

SENATE JUDICIARY COMMITTEE
Senator Thomas Umberg, Chair
2023-2024 Regular Session

AB 1147 (Addis)
Version: July 10, 2023
Hearing Date: July 11, 2023
Fiscal: Yes
Urgency: No
AWM

SUBJECT

Disability Equity and Accountability Act of 2023

DIGEST

This bill enacts the Disability Equity and Accountability Act of 2023, which makes various changes to the Lanterman Developmental Disabilities Services Act (Lanterman Act) to reform and provide transparency into the regional centers that provide services and supports to persons with developmental disabilities.

EXECUTIVE SUMMARY

The Lanterman Act establishes that California is responsible for providing an array of services and supports sufficiently complete to meet the needs and choices of each person with developmental disabilities, regardless of age or degree of disability, at each stage of life. The Department of Developmental Services (DDS) is tasked with overseeing the coordination and delivery of services and supports under the Lanterman Act, which it does by contracting with 21 regional centers throughout the state. The regional centers, in turn, contract with vendors to provide services, and work with persons with developmental disabilities and their supporters (often family members) to determine what services should be provided.

In recent years, both the California State Auditor and the Little Hoover Commission have reported that the regional centers are failing to live up to their obligations of providing services to Californians with developmental disabilities. In particular, the Little Hoover Commission found that regional centers are not providing services equally across racial and ethnic groups and geographic locations, as well as inconsistencies in data reporting. DDS has implemented some measures to improve the regional centers, but the author and sponsors contend that more efforts are necessary.

This bill, the Disability Equity and Accountability Act of 2023, is intended to improve the regional centers' operations and provide advocates and the public with greater

transparency. The brunt of the reforms, which deal with the internal operations of the regional centers, were considered by the Senate Human Services Committee. This Committee has jurisdiction over one key provision: the application of the California Public Records Act (CPRA) to the regional centers. According to the author and sponsors, while current law requires regional centers to make certain information public, the scope of the publicly available information is inadequate to allow for meaningful public oversight into the regional centers' expenditures of public funds in order to serve members of the public. In order to give the regional centers time to adapt to the CPRA's obligations, the author has agreed to delay the implementation of the CPRA to regional centers until January 1, 2025.

This bill is sponsored by Disability Voices United and the Integrated Community Collaborative, and is supported by Autism Society Los Angeles, the California State Council on Developmental Disabilities, Disability Rights California, Momentum Agencies, PRAGNYA, Public Counsel, Special Needs Network, Inc., and one individual. This bill is opposed by the Association of Regional Center Agencies. The Senate Human Services Committee passed this bill with a vote of 5-0.

PROPOSED CHANGES TO THE LAW

Existing law:

- 1) Establishes the Lanterman Act, which states that California is responsible for providing an array of services and supports sufficiently complete to meet the needs and choices of each person with developmental disabilities, regardless of age or degree of disability, at each stage of life; and governs the provision of services to persons with developmental disabilities covered by the Lanterman Act. (Welf. & Inst. Code, div. 4.5, §§ 4500 et seq.)
- 2) Defines, for purposes of the Lanterman Act, the following relevant terms:
 - a) "Developmental disability" means a disability that originates before an individual attains 18 years of age, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual, and includes intellectual disability, cerebral palsy, epilepsy, and autism, as well as other disabling conditions found to be closely related to intellectual disability. Children who do not have a defined developmental disability may nevertheless be eligible for regional center services if they present specified functional limitations.
 - b) "Services and supports for persons with developmental disabilities" means specialized services and supports or special adaptations of generic services and supports directed toward the alleviation of a developmental disability or toward the social, personal, physical, or economic habilitation or rehabilitation of an individual with a developmental disability, or toward the achievement and maintenance of an independent, productive, and normal

