

**Chair, Senator Ellen M. Corbett**

**Senator Bill Monning**  
**Senator Mike Morrell**



**May 19, 2014**  
**1:00 p.m. - John L. Burton Hearing Room 4203**

**PART C**

Staff: Peggy Collins

**4300 Department of Developmental Services (DDS)**

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**PLEASE NOTE:** Only those items contained in this agenda will be discussed at this hearing. Please see the Senate Daily File for dates and times of subsequent hearings. Issues will be discussed in the order as noted in the agenda unless otherwise directed by the Chair.

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**4300 Department of Developmental Services (DDS)****DDS Overview**

The Governor's May Revision includes \$5.2 billion total funds (\$2.9 billion General Fund (GF)) for the department. This is an increase of \$241.2 million, or 4.8 percent, above the adjusted current year. The department will serve an estimated 274,696 individuals with developmental disabilities in the community (an increase of 1,053 over the Governor's January budget), and 1,112 individuals in state-operated developmental centers (an increase of two over the Governor's January budget).

**VOTE ONLY****ISSUE 1: Vendor Audit Positions BCP #3**

DDS is requesting \$897,000 (\$605,000 GF) for 7.0 limited-term auditor positions to meet workload associated with increased demand for vendor audits and associated recovery of funds. This issue was heard by the subcommittee on March 27<sup>th</sup>.

**Staff Recommendation:** Approve BCP #3. Adopt the following supplemental report language:

*By March 1, 2015, and annually thereafter, the department shall provide information to the fiscal and policy committees of the Legislature regarding the number and type of audits conducted and in process and total funds recouped as the result of audit activities in the previous fiscal year. The information provided shall also indicate how the number of audits conducted and the total funds recouped in the previous fiscal year compares to the expectations specified in the budget change proposal for 2014-15. Lastly, the information provided shall include the number of total authorized and filled audit positions.*

*By March 1, 2015, and annually thereafter, the department shall provide information to the fiscal and policy committees of the Legislature regarding whistleblower complaints received in the previous fiscal year that are referred to the Vendor Audit Section for investigation. This information shall include the number of such complaints received, the number pending investigation, the number under investigation, the number with completed investigations, and a description of the allegations and outcomes of the completed investigations.*

<b>CA Health and Human Services Agency Report on the Future of Developmental Centers Presentation on Implementation Strategies</b>
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**NOTE:** The following is a presentation of implementation strategies, proposed by the Administration, related to the California Health and Human Services Agency's Report on the Future of Developmental Centers. Actions on individual proposals related to this discussion will be made under the appropriate budget item, later in the agenda today or on Wednesday.

At the March 27<sup>th</sup> subcommittee hearing, the Secretary of the California Health and Human Services Agency presented her "*Plan for the Future of Developmental Centers in California*" (plan). How the Administration plans to address each recommendation is discussed in the following excerpt from the "Developmental Centers 2014 May Revision" document.

***Recommendation 1: Individuals with Enduring and Complex Medical Needs***

*DDS, working closely with regional centers, will focus on developing community resources using Community Placement Plan (CPP) funds, to support the transition of DC residents into the community each year. Activities directly related to individuals with enduring and complex medical needs include: developing community capacity utilizing existing service models; maximizing the use of CPP funds to develop additional Adult Residential Facilities for Persons with Special Health Care Needs (ARFPSHN); and enhancing regional center staffing for resource development, and to support transitions and quality assurance.*

***Recommendation 2: Individuals with Challenging Behaviors and Support Needs***

*DDS proposes to improve crisis services at Fairview DC and establish new crisis services at Sonoma DC. DDS also proposes trailer bill language to authorize: 1) the development of enhanced behavioral supports homes and community crisis homes; and 2) the expansion of the Community State Staff Program to support any individual moving from a DC. Future CPP guidelines will incorporate Task Force recommendations as a priority for resource development, including crisis teams and other supports. DDS will work with stakeholders to further evaluate the availability of, and access to behavioral services system-wide, covering crisis, transitional and long-term services.*

***Recommendation 3: Individuals Involved in the Criminal Justice System***

*As recommended, DDS plans to continue operating the STP and Canyon Springs Community Facility, as the appropriate role for the State. Additionally, DDS will engage stakeholders to explore additional and alternative services for persons with criminal justice system involvement.*

***Recommendation 4: Health Resource Center***

*DDS will engage stakeholders to explore a workable model for a health resource center to address the health needs of DC residents after they transition to community homes, including the utilization of DC resources. DDS will also work with the Department of Health Care Services to evaluate expanding managed care benefits to qualified DC residents who are transitioning to the community.*

