

## **PRINCIPLES FOR ADDRESSING THE 2002-03 STATE BUDGET**

1. Self-determination and community integration for persons with disabilities are civil rights that shall not be compromised. The provision of community living options is not only cost-effective, but also mandated by the Olmstead decision.
2. Bridging the state's budget gap should not fall disproportionately upon persons with disabilities. Any service level reductions in programs that serve persons with disabilities should be based on equitable principles. Other groups must share the pain of addressing the state budget shortfall. Balancing the budget must entail a combination of revenue increases and expenditure reductions that do not unfairly target the low-income end of the economic spectrum.
3. Critical independent advocacy services must be maintained, including the Office of Patients' Rights (OPR), the Office of Clients' Rights Advocacy (OCRA) and other similar entities.
4. Independence and choice in housing for persons with disabilities must be preserved. The budget must supply adequate support for affordable housing and programs that help persons with disabilities remain in their own homes, such as In-Home Supportive Services (IHSS). However, housing must not be contingent upon supportive services or acceptance of prescribed treatment.
5. Effective programs for persons with disabilities focus upon prevention, rather than crisis management, coercive intervention and institutionalization. Priority should be given to funding for preventative programs including, but not limited to, Early Start, EPSDT, Independent Living, Supported Living and Mental Health Demonstration Grants.
6. To help remedy the state budget shortfall, capital outlay for institutions must be ceased or postponed. This includes projects planned and in progress under

the State Departments of Mental Health, Developmental Services and Corrections.

7. In light of the state budget situation, the statewide hiring and salary freeze must be shared between management positions and line workers.
8. California shall maximize its opportunities to receive federal assistance for programs that serve persons with disabilities. The State must expand its existing Medicaid waiver programs, including the Home and Community Based Services, Nursing Facility and MSSP waiver programs, and intensive community mental health support services under the Rehabilitation Option amendment. California must also pursue additional Medicaid waiver programs, such as a Home and Community Based Services waiver for children who are seriously emotionally disturbed.
9. The state shall seek to achieve savings by maximizing coordination between programs, for example, between the Departments of Mental Health, Developmental Services and Education, rather than by cutting essential services. Strategies to provide one-stop, seamless access to services shall be pursued and strengthened.
10. Consumer-run alternatives, peer and self-help groups and programs, independent living centers and self-directed funding are essential, effective community services that must be continued.

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