

Date of Hearing: April 30, 2015

ASSEMBLY COMMITTEE ON AGING AND LONG-TERM CARE

Cheryl Brown, Chair

AB 563 Lopez – As Amended April 21, 2015

SUBJECT: Developmental services.

SUMMARY: Directs the California Department of Developmental Services (DDS), in partnership with the California Department of Aging (CDA), to develop best practices in providing services to aging individuals with developmental and intellectual disabilities. Specifically, **this bill:**

- 1) Requires the California Department of Developmental Services and the California Department of Aging to develop guidelines and protocols establishing best practices for:
 - a. Communication with aging consumers with developmental and intellectual disabilities; and
 - b. Delivery of services to aging consumers with developmental and intellectual disabilities.
- 2) Requires the California Department of Developmental Services to conduct a two-year pilot program in three regional centers that reflect geographic diversity within the state, along with recommendations for implementation statewide.
- 3) Unless extended by legislation, repeals authorization for the pilot on January 1, 2021.

EXISTING LAW:

- 1) Existing federal law, the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (P.L. 106-402) established the State Council on Developmental Disabilities to work to promote the core values of self-determination, independence, productivity, integration, and inclusion in all aspects of community life, and to engage in advocacy, capacity building, and systemic change activities that contribute to a coordinated, consumer-and family-centered, consumer-and family-directed, comprehensive system that includes the provision of needed community services, individualized supports, and other forms of assistance that promote self-determination for individuals with developmental disabilities and their families.
- 2) Establishes the Older Americans Act of 1965 (as amended in 2006, Public Law 109-365) in order to preserve the inherent dignity of older individuals and assure equal opportunity to the full and free enjoyment of, among other things; adequate income in retirement; the best possible physical and mental health which science can make available and without regard to economic status; obtaining and maintaining suitable housing at costs which older citizens can afford; full restorative services for those who require institutional care, and a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services;

retirement in health, honor, and dignity, after years of contribution to the economy; participation in and contribution to meaningful activity within the widest range of civic, cultural, educational, training and recreational opportunities; freedom, independence, and the free exercise of individual initiative in planning and managing their own lives; full participation in the planning and operation of community-based services and programs provided for their benefit; and protection against abuse, neglect, and exploitation.

- 3) Establishes the Lanterman Developmental Disabilities Services Act which establishes the Department of Developmental Services; clarifies that the State of California accepts responsibility for persons with developmental disabilities, and establishes an obligation to them which it must discharge on behalf of them, their families and the communities in which they live. The Lanterman Act assures that the state addresses the needs of individuals with developmental disabilities and their families, and clarifies the roles in determining service needs; and describes service options for consumers and their families, pursuant to each individual program plan.
- 4) Establishes the Mello-Granlund Older Californians Act that sets forth the state's commitment to its older population and other populations served by the programs administered by the California Department of Aging. Specifies that CDA shall ensure that programs and services provided through the Older Americans Act and the Older Californians Act in each planning and service area are available to all older adults regardless of physical or mental disabilities, language barriers, cultural or social isolation, including that caused by actual or perceived racial and ethnic status, ancestry, national origin, religion, sex, gender, identity, marital status, familial status, sexual orientation, or by any other basis set forth in Section 12921 of the Government Code, or by association with a person or persons with one or more of these actual or perceived characteristics, that restrict an individual's ability to perform normal daily tasks or that threaten his or her capacity to live independently.

FISCAL EFFECT: Unknown.

COMMENTS:

Author's Statement: "Under existing law, the Department of Developmental Services (DDS) is required to contract with the Regional Centers to provide needed services to individuals with developmental disabilities through all stages of their lives. Currently the Regional Center system provides specific services for infants, children, adolescents and adults. There is no specific Regional Center unit that addresses the unique needs of older adults. Within the developmental disability system, several individuals and programs have independently attempted to fill the service gap that is not met by the current DDS/Regional Center system. This is indicative of the significant needs of older adults with Intellectual/Developmental Disabilities (I/DD) as the population continues to increase."