- life. The determination of which services and supports are necessary is made through an individualized plan process, as specified.
- c) "Consumer" means a person who has a disability that meets the definition of developmental disability. (Welf. & Inst. Code, § 4512.)
- 3) Requires the State, in order to carry out many of its responsibilities under the Lanterman Act, to contract with appropriate agencies to provide fixed points of contact in the community for consumers and their families, so that these persons may have access to the appropriate services and supports, known as "regional centers." Regional centers should be accessible to every family in need of their services and the design and activities of regional centers should reflect a strong commitment to the delivery of direct service coordination; all other operational expenditures of regional centers should be necessary to support and enhance the delivery of direct service coordination and services and supports identified in IPPs. (Welf. & Inst. Code, § 4620.)
- 4) Requires DDS to oversee the regional centers and ensure that they meet their statutory, regulatory, and contractual obligations in providing services to persons with developmental disabilities. (Welf. & Inst. Code, § 4501.)
- a) As part of its responsibility to monitor regional centers, DDS must collect and review printed materials issued by the regional centers, including, but not limited to, purchase of service policies and other policies, guidelines, or assessment tools utilized by regional centers when determining the service needs of a consumer, instructions and training materials for regional center staff, board meeting agendas and minutes, and general policy and notifications provided to all providers and consumers and families. (Welf. & Inst. Code, § 4434(d).)
- 5) Requires DDS and the regional centers to collaborate annually to compile data in a uniform manner relating to purchases and expenditures with respect to all of the following:
- a) The age of the consumer, in specified brackets.
- b) The race or ethnicity of the consumer.
- c) The preferred language spoken by the consumer, plus related details if feasible.
- d) The disability details of the consumer, as specified.
- e) Residence type, subcategorized by age, race or ethnicity, and preferred language.
- f) Specified information regarding the provision of a consumer's IPP, on request.
- g) Beginning in fiscal year 2023-2024, the numbers, percentages, and total and per capita expenditure and authorization amounts, by age, as applicable, according to race or ethnicity and preferred language, for all combined residence types and for consumers living in the family home, regarding (1)

- camping and recreational expenses, (2) social recreation activities, (3) educational services, and (4) nonmedical therapies, including specialized recreation, art, dance, and music. (Welf. & Inst. Code, § 4519.5(a).)
- 6) Requires the data reported under 5) to include the number of persons who have determined to be eligible for regional center services, but who are not receiving purchase of service funds, and specified demographic information about those persons. (Welf. & Inst. Code, § 4519.5(b).)
 - 7) Requires each regional center to post its own information reported under 5)-6) on its website annually, including all prior years' information, and DDS to post the statewide information reported under 5)-6) on its website, including all prior years' information. Each regional center shall meet with stakeholders in public meetings to discuss the data annually, as specified. (Welf. & Inst. Code, § 4519.5(c)-(e).)
 - 8) Requires DDS, in consultation with stakeholders, to identify a valid and reliable quality assurance instrument that assesses consumer and family satisfaction, provision of services in a linguistically and culturally competent manner, and personal outcomes; among other things, the instrument shall include outcome-based measures to evaluate linguistic and cultural competency of regional center services that are provided to consumers across their lifetimes. (Welf. & Inst. Code, § 4571.)
 - 9) Establishes criteria for the agencies with which DDS may contract to serve as regional centers, including specified requirements for the agencies' boards. (Welf. & Inst. Code, § 4622.)
 - 10) Requires each regional center to submit a conflict-of-interest policy, including specified information, to DDS and post the policy on its website. (Welf. & Inst. Code, § 4626.5.)
 - 11) Establishes initial intake assessment procedures for any person who is believed to have a developmental disability and any person believed to have a high risk of parenting a developmentally disabled infant, and required DDS to create standardized information packets to be provided to any person seeking services from a regional center that shall be distributed at intake and other specified occasions. (Welf. & Inst. Code, § 4642.)
 - 12) Requires regional centers to develop IPPs for any person who, following intake and assessment, is found to be eligible for regional center services, developed through specified processes and including specified information. (Welf. & Inst. Code, §§ 4646-4646.5.)
 - 13) Requires regional centers to identify and pursue all possible sources of funding for consumers receiving regional center services, which shall be applied against the cost

of providing services, and with certain limitations on services that may be provided without documentation of a Medi-Cal denial of services and a determination that an appeal does not have merit. (Welf. & Inst. Code, § 4659.)