***Recommendation 5: Use of DC Land and Resources***

*DDS will engage stakeholders in exploring innovative projects for repurposing DC land and employees, and defining future DC services consistent with the Task Force recommendations. In particular, the feasibility of using DC land to develop community housing through public/private partnerships will be evaluated.*

***Recommendation 6: Future of the Community System***

*In the short term, DDS will focus its efforts on thoroughly addressing Task Force Recommendations 1 through 5. After key components are underway, DDS will establish a task force to explore community system improvements and make recommendations. In the interim, DDS will continue to work with stakeholders and the Legislature to address significant community issues.*

The following are the specific proposals the Administration has submitted in the May Revision for funding and implementation in the budget year.

**Re-appropriation of \$13 million (\$12.9 million GF) from 2011-12, a portion of which is unspent Community Placement Plan (CPP) funds, and budget bill language, to support community resource development, and transition and quality assurance support.** Regional centers are provided CPP funds to develop resources in the community as an alternative to institutional care, certain mental health facilities that are ineligible for federal funding, and out-of-state placements. These funds are also used to conduct comprehensive assessments of residents in developmental centers to determine the service and support needs that would enable that person to move into the community. Specifically, the re-appropriation of funds would be used on the following activities:

- **\$11.7 million (GF), and trailer bill language, to develop two enhanced models of care in the community – one for enhanced behavioral supports homes and one for community crisis homes; and the development of two transitional homes and one adult residential facility for persons with special health care needs (ARFPSHN).** Specifically, the Administration seeks authority to develop six homes, serving no more than four residents each, as a “step-down” and long-term residential option for individuals who have significant behavior challenges, as a pilot program, along with authority to promulgate emergency regulations. Additionally, the Administration seeks authority to develop two community crisis homes (one in the north and one in the south), each to serve no more than eight individuals, at risk of admission to a developmental center, on a short-time basis. These homes would be owned by a non-profit organization and leased to a regional center provider. Finally, under existing authority, DDS proposed to develop two transitional homes and an ARFPSHN home that includes behavioral supports.
- **\$1.2 million (total funds) to increase regional center staffing to support resource development, quality assurance, support for specialized behavioral and medical care homes, and enhanced case management.**
  - Quality Assurance Staff: \$380,000 (GF). Six regional center positions (eight months funding) to assist in transitioning individuals from developmental centers

into the community. Quality assurance staff functions would include, but not be limited to, monitoring the new living arrangement to ensure it is meeting the consumer's unique needs, following up on and helping to resolve quality of care issues, utilizing risk management and system monitoring data toward positive outcomes, and providing technical assistance and training for regional center and service provider staff.

- Resource Developer Staff: \$190,000 (GF). Two regional center positions to assist in the development of the models discussed above. The resource developers will be responsible for overall project management and communicating with involved parties. The resource developers will work with the NPOs to search for and acquire properties, assist with the design of the homes, assist with budget development and monitoring to ensure the projects stay on budget, monitor the progress of the projects to ensure timelines are met, work with all parties to resolve issues as they arise, and facilitate development through final licensure and occupancy. The success of these projects is contingent upon adequate staffing to manage their development.
- Board-Certified Behavioral Analyst (BCFA) staff: \$160,000 (GF). Two regional center positions (six months funding) to oversee the development and ongoing operation of the models discussed above. The staff will help design the homes, including the physical layout and program designs, and will be responsible for ongoing oversight and monitoring of each individual's unique treatment plan. The treatment goals and plans for each individual will need to be modified frequently to respond to changing needs, and the regional center BCBA staff will provide the necessary oversight to ensure the service provider's staff is properly responding to each individual's unique needs, as well as crises that arise.
- Nursing staff: \$153,000 (GF). DDS is proposing to employ the services of two regional center registered nurses (eight months funding) statewide that will be responsible for assisting in the development of the homes and the ongoing oversight and monitoring of the care and services provided to the individuals who have complex medical needs and are transitioning into the homes.
- Enhanced caseload ratio of 1:45 for two years: \$344,000 (\$254,000 GF). This equates to 6.4 new positions. Regional centers are currently required to provide this staffing ratio for the first year an individual moves from a developmental center to the community. This proposal would extend the enhanced caseload ratio for a second year following a move to the community.
- **\$0.1 million (GF) to provide quality assurance for residents of developmental centers moving to the community.** Under this proposal, DDS will revise the contract with the existing risk management consultant to evaluate overall indicators of performance for DC movers (such as changes in residential settings, changes in the Client Development Evaluation Report, and Special Incident Report (SIR) rates); analyze SIR data with the goal of identifying subpopulations with greater risk for specific SIR types,