Background: California developmental system supports 21 regional centers, and four developmental centers. The California Department of Aging contracts with 33 Area Agencies on Aging. Geographically, both systems cover the entire state. Services and programs within both systems intersect more and more as families caring for developmental center clients become eligible for area agency on aging services due to age, and caregiving responsibilities. Developmental center clients, too, are living longer. Demographic trends show a prospect of greater interactions amongst the two systems more into the future.

In an effort to assure efficient use of scarce public social service resources, the author is encouraging the promotion of the benefits of the two systems, and prepare to position services strategically to reduce the likelihood of duplication. The author notes that the normal aging process for developmental system clients is often complicated by a lifetime of reduced mobility, poorer general health, medications, and surgeries. The more severe the developmental disability, the greater risk – and earlier onset – of the diseases commonly associated with aging.

As people with intellectual and developmental disabilities are living longer, it is very likely that service providers for both the community of people with intellectual and/or developmental Disabilities (I/DD) and service providers for the growing population of older adults, have much to gain from each other as they strategize to promote similar core values related to self-determination, choice, independence, dignity, productivity, and inclusion in all aspects of community life for their corresponding populations. For instance, clients of both the developmental services system, and the patchwork of services for older adults, is generally associated with a family unit (73% and 84% respectively) that provides care and protection, and are therefore inherent components of any discussion about their needs.

According to the Department of Developmental Services, “(T)he aging of parents or family members directly affects the demand for developmental services.” For instance: “...an aging caregiver may require an increased level of services and supports to maintain their family member in the home. When these caregivers die, or are no longer able to support their loved ones, alternative living arrangements must be developed or located.” The Department notes that almost all forms of out-of-home care are more expensive than supporting a person in their own home, and their own data shows that the percentage of consumers living out of home increases as they age.¹

Researchers from the University of Colorado noted a decade ago: “...the mean age at death for persons with mental retardation was 66 years in 1993 - up from 19 years in the 1930s and 59 in the 1970s. The mean age at death for the general population in 1993 was 70 years. Longevity has also increased dramatically for persons with Down syndrome. Average age at death for persons with Down syndrome in the 1920s was 9 years; it rose to 31 in the 1960s and to 56 in 1993,²” which lead DDS to conclude that: “...consumers’ increasing longevity means that services and supports will be provided, not only for a relatively longer period of time, but the needs will be greater or of higher intensity especially during the later years.”

According to a 2012 study by the University of Illinois at Chicago and funded by the U.S. Administration on Developmental Disabilities, “Bridging the Aging and Developmental Disabilities Service Networks, Challenges and Best Practices,” people with developmental disabilities are aging at unprecedented rates and have unique health and service needs. Adults with developmental disabilities have a higher risk of developing chronic health conditions at younger ages than other adults, due to the confluence of biological factors related to syndromes and associated disabilities. The report highlights multiple initiatives which would benefit from collaborative relationships between those who advocate for the developmentally disabled, and those who advocate for the aged. Citing a time of dramatic policy change, the report recommends that agencies improve efficiency and coordination to better serve people with

¹ California Department of Developmental Services. Controlling Regional Center Costs, 2007

² David Braddock, et al., *The State of the States in Developmental Disabilities* – 2005, Department of Psychiatry and Coleman Institute for Cognitive Disabilities, The University of Colorado, p. 60.

developmental disabilities and their families by better understanding the age-related needs and best practices in meeting those needs through research and evaluation.

Support: The California Commission on Aging, the principle advocate for older adults in California, states that individuals with developmental disabilities require a unique set of services as they age, which are not currently in place. By establishing guidelines and protocol, the state will create a means to assure individuals with developmental disabilities age successfully with optimal independence.

New Horizons, a southern California non-profit agency that provides job training and placement, education, counseling, residential services, and social programs for developmentally disabled adults, state that appropriate accommodations, and suitable care for adults with developmental disabilities is sorely needed.

Opposition: None

Dual Referral: AB 563 was previously heard by the Assembly Committee on Human Services where it passed on a vote of 7-0 on April 14, 2015.

Recommended Amendment:

On page 1, line 5, after the word “providing”, insert: **culturally competent.**

REGISTERED SUPPORT / OPPOSITION:

Support

The Adult Skills Center (TASC)
California Commission on Aging
New Horizons

Opposition

None on file.

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