- 14) Requires DDS to implement a statewide Self-Determination Program which shall be available in every regional center catchment area to provide participants and their families with increased flexibility and choice, and greater control over decisions, to implement their IPPs. (Welf. & Inst. Code, § 4685.8.)
- 15) Requires every regional center to have an appeals process for resolving conflicts between the regional center and recipients of, or applicants for, service, and that access to records shall be provided to an applicant for, or recipient of, services or their authorized representative, for purposes of an appeal, notwithstanding the general requirement that information and records obtained in the course of providing services are confidential. (Welf. & Inst. Code, §§ 4705, 4726, 5328.)
- 16) Establishes a complaint procedure for each consumer or representative of a consumer or consumers who believes that any right has been abused, punitively withheld, or improperly or unreasonably denied by a regional center; if the complaint is not satisfied by the resolution proposed by the regional center, they may seek administrative review by DDS, which must issue a written administrative decision. DDS must annually compile the information related to the complaints filed and make copies available to any person upon request. (Welf. & Inst. Code, § 4731.)
- 17) Establishes the California Public Records Act (CPRA), which finds and declares that access to information concerning the conduct of the people's business is a fundamental and necessary right of every person in this state, and sets forth procedures by which public records may be requested, subject to certain exceptions. (Gov. Code, tit. 1, div. 10, §§ 7920.00 et seq.)

This bill:

- 1) Establishes the Disability Equity and Accountability Act of 2023.
- 2) Makes findings and declarations regarding the failures of California's service system for adults and children with intellectual disabilities through the Lanterman Act, including serious racial, ethnic, and geographic disparities among regional centers which can dramatically impact the essential services received by children and adults with developmental disabilities.
- 3) States that it is the intent of the Legislature to do all of the following:
 - a) Ensure that the delivery of all services and supports comply with federal law and guidance and are responsive to the needs and choices of beneficiaries receiving home- and community-based services, are person centered and

- strengths based, have high expectations for interdependence, self-direction, and competitive, integrated employment, provide support coordination to assist with a community-supported life, and achieve a more consistent and coordinated approach to the administration of policies and procedures across the state.
- b) Ensure that all regional centers offer and provide a consistent and common set of services and that the services are delivered in a timely way.
 - c) Ensure that the delivery of all services and supports comply with federal law and guidance and are responsive to the needs and choices of beneficiaries receiving home- and community-based services; are person centered and strengths based; have high expectations for interdependence, self-direction, and competitive, integrated employment; provide support coordination to assist with a community-supported life; and achieve a more consistent and coordinated approach to the administration of policies and procedures across the state.
 - d) Provide the department with new tools for holding regional centers and service providers accountable through the development of a standardized and coordinated set of performance measures and related standards that establish targets and standards above which a regional center may receive incentives for improved performance, and a separate set of standards that require corrective action.
 - e) Improve regional center governance by establishing new standards and procedures for regional center governing boards to ensure they can more effectively represent the communities they serve by providing them with greater independence and protection from regional center retaliation.
 - f) Require DDS to develop a written project charter for the planning and development of a uniform statewide automation system that serves as a foundation document for the system development, which includes project guiding principles, scope, strategies and approach, and project governance, in order to provide transparency to the Legislature and the public on the system development as has been used with other statewide system development.
- 4) Provides that regional centers are subject to the records disclosure requirements of the CPRA.
 - 5) Provides that, notwithstanding any exemption to the PRA, an applicant for, or recipient of, services who is appealing a regional center decision shall receive access to their records on request, unless the disclosure is expressly provided by law.
 - 6) Requires DDS to mandate, for purposes of its data collection, the use of consistent classifications of race and ethnicity and consistent standards and requirements for regional center websites; and to collect information relating to consumers' tribal affiliation.

