Department of Developmental Services
Proposed Trailer Bill Legislation
Fiscal Year 2026-27

Equitable Access to Intake and Services

Fact Sheet

1. **Issue Title:** Equitable Access to Intake and Services

2. **Background:**

Standardizing Intake Eligibility Assessment Processes

To become eligible for Lanterman Act services, a regional center must determine that an individual has a "developmental disability" that is considered a "substantial disability." Regional centers do not currently use a standardized method for assessing developmental disability or substantial disability, resulting in variability in intake processes across the State. Through the implementation of Chapter 192, Statutes of 2023 (Senate Bill 138), it has become clear that a critical part of the requirements to standardize intake is to specifically standardize the methods for assessing developmental disability or substantial disability.

This proposal does not change the definitions of developmental disability or substantial disability. It also does not change eligibility for people already served by regional centers. Instead, it standardizes the intake eligibility assessment processes and methods used to determine if individuals meet those definitions, thereby improving consistency, equity, and transparency in access to the regional center system. Where someone lives, and which regional center serves that area, should not make a difference in someone's eligibility.

Modernizing Strengths and Needs Evaluation

After a person is found eligible, some regional centers rely on the Client Diagnostic and Evaluation Report (CDER) to document diagnoses and evaluate daily living skills. The CDER is outdated, inconsistently applied, and is not a standardized clinical instrument. This makes it difficult to accurately get a picture of an individual's developmental needs. The CDER has not been meaningfully updated since 1977. As a result, services and supports may not align with actual needs, limiting the ability to understand whether services are effective or equitable.

A modern, person-centered, validated evaluation would support consistent and transparent identification of strengths and needs statewide, strengthen alignment between evaluated needs and Individual Program Plans (IPPs), improve insight into patterns of underservice, and support more reliable planning and developing service providers across regional centers. Importantly, this proposal does not determine which or how many services someone would get, but would identify areas that should be considered in the IPP planning process.

A strengths and needs evaluation is essential because it establishes a consistent, equitable, and evidence-based way for the developmental services system to understand each person's unique strengths and needs, regardless of where they live. It addresses longstanding inequities caused by inconsistent CDER practices, and supports planning teams and person-centered planning, with trustworthy information. By standardizing how strengths and needs are identified and discussed, the evaluation helps align statewide practices, improve transparency, and strengthen the connection between individual needs and the supports and services provided to meet them.

3. **Justification for the change:**

Standardizing Intake Eligibility Assessment Processes

Establishing standardized methods for determining whether an individual meets the criteria of "developmental disability" that constitutes a "substantial disability" is necessary for equity and consistency in the individual and family experience with the intake process. Current differences in regional center intake eligibility assessment practices create inconsistency and risk leaving individuals and families uncertain about eligibility determinations, as well as outcomes that vary depending on the regional center. A standardized approach is essential for equitable access to the regional center system.

Modernizing Strengths and Needs Evaluation

Assessing strengths and needs and using that information to inform service and support decisions, is not a new process. However, current practices have not been maintained with fidelity and vary widely across the state. This has eroded trust in the CDER, and its validity has diminished over time. The CDER includes outdated clinical terminology and criteria inconsistent with current clinical diagnostic evaluation criteria (e.g., DSM-IV, multi-axial diagnostic tree, and ICD-10), as well as deficit-based and stigmatizing language that conflicts with person-centered principles. It also relies on inconsistent rating scales, creating confusion, and fidelity concerns that make data difficult to analyze and interpret.

Modernizing the strengths and needs evaluation will reinforce alignment between understanding a person's needs and identifying individualized supports and services, enable the development of standard metrics, and improve the state's ability to monitor outcomes of services, treatments, and supports. A modern strengths and needs evaluation will enhance our collective ability to understand the strengths and needs of the community and guide policy, program development, and investments.

4. **Summary of Arguments in Support:**

Standardizing Intake Eligibility Assessment Processes

- Creates consistency and equity in intake processes by standardizing methods and protocols for assessing for developmental disability and substantial disability.
- Supports consistency in the individual and family experience with intake eligibility assessment processes statewide.

- Increases transparency in the intake eligibility assessment process, reducing confusion among individuals, families, and referring community partners.
- Establishes standard protocols for clinicians and regional centers to create consistent operations and clinical practices.
- Increases equity in access to the regional center system.

Modernizing Strengths and Needs Evaluation

- Provides a dynamic, holistic, person-centered, and strengths-based evaluation to assess strengths and needs with people and their circle of support.
- Strengthens the new IPP process and supports the goal of identifying and measuring the achievement of individual outcomes through provision of supports and services.
- Guides support and service provision IPP decisions with an evaluation that informs plan goals and evaluation of how services and supports address needs.
- Increases equity by aligning supports and services with standardized metrics of need.
- Supports capacity development and data informed investments by providing the Department with comprehensive data on strengths and needs across life domains.

5. BCP or Estimate Issue # and Title:

BCP: Equitable and Consistent Needs Assessment, now known as Equitable Access to Intake and Services.