and individuals at risk of additional SIRs; and perform statewide reviews of abuse, neglect, and mortality SIRs to ensure that proper reporting, investigation, and risk prevention and mitigation occur. Additionally, DDS will expand the National Core Indicators satisfaction survey of individuals and families to increase the sample size for persons who have transitioned from a DC. DDS is proposing additional Regional Center Operations, Projects funding of \$121,000 one time, and \$76,000 ongoing, funded from CPP be dedicated to a quality management system for DC residents transitioning into the community.

**\$3.2 million (\$2.0 million GF), 43.1 positions, and trailer bill language, to improve crisis services at Fairview Developmental Center and provide new crisis services at Sonoma Developmental Center.** Specifically, this proposal would create separate crisis units at each facility. First, an existing, distinct housing unit will be modified and staffed at Fairview DC to serve five residents requiring crisis services. Second, an existing, stand-alone housing unit will be modified and staffed at Sonoma DC to provide crisis services for five residents.

**Trailer bill language to expand the Community State Staff Program statewide.** A community state staff program was associated with both the Agnews and Lanterman developmental centers' closures. This program allows developmental center staff to continue to work with residents moving from a developmental center to the community, and maintain state staff status, through a contract with a community provider. Currently, 13 Lanterman Developmental Center employees have been selected for the community state staff program. DDS is proposing trailer bill language to expand the Community State Staff Program to support anyone transitioning from any developmental center into the community. Because utilization during the early stages of the program is expected to be small, DDS currently has sufficient reimbursement authority within its proposed budget to support this program during 2014-15.

**Augmentation of \$0.5 million (\$0.3 million GF) to redirect 4.0 unfunded positions at DDS headquarters to address the community program workload associated with the Task Force recommendations.** Specifically, these positions will support community resource development; implementation and monitoring of the two new models of behavioral care; coordination with, and oversight of, regional center resource development and quality assurance activities; and organizing and participating in the stakeholder process moving forward.

In addition to proposals discussed above, DDS has committed to addressing these additional issues.

- **Managed Care.** DDS is working with the Department of Health Care Services to evaluate the recent experience at Lanterman Developmental Center and consider how this program might be expanded to other individuals moving out of developmental centers.
- **Enhanced Transition Planning.** DDS will initiate an evaluation of the transition planning process now in use at the developmental centers and community facilities, and make improvements that support a meaningful person-centered process.

- **Community Housing Using Developmental Center Lands.** DDS will utilize a stakeholder process to determine how the utilization of developmental center land for development of integrated community housing options through public/private partnerships might be developed, similar to Harbor Village at Fairview Developmental Center.
- **Health Resource Center(s).** DDS will utilize a stakeholder process to explore how some of the unique health, mental health, and specialty services available to developmental center residents can be utilized by persons with developmental disabilities living in the community.
- **Additional and/or Alternative Transitional and Competency Restoration Services.** DDS will engage stakeholders in analyzing the need for these services and options that may be available.
- **Future of Community Services.** A key concept universally endorsed by members of the task force was the need to improve access to quality services and supports in the community. DDS will establish a task force to explore this issue and make recommendations. Although a timeline has not been set for this process, DDS indicates it will continue to work with stakeholders and the Legislature in addressing significant community issues.

Questions for DDS:

- Please present your proposal.
- How long will it take to establish the new community resources you have proposed?
- Given the time it will take to establish these new facilities, what can DDS do now to better ensure persons ready to move to the community do not have to wait, including better use of existing comprehensive assessments and the CPP process?
- One of the plan components you propose to move forward through an additional stakeholder process is the use of developmental center lands for integrated community housing projects. We discussed this at the March hearing and committee members expressed frustration that a specific proposal at Fairview was ready to move forward but lost momentum due to issues with the Department of General Services. What has the Administration done to resolve these issues?
- Another plan component is the development of health resource centers, accessible to persons with developmental disabilities living in the community, using existing developmental center resources. Here a significant challenge has been eligibility for federal funding participation. What has the Administration done to resolve this issue?

