



**LEGISLATION & PUBLIC  
INFORMATION UNIT**

1831 K Street  
Sacramento, CA 95811-4114  
Tel: (916) 504-5800  
TTY: (800) 719-5798  
Intake Line: (800) 776-5746  
Fax: (916) 504-5807  
[www.disabilityrightsca.org](http://www.disabilityrightsca.org)

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## Principles: California's Safety Net and Crisis Services for Individuals with Intellectual and Developmental Disabilities

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*Publication #1047.01 - Adopted 5/24/2017*

### **BACKGROUND**

Since the 1960s, California has substantially reduced its reliance on state-operated developmental centers. Once housing nearly 13,400 residents, the non-forensic portions of the developmental centers will be closing. As a result most consumers will move to community living arrangements. These closures are occurring because of changing societal attitudes about people with disabilities and state and federal laws favoring community integration over institutional care. In *Association for Retarded Citizens v. Department of Developmental Services*, the California Supreme Court held that the Lanterman Act created an entitlement to services that enable Californians with intellectual and developmental disabilities to avoid unnecessary institutionalization and live independent and productive lives in the community. In *Olmstead v. L.C.*, the United States Supreme Court also concluded that under the Americans with Disabilities Act's (ADA's) integration mandate, unnecessary institutionalization is a form of disability-based discrimination. Read together, the Lanterman Act and ADA recognize that all people have the right to individualized planning and to live in appropriate, quality, community-integrated homes.

As California moves away from providing services in state-operated developmental centers, the community system is and will be the safety net

for people with intellectual and developmental disabilities. In addition, individuals with intellectual and developmental disabilities of all ages who live in the community may also need crisis services.

The following principles guide Disability Rights California staff when they participate in state policy-making and legislative activities regarding California's safety net regional center consumers, both during the closure of state-operated developmental centers and beyond.

## **PRINCIPLES**

**A range of preventative supports is necessary for an effective safety-net system.**

1. Prevention should be the primary focus of California's safety net, and California should address enhancements to current systems where necessary. Individuals with intellectual and developmental disabilities—including individuals who have serious medical needs, are dually diagnosed, have significant behavioral challenges, or who have more significant intellectual disabilities—have a right to appropriate, quality, safe and adequately funded community living arrangements designed to meet their individual needs.
2. Community Placement Plan funding should be used for community resources that will enhance safety net services. Priority should be given to proposals that help maintain individuals in their current home, such as mobile crisis support, wrap-around services, or enhanced rates or staffing.
3. Individuals with dual diagnoses need appropriate treatment by mental health professionals. These professionals need training in working with people with intellectual and developmental disabilities both during their initial schooling and through continuing education.

**Crisis and residential services have a fundamental safety-net role**

1. Residential services for individuals with intellectual and developmental disabilities should meet the following standards:
  - Be individually designed through the person-centered program planning process;
  - Provide high-quality services and supports, which promote choice and dignity, ensure health and safety, and involve people in

- meaningful activities that promote independence, community inclusion, and productivity;
- Give people the ability to live near family and friends;
  - Allow access to medical, dental, and mental health care;
  - Be in typical homes, which are integrated into regular neighborhoods; and
  - Employ staff who are well trained and fairly compensated to meet the needs of each individual.
2. Individuals should have the option to live in a home of their own, with support available as often and for as long as it is needed, when that option is the preferred objective in their Individual Program Plan. No one should be denied supported living services based on the nature or severity of their disabilities.
  3. Crisis supports, including mobile crisis services, wrap-around services, or enhanced rates, or enhanced staffing, should be explored before an out-of-home crisis placement. If an out-of-home crisis placement is necessary, the state should ensure that adequate capacity exists so individuals are not traveling long distances during a crisis.
  4. Individuals must be able to access residential-based crisis services without fear of losing their current placement when they are ready to return home. Mechanisms should be developed to ensure that former placements are held unless or until there is a determination through the individualized program planning process that the person is unable to return.

### **The State should maintain a role in providing services to individuals with intellectual and developmental disabilities**

1. The state-run, short-term acute crisis units at Fairview and Sonoma Developmental Centers have been successful as a “placement of last resort,” in part because the state has demonstrated a commitment to ensuring that all steps are taken to resolve the crisis and to return individuals to the community, including removing bureaucratic barriers to community placement. So long as the state demonstrates this commitment, the state should continue to operate or oversee small time-limited crisis homes.
2. Developmental centers staffs’ unique areas of expertise (e.g., psychopharmacology, dental care, production and maintenance of adaptive wheelchairs) should be made available to people in the

community and be available at locations that are geographically accessible to people and their families.

3. Before renovating or repurposing existing buildings on developmental center property, the State should evaluate the development of community alternatives. Any public-private partnership to develop integrated housing on existing developmental center land should include features that:
  - provide residents with opportunities to live, work, and receive services in the greater community, like individuals without disabilities;
  - offer access to community activities and opportunities at times, frequencies, and with persons of an individual's choosing;
  - afford individuals choice in their daily life activities; and
  - create fully integrated communities where people with disabilities live, recreate, and work alongside people without disabilities and provide individuals with disabilities the opportunity to interact with people without disabilities.

**Community institutions should not replace state-operated developmental centers or be considered part of the state's safety net**

1. Individuals with intellectual and developmental disabilities should not be placed in highly restrictive living arrangements, like Institutions for Mental Diseases (IMDs), facilities that utilize secure perimeters, or out-of-state settings based on overbroad or vague characteristics, especially characteristics that can or do discriminate against people on the basis of race, language, or personal appearance.
2. When highly restrictive placements occur, regional centers must immediately complete a comprehensive assessment to identify the services and supports the person needs to return to the community. Steps should be taken to ensure that legal requirements are followed so individuals are promptly returned to community integrated settings.
3. The State should expand community-based competency restoration programs for individuals who are involved in the criminal justice system, as well as community-based options for individuals whose "competency to stand trial" cannot be restored.

**Rates should not stand in the way of helping individuals move from institutions to the community, or helping individuals avoid institutionalization**

1. The process to secure rates that exceed statutory limits based on a consumer's health and safety is too lengthy and cumbersome, requiring the approval of both the regional center director and the Department of Developmental Services. This process should move faster or be modified to address the immediate needs of people who are in crisis or who live in highly restrictive arrangements.