- 7) Requires, as part of DDS's planning process for the planning and development of a uniform statewide data automation system, DSS to develop, by March 1, 2025, a project charter that includes specified information and goals.
- 8) Requires DDS, by March 1, 2025, to submit a report to the policy and budget subcommittees of the Legislature describing the extent to which the requirements relating to DSS's unified quality assessment system are not being met, and providing specific steps and the schedule by which these requirements will be met.
- 9) Requires DDS, by January 1, 2026, to establish a common set of services and supports that every regional center in the state shall make available to consumers in negotiating, developing, or amending an IPP.
- 10) Modifies the requirements for the boards of the agencies with which DDS may contract as regional centers.
- 11) Establishes procedures by which DDS shall conduct evaluations of regional centers and by which corrective action plans shall be developed and assessed.
- 12) Adds requirements relating to cultural competency in the regional assistance intake process.
- 13) Modifies the requirements for and the processes by which an IPP is developed and reviewed.
- 14) Modifies the circumstances under which a regional center may ask a consumer or family member to seek Medi-Cal or other funding for services provided by the regional center.
- 15) Requires DDS to review its current processes for vendorizing providers for the delivery of services and supports to regional centers, revise those processes, and create a uniform statewide vendorization process.
- 16) Modifies the consumer complaint process to require that a complaint first be made to the director of the regional center, who shall propose a solution within 20 days; if the complainant is not satisfied, they may refer the complaint to the director of DDS within 15 days of receiving the proposed resolution, and the director shall issue a written administrative decision within 30 days. If there is no referral of the complaint, the proposed resolution shall become effective on the 20th working day following receipt by the complainant.

COMMENTS

1. Author's comment

Regional centers play a critical role in California's developmental disability system by providing assessments, determining eligibility, and coordinating the services for those with intellectual and developmental disabilities. Despite California's network of centers that serve nearly 400,000 individuals, numerous issues plague the system, including a lack of transparency, accountability, and disparities in the services provided. Not only has this undermined confidence in California's developmental disability system, but it has failed to serve the Californians that need these services most. AB 1147, the Disability Equity & Accountability Act, enacts several reforms to help ensure that all people, regardless of their race or ethnicity or where they live, receive equitable access to services within the regional center system and that all regional centers offer and provide a consistent and common set of services and that the services are delivered in a timely way. It is time that we provide accountability, transparency, and fairness to Californians with disabilities and their families.

2. Background on the Lanterman Act and regional centers

Since the Lanterman Act was enacted in 1977, California "has accepted responsibility for providing services and supports to residents with intellectual and developmental disabilities."¹ Under the Lanterman Act:

[DDS] is responsible for overseeing the coordination and delivery of care, custody, and treatment of individuals with intellectual and developmental disabilities. More than 380,000 Californians receive services and supports through the Lanterman Act. DDS contracts with 21 regional centers throughout California to coordinate service provision to these individuals. These regional centers are private, nonprofit corporations that receive funding and oversight from DDS. In fiscal year 2021-22, the state budget allocated \$6.5 billion to support regional centers statewide.²

The regional centers that have contracts with DDS then enter into their own contracts with vendors to provide a variety of services to consumers.³ The services and supports provided by the regional centers are to help the consumers "live as independently as

¹ Auditor for the State of California, Report 2021-107, Department of Developmental Services: It Has Not Ensured That Regional Centers Have the Necessary Resources to Effectively Serve Californians With Intellectual and Developmental Disabilities (Jun. 2022), p. 5 (State Auditor's Report).

² *Ibid.*

³ *Ibid.*

possible...To many individuals and families, the state's developmental disabilities services offer a critical lifeline."⁴

3. Regional centers are underfunded and are not providing sufficient services, particularly for people of color

In the last year, two separate reports have detailed the numerous shortcomings in regional centers' provision of care.

In 2022, the State Auditor released a report on its audit of three regional centers.⁵ The first conclusion was that all of the regional centers in the State were failing to comply with limitations on service coordinator caseloads for at least one consumer group⁶ due to DDS's consistent failure to update its salary formula or perform the analysis necessary to determine the ongoing cost of hiring the number of service coordinators required by law.⁷ Unsurprisingly, the lack of service coordinators left regional centers unable to provide the kind of services and responsiveness that the Legislature has sought to provide to consumers.⁸ Additionally, the Auditor concluded that (1) DDS has not ensured that regional centers are adequately monitoring vendors;⁹ (2) DDS and the regional centers do not systematically monitor whether consumers experience difficulties in accessing services;¹⁰ and (3) DDS has not provided adequate oversight of the regional centers' response to consumer complaints.¹¹

Nearly a year later, in April 2023, the Little Hoover Commission found "persistent and ongoing disparities in the availability and quality of services [provided by regional centers] among racial and ethnic groups and among geographic localities."¹² The Commission also found "inconsistencies in data reporting, technologies, vendorization processes, support for regional center governing boards, and availability of client support."¹³ The report made seven recommendations for improvement:

1. Increase consistency in client experiences across regional centers.
2. Target and reduce racial and ethnic disparities.
3. Strengthen state oversight of the developmental disabilities system.
4. Modernize technology.
5. Standardize the vendorization process.
6. Strengthen and enhance support for regional center governing boards.