**DDS Headquarters**

The May Revision provides \$41.1 million (\$26.3 million GF) for DDS headquarters, a \$0.5 million (\$0.3 million GF) increase over the Governor's January budget and an increase of \$1.9 million (\$0.9 million GF) over the adjusted current year budget. The proposed budget reflects an increase in employee compensation costs approved through collective bargaining and changes in retirement contribution rates; two budget change proposals (BCPs) related to vendor audit positions (discussed below) and the establishment of an existing limited-term CEA II position as permanent (approved by the subcommittee on March 27<sup>th</sup>); and, a May Revision proposal to fund 4.0 redirected positions to address workload associated with the implementation of the recommendations in the Health and Human Services Agency's "Plan for the Future of Developmental Centers in California" (discussed below).

**ISSUE 1: Redirection of headquarters staff – BCP# MR 1 - Future of Developmental Centers Implementation Component**

The May Revision proposes an augmentation of \$458,000 (\$321,000 GF) to redirect existing, unfunded positions at DDS headquarters to address the community program workload associated with the Task Force recommendations. Specifically, these positions will support community resource development; implementation and monitoring of the two new models of behavioral care; coordination with, and oversight of, regional center resource development and quality assurance activities; and organizing and participating in the stakeholder process moving forward.

Questions for DDS:

- Please describe the proposal.

**Staff Recommendation:** Approve BCP # MR 1.

**Developmental Centers**

The Governor's May Revision budget provides \$528.2 (\$276.0 million GF) for state developmental centers (DCs), an increase of \$2.2 million (\$1.5 million GF) over the Governor's January budget, and a \$27.8 million (\$29.1 million GF) decrease below the adjusted 2013-14 budget. The May Revision increases reflect, among other adjustments, costs associated with the implementation of program improvement plans (PIPs) at Porterville, Fairview and Lanterman developmental centers in order to regain or maintain federal certification, the redesign of the crisis unit at Fairview Developmental Center and development of a crisis unit at Sonoma Developmental Center.

Authorized positions decreased slightly to 4,461, a reduction of 3.4 positions below the Governor's January budget. 1,187 individuals are expected to reside in state developmental



centers on July 1, 2014 and reduce to 1,052 by June 20, 2015. The May Revision shows no change in the developmental centers caseload estimate in the current year, but increases by two in the budget year, from 1,110 to 1,112.

### **ISSUE 1: May Revision Adjustments**

The May Revision makes the following adjustments to the Governor's January budget for developmental centers:

#### For Fiscal Year 2013-14:

- Updates funding to \$556.0 million (\$305.2 million GF), a decrease of \$19,683 (\$8,617 GF) over the Governor's January budget.
- Redirects Sonoma Developmental Center Program Improvement Plan salary savings of \$2.2 million (\$1.3 million GF), resulting from delays in filling 42.5 positions, to offset the following:
  - \$137,000 increase (\$82,000 GF) in the State Council on Developmental Disabilities contract (Client Rights Advocate Interagency Agreement) due to various employee compensation adjustments approved through collective bargaining.
  - \$2.1 million increase (\$1.2 million GF) to support the Independent Consultant Review Expert contract required by the Program Improvement Plans (PIPs) at Fairview, Lanterman and Porterville developmental centers.
- \$19,683 decrease (\$8,617 GF) resulting from the transfer of the Foster Grandparent Program at Lanterman Developmental Center to the community services program.

#### For Fiscal Year 2014-15:

- Increases funding of \$2.2 million (\$1.5 million GF) and a net staffing decrease of 3.4 positions related to population staffing adjustments.
- \$139,000 (\$83,000 GF) increase to the State Council on Developmental Disabilities contract (Clients' Rights Advocate Interagency Agreement) due to various employee compensation adjustments approved through collective bargaining;
- \$28,000 (\$18,000 GF) transfer to Community Services Program for the utilization of Foster Grandparent Program.
- Additional adjustments discussed elsewhere in this agenda.

#### Questions for DDS:

- Please provide a brief overview of the population and staffing adjustments in the May Revision for Developmental Centers.

**Staff recommendation:** Approve May Revision adjustments (not otherwise addressed in this agenda).

**ISSUE 2: Lanterman Developmental Center Closure Adjustments**

Lanterman Developmental Center (LDC), which is in the process of transitioning its residents into community-based placements as part of a closure process, currently houses 58 residents<sup>i</sup>. The budget assumes a net decrease of \$22.7 million (\$12.0 million GF) related to position reductions, staff separation costs, enhanced staffing adjustments, and post-closure activities. LDC's residential population is expected to be zero by December 31, 2014.

To reflect adjustments related to the closure of Lanterman Developmental Center, the May Revision requests a net decrease of \$ 2.5 million (\$1.4 million GF) and a reduction of 45.5 positions.

