CONCURRENCE IN SENATE AMENDMENTS
AB 1099 (Bryan)
As Amended August 27, 2026
Majority vote

SUMMARY

Revises the existing requirements for initial intake and assessments at regional centers for persons believed to have a developmental disability.

Senate Amendments
Make clarifying changes and address technical assistance provided by the Department of Developmental Services (DDS) as follows:

1) Reduce the proposed scope of annual statewide data posted to DDS' website, require the public reporting requirements to be developed in consultation with community and representative organizations, and delay implementation until January 1, 2028.

2) Strike the requirement that a regional center must conduct an assessment within 60 days if an initial intake involves a foster child who has not been determined to be eligible or provisionally eligible for regional center services by the end of the 15-working-day initial intake period.

3) Strike that a lack of documentation, including, but not limited to, school, medical, or court records, provided by the person requesting assistance or, if appropriate, by the person’s parents, legal guardian or conservator, or authorized representative shall not solely determine a decision not to provide an assessment.

4) Require a regional center, for an initial intake involving a child welfare involved child or youth, to facilitate a case conference within 15 working days following the initial request for assistance to include the county child welfare services agency, probation department, or tribal consortium, as applicable, and, if appropriate, the person’s parents, legal guardian or conservator, Indian custodian, or authorized representative.

5) Require the case conference to clarify the consents, legal and judicial determinations, and documentation required, whether any of the circumstances necessitating an expedited assessment are present, and review the roles and requirements of each party based on the person-centered needs of the child welfare involved child or youth.

6) Specify that the case conference requirement shall not result in any delay to the child welfare involved child's or youth's right to a timely intake, assessment, or eligibility determination.

7) Require DDS and the California Department of Social Services (CDSS), by March 31, 2027, to issue joint guidance to operationalize the case conference requirement.

8) Require a regional center, for a child welfare involved child or youth, when there is a lack of documentation provided, to work with the county child welfare services agency, probation department, or tribal consortium, as applicable, and, if appropriate, the person's parents, legal guardian or conservator, Indian custodian, or authorized representative to facilitate obtaining appropriate consents to release information and conduct necessary assessments, identify the

sources and location of documents, and coordinate access to needed documentation, or directly procure other records which may be available and accessible and within the regional center's authority. Specifies documentation may include, but is not limited to, school, medical, or court records.

9) Require DDS to consult with CDSS and other Children and Youth System of Care partners and other community and representative organizations, as applicable, to develop joint guidance to align existing intake processes, roles, and responsibilities for child welfare involved child or youth.

10) Provide that assessment may include collection and review of available historical diagnostic data, provision or procurement of necessary tests and evaluations, and summarization of developmental levels and service needs and is conditional upon receipt of the release of information and consents for assessments.

COMMENTS

Background: *Initial Intake and Assessment Process.* Regional centers provide diagnosis and assessment of eligibility and help plan, access, coordinate, and monitor the services and supports that are needed because of a developmental disability. However, prior to becoming a consumer, an individual must go through the intake process. Any person believed to have a developmental disability, and any person believed to have a high risk of becoming the parent of a developmentally disabled infant, is eligible for initial intake and assessment services. To start the intake process, regional centers require an application and request any applicable documentation that might help determine the child's developmental needs. The intake also includes an interview with a regional center coordinator. Following the initial intake, the regional center determines if an assessment is appropriate. If a regional center makes the decision not to provide an assessment, they must properly notify the individual, parent, or authorized representative so they are aware of the option to appeal the regional center's decision through the fair hearing process. Current law requires a decision to be made within 15 days.

After the intake, the regional center may conduct an assessment to determine regional center eligibility. The assessment includes intelligence tests, adaptive functioning tests, and other specialized tests. Regional centers are authorized to ask for supporting documents such as available historical diagnostic data, provision or procurement of necessary tests and evaluations, and summarization of developmental levels.

This assessment is required to be performed within 120 days following the intake. In limited instances, regional centers are required to conduct the assessment within 60 days following initial intake where any delay would expose the client to unnecessary risk to their health and safety or to significant further delay in mental or physical development, or the client would be at imminent risk of placement in a more restrictive environment. This timeline is made conditional upon the recipient of the release of information for tests performed by other professionals such as intelligence tests, adaptive functioning tests, neurological and neuropsychological tests, diagnostic tests performed by a physician, psychiatric tests, and other tests or evaluations.