⁴ Little Hoover Com., *A System in Distress: Caring for Californians with Developmental Disabilities* (Apr. 2023), p. 7 (Little Hoover Report).

⁵ State Auditor's Report, *supra*, at p. 7.

⁶ *Id.* at p. 13.

⁷ *Ibid.*

⁸ *Id.* at pp. 16-17.

⁹ *Id.* at p. 21.

¹⁰ *Id.* at p. 25.

¹¹ *Id.* at p. 28.

¹² Little Hoover Report, *supra*, at p. 5.

¹³ *Ibid.*

7. Improve service coordination.¹⁴

The impetus for recommendation #2 is especially troubling; the Commission found persistent disparities in the delivery of services on the basis of race and ethnicity, even after the State invested \$66 million to reduce those disparities.¹⁵ “To date, no one has satisfactorily explained the cause of these inequities,” but, as the Commission concluded, “these inequities must be addressed.”¹⁶

4. This bill implements several reforms in the regional centers, including making the regional centers subject to the CPRA

This bill makes numerous changes to the statutes governing the operation and governance of the regional centers, many of which were recommended by the State Auditor and the Little Hoover Commission. The internal workings of the regional centers are generally within the jurisdiction of the Senate Human Services Committee, which heard this bill first; the analysis of that Committee is incorporated here by reference. This Committee’s jurisdiction arises from the provision of the bill that makes the regional centers subject to the CPRA.

Because the regional centers are technically private entities – even though they serve a public purpose and are funded with public funds¹⁷ – they are not subject to the CPRA’s disclosure requirements. Of course, information that a regional center provides to DDS becomes subject to the CPRA once it is in DDS’s possession. The Association of Regional Center Agencies (ARCA), writing in opposition, notes that the regional centers already provide an array of documents to DDS so that DDS can perform its oversight obligations; those documents can be obtained through a CPRA request to DDS.¹⁸ Regional centers are also required to post specific information online, including certain information relating to the purchase of service policies and other guidelines and information about the vendors used by the regional centers.¹⁹ The question, therefore, is whether the regional centers’ limited disclosures are sufficient, or whether it is appropriate to give the public the same access to the regional centers’ documents as they are entitled to for documents of public entities. The author and sponsors argue that, although they can obtain some information from DDS once it is passed along from the regional centers, the available information is insufficient to truly determine whether the regional centers are fulfilling their obligations or the sources of regional centers’ failures. Moreover, given that both the State Auditor and the Little Hoover Commission found that DDS’s oversight of the regional centers was lacking,²⁰ the author and

¹⁴ *Id.* at pp. 5-6.

¹⁵ *Id.* at p. 11.

¹⁶ *Ibid.*

¹⁷ State Auditor’s Report, *supra*, at p. 5.

¹⁸ See Welf. & Inst. Code, § 4434(d).

¹⁹ Welf. & Inst. Code, § 4629.5.

²⁰ State Auditor’s Report, *supra*, at pp. 25-32; Little Hoover Report, *supra*, at pp. 12-14.

sponsors argue that relying on information filtered through DDS (and often obtained only after considerable delay and expense) prevents true transparency.