Questions for DDS:

- Please provide an update of the Lanterman Closure process.

**Staff Recommendation:** Approve as proposed.

**ISSUE 3: Fairview, Porterville and Lanterman Developmental Centers Program Improvement Plans (PIPs)**

Fairview Developmental Center has approximately 317 residents with developmental disabilities. Porterville Developmental Center has approximately 397 residents with developmental disabilities, 168 of which reside in the Secure Treatment Program (STP). Sonoma Developmental Center has approximately 443 residents. Canyon Springs, a state-leased and operated ICD/MR residential facility, serves approximately 52 residents with moderate to mild intellectual disabilities, who may have mental health treatment needs, and who are transitioning out of a developmental center.

The Department of Public Health recertification surveys at FDC, PDC, and LDC found the Intermediate Care Facilities (ICFs) units at each facility to be out of compliance with federal requirements for treatment plans, protection of residents, client health and safety, and client rights. In January, DDS and DPH reached an agreement to avoid decertification, and maintain federal funding of approximately \$4.2 million each month. The agreement will require the development of a root-cause analysis and action plan for PDC and FDC, similar to what was required at SDC. For LDC, the agreement requires DDS to contract with an independent monitor to provide oversight, among other requirements.

The May Revision requests an increase of \$1.5 million (\$0.9 million GF) for costs associated with Independent Consultative Review Expert (ICRE) contracts, as required by the PIPs. These costs include funding for independent monitoring at Lanterman while residents remain at the

facility. ICRE contracts also require the development of action plans for Fairview and Porterville developmental centers.

Questions for DDS:

- Please briefly describe the process associated with the PIPs, moving forward.
- Please provide a brief update on the status of Sonoma Developmental Center's efforts to regain federal certification.
- Please discuss the status of certification at Canyon Springs Residential Facility.
- Please discuss the US DOJ Civil Investigative Demand issue highlighted in your May Revision documents.

**Staff Recommendation:** Approve as proposed.

<b>ISSUE 4: Crisis Services at Fairview and Sonoma Developmental Centers – Future of Developmental Centers Implementation Component</b>
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The May Revision proposes \$3.2 million (\$2.0 million GF), 43.1 positions, and trailer bill language, to improve crisis services at FDC and provide new crisis services at SDC. Specifically, this proposal would create separate crisis units at each facility. An existing, ICF-DD certified housing unit will be modified and staffed at each facility to serve residents requiring crisis services in a five-bed, distinct unit.

Under current law, FDC is the only developmental center that accepts crisis placements, under defined circumstances. Persons placed at FDC under current policy are housed within existing units and among existing FDC residents. DDS has found this to be of less-than-optimal benefit to both the person in crisis and the current residents.

The cost to establish the proposed crisis unit at FDC is \$2.1 million (\$1.2 million GF) and will require 28.8 new permanent positions (full year). The cost to establish the proposed crisis unit at SDC is \$1.1 million (\$736,000 GF) and will require 14.3 permanent staff positions (half year).

Along with the funding described above, the May Revision proposes trailer bill language to expand authority for acute crisis placements, already established in law, to SDC.

Questions for DDS:

- Please describe the proposal.
- Given that this proposal establishes, in a more formal way, the provision of crisis services in the developmental centers, would it be prudent to provide additional definition of these in statute?

**Staff recommendation:** Approve the funding and positions as proposed. Adopt modified trailer bill language, as follows:

Add subsection (h) to Welfare and Institutions Code 4418.7, to read:

*The acute crisis centers at Fairview Developmental Center and Sonoma Developmental Center shall consist of one distinct unit at each developmental center, distinct from other developmental center residential units, and serve no more than five residents in each unit. The acute crisis centers shall assist the consumer to transition back to his or her prior residence, or an alternative community-based residential setting, within the timeframe described in this section.*

<b>ISSUE 5: Community State Staff Program - Future of Developmental Centers Implementation Component</b>
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A community state staff program was associated with both the Agnews and Lanterman developmental centers' closures. This program allows developmental center staff to continue to work with residents moving from a developmental center to the community, and maintain state staff status, through a contract with a community provider. Currently, 12 Lanterman DC employees have been selected for the community state staff program. The May Revision proposes trailer bill language to expand the Community State Staff Program to support anyone transitioning from any developmental center into the community. Because utilization during the early stages of the program is expected to be small, DDS currently has sufficient reimbursement authority within its proposed budget to support this program during 2014-15.