A person is considered eligible for services if they have a disability that began before the individual's 18th birthday, which is expected to continue indefinitely, and present a substantial disability. Qualifying conditions include intellectual disability, cerebral palsy, epilepsy, and autism.

Following eligibility determination, the regional center and the consumer come up with an Individual Program Plan (IPP). IPP meetings are designed to help people with developmental disabilities outline in a person-centered manner a "preferred future" by identifying a preferred place to live, favorite people with whom to socialize, and preferred types of daily activities, including preferred jobs. After an IPP is decided upon, the consumer may begin services. Some of the services and supports provided by the regional centers include:

1) Information and referral;

2) Assessment and diagnosis;

3) Counseling;

4) Lifelong individualized planning and service coordination;

5) Purchase of necessary services included in the IPP;

6) Resource development;

7) Outreach;

8) Assistance in finding and using community and other resources;

9) Advocacy for the protection of legal, civil, and service rights;

10) Early intervention services for at risk infants and their families;

11) Genetic counseling;

12) Family support;

13) Planning, placement, and monitoring for 24-hour out-of-home care;

14) Training and educational opportunities for individuals and families; and,

15) Community education about developmental disabilities.

Foster Youth with Intellectual and Developmental Disabilities (I/DD). California does not track how many foster youth have I/DD so it is difficult to pinpoint how many foster youth are impacted by an I/DD. Advocates report that anywhere from 30-80% of foster youth have developmental delay. A 2019 study found that children with I/DD were more likely to experience abuse. According to the study, "Children with [autism spectrum disorder and I/DD] and ID-only were between two and three times more likely to experience maltreatment. All groups were more likely to experience physical neglect, and children in the [autism spectrum disorder and I/DD] and ID-only groups were more likely to experience all forms of abuse. Children in the autism spectrum disorder-only group were more likely to experience physical abuse. Maltreated children in the [autism spectrum disorder and I/DD] only groups experienced more cases of physical abuse and neglect, and were victimized by more perpetrators compared to other maltreated youth. Maltreatment was associated with higher likelihood of aggression, hyperactivity, and tantrums for children with autism spectrum disorder." (McDonnell, et. al,

2019: Child maltreatment in autism spectrum disorder and intellectual disability: results from a population-based sample. J Child Psychol Psychiatry.)

The delivery of care to foster youth with I/DD is challenging for several reasons, including difficulty finding placements due to the coordination of services and therapy. Additionally, advocates report there is a delay in assessment, which then delays services and further complicates placements. If a foster youth does not have a stable placement and they are still pending an assessment from a regional center and move to another regional center, then they have to restart the intake.

According to the Author
"For children with intellectual and developmental disabilities (I/DD) and their families, getting the supports and training provided by the state's regional centers in a timely manner is critical to reducing child maltreatment, family disruption and unnecessary institutionalization. Yet, foster youth routinely face significant delay in accessing these services due to the regional center's overly burdensome application process. [This bill] removes administrative barriers from the process by ensuring that applicants are not denied purely on the basis of a lack of formal diagnosis or documentation, which many system-involved youth lack for reasons beyond their control. Additionally, the bill ensures that the existing expedited 60-day timeline for people who are at risk of a more restrictive placement also applies to foster youth. [This bill] will promote access to critical regional center services for foster youth with I/DD, reduce placement instability, and support family reunification for system-involved families."

Arguments in Support
None on file.

Arguments in Opposition
None on file.

FISCAL COMMENTS

According to the Senate Appropriations Committee on August 13, 2026:

1) Unknown ongoing General Fund costs, likely hundreds of thousands, for the Department of Developmental Services (DDS) for state administration.

2) Unknown ongoing General Fund costs for increased workload for regional centers.

VOTES:

ASM HUMAN SERVICES: 7-0-0
YES: Lee, Castillo, Calderon, Elhawary, Jackson, Celeste Rodriguez, Tangipa

ASM APPROPRIATIONS: 14-0-1
YES: Wicks, Arambula, Calderon, Caloza, Dixon, Elhawary, Fong, Mark González, Hart, Pacheco, Pellerin, Solache, Ta, Tangipa
ABS, ABST OR NV: Sanchez

ASSEMBLY FLOOR: 79-0-0
YES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas

UPDATED

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