The State generally has a strong policy preference in favor of providing public access to government records: access to information concerning the conduct of the people's business is a fundamental and necessary right of every person in this state.²¹ In 2004, the right of public access was enshrined in the California Constitution with the passage of Proposition 59,²² which amended the California Constitution to specifically protect the right of the public to access and obtain government records, stating that "[t]he people have the right of access to information concerning the conduct of the people's business, and... the writings of public officials and agencies shall be open to public scrutiny."²³ Ten years later, voters approved Proposition 42²⁴ to further increase public access to government records by requiring local agencies to comply with the CPRA,²⁵ and with any future amendments to the CPRA, as provided.²⁶

The CPRA casts a broad net: a public record is any writing containing information relating to the conduct of the public's business prepared, owned, used, or retained by any public agency regardless of physical form or characteristics.²⁷ Public records are open to inspection at all times during the office hours of a public agency for inspection by the public, unless exempted.²⁸ The CPRA allows a public agency 10 days or, in specified "unusual circumstances," within 14 days of the 10-day period to disclose the requested public record, and authorizes the agency to charge a fee for its "direct costs of duplication" to the record.²⁹

There is precedent for applying the CPRA to private entities. As ARCA notes, charter schools are subject to the CPRA.³⁰ The CPRA was extended to charter schools legislatively³¹ after Attorney General Becerra issued guidance on the issue; the guidance looked at the function served by charter schools (to be equivalent to public schools) and charter schools' source of funding (taxpayer money) and concluded:

²¹ Gov. Code, § 7921.000.

²² Prop. 59, as approved by the voters, Gen. Elec. (Nov. 3, 2004). Prop. 59 was placed on the ballot by a unanimous vote of both houses of the Legislature. (SCA 1 (Burton, Ch. 1, Stats. 2004).

²³ Cal. Const., art. I, § 3 (b)(1).

²⁴ Prop. 42, as approved by the voters, Prim. Elec. (Jun. 3, 2014). Prop. 42 was placed on the ballot by a unanimous vote of both houses of the Legislature. (SCA 3 (Leno, Ch. 123, Stats. 2013).

²⁵ The Ralph M. Brown Act is the open meetings laws that apply to local agencies. (Gov. Code §§ 59450 et. seq.)

²⁶ Cal. Const., art. I, sec. 3 (b)(7).

²⁷ Gov. Code § 7920.530.

²⁸ Gov. Code § 7922.252.

²⁹ Gov. Code §§ 7922.530(a), 7922.5353.

³⁰ Ed. Code, § 47604.1. ARCA states that charter schools are the only non-public entities covered by the CPRA, but at least one other private body serving a public function – the California Interscholastic Federation – is required to comply with the CPRA. (*See id.*, § 33353.)

³¹ SB 126 (Leyva, Ch. 3, Stats. 2019).

Receiving funding from the state for the purpose of educating public schoolchildren to require that corporate charter schools' business – which is also the people's business – is conducted in the open.³²

This rationale seems to hold true for regional centers as well. Regional centers receive money from the State for the purpose of providing services and benefits to the State's residents with developmental disabilities. If anything, the regional centers land even more squarely in the public domain than charter schools: while charter schools are a quasi-private alternative to public schools, regional centers *are* the public option. DDS's obligation to provide services to Californians with developmental disabilities is fulfilled by the regional centers acting at the direction of DDS. Other areas of law hold that the State cannot avoid its legal constraints by directing the actions of a private actor;³³ the obverse proposition – that a private entity cannot avoid the legal obligations of the State when it is conducting State business at the direction of, and funded by, the State – seems logically to follow.³⁴

To be sure, compliance with the CPRA is no mean feat. The CPRA is an extensive body of law and requires sensitive information to be redacted from otherwise-inspectable documents.³⁵ But the people's right to access public records – affirmed by the voters twice in two decades – is not contingent on convenience. Allowing a public body to opt out of the CPRA because compliance is cumbersome would thwart the purpose of the CPRA. At the same time, the move from limited disclosure obligations to full CPRA compliance requires institutional adaptation – to establish procedures, become familiar with the exemptions, and ensure the organization has the capacity to handle incoming requests. To give the regional centers some breathing room, the author has agreed to delay the implementation of the CPRA to regional centers until January 1, 2025.

5. Amendments

As noted above, the author has agreed to amend the bill to make the application of the CPRA to regional centers effective on January 1, 2025.

6. Arguments in support and opposition

This bill is supported by a number of organizations that advocate for the rights of Californians with disabilities, who argue that this bill is necessary to reform the regional

³² 101 Ops. Cal. Atty. Gen. 92 (2018), p. 10.