Questions for DDS:

- Please describe the proposal.
- How might DDS encourage more use of this program?

**Staff recommendation:** Approve the trailer bill language (attached), as proposed.

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<sup>i</sup> All developmental center population references reflect the May 14, 2014 in-center census.

# Attachments

**PROPOSED MAY REVISION TRAILER BILL LEGISLATION**  
**Department of Developmental Services**  
**(629) COMMUNITY STATE STAFF PROGRAM**

**Section 1. Amend Government Code § 854.1 as follows:**

854.1. (a) ~~It is the intent of the Legislature to ensure continuity of care for clients of Agnews Developmental Center and Lanterman Developmental Center~~ individuals with developmental disabilities transitioning from a developmental center to the community.

(b) In the effort to achieve these goals, it is the intent of the Legislature to seek and implement recommendations that include all of the following services to retain Agnews and Lanterman developmental center staff as employees:

(1) Crisis management teams that provide behavioral, medical, and dental treatment, training, and technical assistance.

(2) Specialized services, including adaptive equipment design and fabrication, and medical, dental, psychological, and assessment services.

(3) Staff support in community homes to assist individuals with behavioral or psychiatric needs.

(c) As used in this chapter, the terms "mental institution" or "medical facility" also include a developmental services facility. For the purposes of this chapter "developmental services facility" means any facility or place where a public employee provides developmental services relating to the closure of Agnews Developmental Center or Lanterman Developmental Center and supports to individuals transitioning from a developmental center to the community.

**Sec. 2. Amend Welfare & Institutions Code § 4474.2 as follows:**

4474.2. (a) Notwithstanding any law to the contrary, the department may operate any facility, provide its employees to assist in the operation of any facility, or provide other necessary services and supports if, in the discretion of the department, it determines that the activity will assist in meeting the goal of ~~the orderly closures of Agnews Developmental Center and Lanterman Developmental Center~~ successfully transitioning developmental center residents to community living. The department may contract with any entity for the use of the department's employees to provide services and supports in furtherance of ~~the orderly closures of Agnews Developmental Center and Lanterman Developmental Center~~ this goal.

(b) The department shall prepare a report on the use of the department's employees in providing services in the community to ~~assist in the orderly closures of Agnews Developmental Center and Lanterman Developmental Center~~ individuals transitioning from a developmental center. The report shall include data on the number and classification of state employees working in the community program. The report shall be submitted with the Governor's proposed budget for the ~~2012-13~~ 2015-16 fiscal year to the fiscal committees of both houses of the Legislature and annually thereafter.

**PROPOSED MAY REVISION TRAILER BILL LEGISLATION**  
**Department of Developmental Services**  
**(628) CRISIS ADMISSIONS**

**Section 1. Amend Welfare & Institutions Code § 4418.7 as follows:**

**4418.7.** (a) If the regional center determines, or is informed by the consumer's parents, legal guardian, conservator, or authorized representative that the community placement of a consumer is at risk of failing, and that admittance to a state developmental center is a likelihood, or the regional center is notified by a court of a potential admission to a developmental center consistent with Section 7505, the regional center shall immediately notify the appropriate regional resource development project, the consumer, and the consumer's parents, legal guardian, or conservator.

(b) In these cases, the regional resource development project shall immediately arrange for an assessment of the situation, including, visiting the consumer, if appropriate, determining barriers to successful integration, and recommending the most appropriate means necessary to assist the consumer to remain in the community. The regional center shall request assistance from the statewide specialized resource service pursuant to Section 4418.25 as necessary in order to determine the most appropriate means necessary to assist the consumer to remain in the community and shall provide the information obtained from the statewide specialized resource service to the regional resource developmental project. If, based on the assessment, the regional resource development project determines that additional or different services and supports are necessary, the department shall ensure that the regional center provides those services and supports on an emergency basis. An individual program plan meeting, including the regional resource development project's representative, shall be convened as soon as possible to review the emergency services and supports and determine the consumer's ongoing needs for services and supports. The regional resource development project shall follow up with the regional center as to the success of the recommended interventions until the consumer's living arrangement is stable.

(c) (1) If the regional resource development project determines, based on the assessment conducted pursuant to subdivision (b), that the consumer referred to the regional resource development project by the court cannot be safely served in the developmental center, the department shall notify the court in writing.

