping the consumer remain in the least restrictive environment, such as their family home or current community living arrangement. Without access to mobile crisis services, consumers and their family or community care provider may have no choice but to seek services through an emergency room or psychiatric hospital where staff may not have the training or time to address co-occurring developmental and mental health disabilities. Other consumers have more dire outcomes when law enforcement becomes involved and the crisis behaviors results in an arrest and detention for behaviors they exhibited during a crisis. In all cases, the consumer loses their living arrangement and almost always ends up in a far more restrictive setting. Unfortunately, current law does not require regional centers to offer mobile crisis intervention services. For those regional centers that offer crisis services they may not serve all parts of the catchment area.

“[This bill] would expand the availability of crisis services by requiring regional centers to have, or contract for mobile crisis services to assist consumers in remaining in, or returning to, the community; and, requiring each regional center to post on its website their memorandum of understanding with the county mental health agency.”

RELATED AND PRIOR LEGISLATION:

SB 81 (Committee on Budget and Fiscal Review), Chapter 28, Statutes of 2019, among other things, requires an average service coordinator-to-consumer ratio of 1 to 25, as specified, for consumers with complex needs including consumers receiving regional center-funded mobile crisis services by a department-approved vendor or who have received those services within the past six months.

AB 959 (Holden), Chapter 474, Statutes of 2017, requires DDS to establish and maintain a page on its internet website that includes a list of what services are purchased or provided by regional centers, and also requires regional centers to provide a link to the page on their own internet websites.

AB 2349 (Yamada) of 2014 would have created the Office of Community Care Coordination within DDS to develop a plan to address the needs of former residents of developmental centers and to expand and enhance existing community services and supports, including, among other things, collaborating with regional centers to expand mobile crisis response teams. AB 2349 was held on the Assembly Appropriations Committee suspense file.

REGISTERED SUPPORT / OPPOSITION:

Support

Disability Rights California (Sponsor)
 Center for Independence of Individuals with Disabilities
 Creative Living Options
 Devereux Advanced Behavioral Health California

On My Own Independent Living Services
The Arc of California
United Cerebral Palsy California Collaboration

Opposition

None on file

Analysis Prepared by: Debra Cooper / HUM. S. / (916) 319-2089