³³ See, e.g., *Skinner v. Railway Labor Executives' Ass'n* (1989) 489 U.S. 615-616 (where federal regulations directed railroad companies to conduct toxicological testing of railroad employees, the tests were treated as a governmental search subject to the Fourth Amendment).

³⁴ See, e.g., *Lebron v. National R.R. Passenger Corp.* (1995) 513 U.S. 374, 397-399 (Amtrak, though technically a private corporation, is properly considered a part of the government for the purposes of the First Amendment).

³⁵ E.g., Gov. Code, §§ 7922.000, 7927.700

centers and allow them to engage in effective public oversight. For example, Disability Voices United, one of the sponsors of the bill, writes:

Clients and families should be able to see how they are being individually served and how their regional centers are doing with all their clients. To accomplish the transparency goal, the bill directs DDS, as part of planning for implementation of a new information technology system, to develop a written project charter for the system development which includes project guiding principles, scope, strategies and approach, and project governance, to provide transparency to the Legislature and the public. The bill also requires that regional centers be subject to the Public Records Act, requires DDS and regional centers to collect standardized racial and ethnicity data aligned with federal census data categories, and directs DDS to report statewide and regional center data on health and safety waivers.

The State Council on Developmental Disabilities also writes in support:

Different reports and feedback from stakeholders have gleaned disparities in services provided by regional centers. These reports, including the State Auditor Report, have found that stronger state oversight and transparency are needed to improve quality and effectiveness of developmental services. Though DDS has started initiatives to address these inequities, much remains to be done to address challenges in the regional center system. AB 1147 will enact significant needed reforms at regional centers to ensure that services are equitable, provided efficiently, and ensure overall accountability.

ARCA opposes the bill's extension of the CPRA to the regional centers, arguing that the regional centers' provision of data to DDS, and DDS's ability to request information from the regional centers, provides sufficient transparency:

The sponsors indicated a primary and specific concern is public access to information about how service delivery decisions are made. DDS already has the authority to collect this information under Welfare and Institutions Code § 4434(d), which would then make this information available through requests under the California Public Records Act, in the same fashion as data is available from any other state agency.

ARCA and its member regional centers are committed to transparency in this area and do not believe this information should only be available to those who request it through a duplicative expansion of the formalized Public Records Act process.

In lieu of the bill's CPRA provisions, ARCA suggests that the existing statutes requiring regional centers to post certain policy and purchasing information online could be broadened.

SUPPORT

Disability Voices United (co-sponsor)
Integrated Community Collaborative (co-sponsor)
Autism Society Los Angeles
California State Council on Developmental Disabilities
Disability Rights California
Momentum Agencies
PRAGNYA
Public Counsel
Special Needs Network, Inc.
One individual

OPPOSITION

Association of Regional Center Agencies

RELATED LEGISLATION

Pending Legislation: None known.

Prior Legislation:

AB 445 (Calderon, Ch. 149, Stats. 2021) eliminated the requirement that DDS, through regional centers, collect the social security numbers for the parents of consumers.

AB 2935 (Mathis, 2020) would have required DDS, in consultation with regional centers and other stakeholders to determine the most appropriate open, machine-readable format to be used by DDS and regional centers when disclosing numeric data to the public; and specified that these requirements would not have affected the applicability of the PRA to regional centers. AB 2935 died in the Assembly Human Services Committee.

AB 823 (Arambula, 2020) would have required a regional center to post memoranda of understanding with county mental health agencies on its website. AB 823 died in the Senate Rules Committee.

SB 126 (Leyva, Ch. 3, Stats. 2019) made charter schools subject to the CPRA.

AB 959 (Holden, Ch. 474, Stats. 2017) required DSS to establish and maintain a page on its website that included services purchased or provided to consumers by regional

centers and descriptions of those services, and regional centers to include a link to the DSS page on their websites.

PRIOR VOTES:

Senate Human Services Committee (Ayes 5, Noes 0)
Assembly Floor (Ayes 80, Noes 0)
Assembly Appropriations Committee (Ayes 11, Noes 0)
Assembly Human Services Committee (Ayes 7, Noes 0)
Assembly Judiciary Committee (Ayes 11, Noes 0)