(2) (A) If the regional resource development project, in consultation with the regional center, the consumer, and the consumer's parents, legal guardian, or conservator, when appropriate, determines that admittance to a state developmental center is necessary due to an acute crisis, as defined in paragraph (1) of subdivision (d), the regional center shall immediately pursue the obtainment of a court order for short-term admission and crisis stabilization.

(B) (i) The regional resource development project, in consultation with the regional center, the consumer, and, when appropriate, the consumer's parents, legal guardian,

conservator, or authorized representative, shall not make a determination that admittance to a state developmental center is necessary due to an acute crisis as defined in paragraph (1) of subdivision (d) unless the determination includes a regional center report detailing all considered community-based services and supports and an explanation of why those options could not meet the consumer's needs at the time of such a determination.

(ii) For purposes of complying with clause (i), the regional center shall not be required to consider out-of-state placements or mental health facilities, including institutions for mental disease, as described in Part 5 (commencing with Section 5900) of Division 5, that are ineligible for federal Medicaid funding.

(d) (1) For purposes of this section, an "acute crisis" means a situation in which the consumer meets the criteria of Section 6500 and, as a result of the consumer's behavior, all of the following are met:

(A) There is imminent risk for substantial harm to self or others.

(B) The service and support needs of the consumer cannot be met in the community, including with supplemental services as set forth in subparagraph (E) of paragraph (9) of subdivision (a) of Section 4648 and emergency and crisis intervention services as set forth in paragraph (10) of subdivision (a) of Section 4648.

(C) Due to serious and potentially life-threatening conditions, the consumer requires a more restrictive environment for crisis stabilization.

(2) For purposes of paragraph (1), out-of-state placements or mental health facilities and other facilities, including institutions for mental disease, as described in Part 5 (commencing with Section 5900) of Division 5, for which federal Medicaid funding is not available, shall not be deemed to be supplemental services or emergency and crisis intervention services.

(e) When an admission occurs due to an acute crisis, all of the following shall apply:

(1) As soon as possible following admission to a developmental center, a comprehensive assessment shall be completed by the regional center in coordination with the developmental center. The comprehensive assessment shall include the identification of the services and supports needed for crisis stabilization and the timeline for identifying or developing the services and supports needed to transition the consumer back to the community. The regional center shall immediately submit a copy of the comprehensive assessment to the committing court. Immediately following the assessment, and not later than 30 days following admission, the regional center and the developmental center shall jointly convene an individual program plan meeting to determine the services and supports needed for crisis stabilization and to develop a plan to transition the consumer into community living pursuant to Section 4418.3. The clients' rights advocate for the regional center shall be notified of the admission and the individual program plan meeting and may participate in the individual program plan meeting unless the consumer objects on his or her own behalf.

(2) If transition is not expected within 90 days of admission, an individual program plan meeting shall be held to discuss the status of transition and to determine if the consumer is still in need of crisis stabilization. If crisis services continue to be



necessary, the regional center shall submit to the department an updated transition plan and a request for an extension of stay at the developmental center of up to 90 days.

(3) (A) A consumer shall reside in the developmental center no longer than six months before being placed into a community living arrangement pursuant to Section 4418.3, unless, prior to the end of the six months, all of the following have occurred:

(i) The regional center has conducted an additional comprehensive assessment based on information provided by the regional center, and the department determines that the consumer continues to be in an acute crisis.

(ii) The individual program planning team has developed a plan that identifies the specific services and supports necessary to transition the consumer into the community, and the plan includes a timeline to obtain or develop those services and supports.

(iii) The committing court has reviewed and, if appropriate, extended the commitment.

(B) The clients' rights advocate for the regional center shall be notified of the proposed extension pursuant to clause (iii) of subparagraph (A) and the individual program plan meeting to consider the extension, and may participate in the individual program plan meeting unless the consumer objects on his or her own behalf.

(C) (i) In no event shall a consumer's placement at the developmental center exceed one year unless both of the following occur:

(I) The regional center demonstrates significant progress toward implementing the plan specified in clause (ii) of subparagraph (A) identifying the specific services and supports necessary to transition the consumer into the community.

(II) Extraordinary circumstances exist beyond the regional center's control that have prevented the regional center from obtaining those services and supports within the timeline based on the plan.

(ii) If both of the circumstances described in subclauses (I) and (II) exist, the regional center may request, and the committing court may grant, an additional extension of the commitment, not to exceed 30 days.

(D) Consumers placed in the community after admission to a developmental center pursuant to this section shall be considered to have moved from a developmental center for purposes of Section 4640.6.

(f) The department shall collect data on the outcomes of efforts to assist at-risk consumers to remain in the community. The department shall make aggregate data on the implementation of the requirements of this section available, upon request.

(g) Notwithstanding any other law or regulation, commencing July 1, 2012 and until December 31, 2014, Fairview Developmental Center shall be the only developmental center authorized to admit a consumer pursuant to a court order for an acute crisis as described in this section. Commencing January 1, 2015, admissions to a developmental center for an acute crisis as described in this section are authorized pursuant to a court order only to the acute crisis center at Fairview Developmental Center or the acute crisis center at Sonoma Developmental Center.

**Sec. 2. Amend Welfare & Institutions Code § 6509 as follows:**

**6509.** (a) If the court finds that the person has a developmental disability, and is a danger to himself, herself, or to others, the court may make an order that the person be committed to the State Department of Developmental Services for suitable treatment and habilitation services. Suitable treatment and habilitation services is defined as the least restrictive residential placement necessary to achieve the purposes of treatment. Care and treatment of a person committed to the State Department of Developmental Services may include placement in any of the following:

(1) Any licensed community care facility, as defined in Section 1504, or any health facility, as defined in Section 1250, other than a developmental center or state-operated facility.

(2) Prior to January 1, 2015, Fairview Developmental Center or, on or after January 1, 2015, the acute crisis center at Fairview Developmental Center or the acute crisis center at Sonoma Developmental Center, if the person meets the criteria for admission pursuant to paragraph (2) of subdivision (a) of Section 7505.

(3) The secure treatment program at Porterville Developmental Center if the person meets the criteria for admission pursuant to paragraph (3) of subdivision (a) of Section 7505.

(4) Any other appropriate placement permitted by law.

(b) (1) The court shall hold a hearing as to the available placement alternatives and consider the reports of the regional center director or designee and the developmental center director or designee submitted pursuant to Section 6504.5. After hearing all the evidence, the court shall order that the person be committed to that placement that the court finds to be the most appropriate and least restrictive alternative. If the court finds that release of the person can be made subject to conditions that the court deems proper and adequate for the protection and safety of others and the welfare of the person, the person shall be released subject to those conditions.

(2) The court, however, may commit a person with a developmental disability who is not a resident of this state under Section 4460 for the purpose of transportation of the person to the state of his or her legal residence pursuant to Section 4461. The State Department of Developmental Services shall receive the person committed to it and shall place the person in the placement ordered by the court.

(c) If the person has at any time been found mentally incompetent pursuant to Chapter 6 (commencing with Section 1367) of Title 10 of Part 2 of the Penal Code arising out of a complaint charging a felony offense specified in Section 290 of the Penal Code, the court shall order the State Department of Developmental Services to give notice of that finding to the designated placement facility and the appropriate law enforcement agency or agencies having local jurisdiction at the site of the placement facility.

(d) If the Department of Developmental Services decides that a change in placement is necessary, it shall notify in writing the court of commitment, the district attorney, and the attorney of record for the person and the regional center of its decision at least 15 days in advance of the proposed change in placement. The court may hold a hearing and (1)

approve or disapprove of the change, or (2) take no action in which case the change shall be deemed approved. At the request of the district attorney or of the attorney for the person, a hearing shall be held.

**Sec. 3. Amend Welfare & Institutions Code § 7505 as follows:**

7505. (a) Notwithstanding any other provision of law, commencing July 1, 2012, the State Department of Developmental Services shall not admit anyone to a developmental center unless the person has been determined eligible for services under Division 4.5 (commencing with Section 4500) and the person is:

(1) Committed by a court to Porterville Developmental Center, secure treatment program, pursuant to Section 1370.1 of the Penal Code.

(2) Committed by a court to Fairview Developmental Center prior to January 1, 2015, or the acute crisis center at Fairview Developmental Center or the acute crisis center at Sonoma Developmental Center on or after January 1, 2015, pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6 due to an acute crisis, pursuant to Section 4418.7.

(3) Committed by a court to Porterville Developmental Center, secure treatment program, pursuant to Article 2 (commencing with Section 6500) of Chapter 2 of Part 2 of Division 6 as a result of involvement with the criminal justice system, and the court has determined the person is mentally incompetent to stand trial.

(4) A person described in Section 4508.

(5) A juvenile committed to Porterville Developmental Center, secure treatment program, pursuant to Section 709.

(b) Under no circumstances shall the State Department of Developmental Services admit a person to a developmental center after July 1, 2012, as a result of a criminal conviction or where the person is competent to stand trial for the criminal offense and the admission is ordered in lieu of trial.