

CALIFORNIA REPUBLIC

VMRC BOARD PUBLIC POLICY COMMITTEE

California Budget Report 2021-2022 May Revised Proposed Budget Chair Lynda Mendoza, Secretary

New Proposals in May Revise

Direct Service Professional Training and Certification

secure/develop a DSP training and certification program with out-year costs estimated to support implementation of the tiered wages.

- To stabilize and diversify the workforce and reduce turnover, the Estimate includes funding to establish a training and certification program for direct service professionals tied to wage differentials.
- The program aims to and professionalize and diversify the workforce. The training and certification program would include progressively higher wages for DSPs who complete additional training.
- This will promote improved consumer access to a more skilled workforce, which will foster improved consumer outcomes while having a positive effect on DSP turnover.
- The change allows providers to secure quality job-specific training to DSPs across the state through a standardized training curriculum.
- Supporting employers (service providers) as well as individual employees to advance their training will increase professionalism and competence.

Emergency Preparedness

Feeling Safe, Being Safe (FSBS) Materials in multiple languages, training for RC staff/providers/community outreach, batteries and generators, and go-bags for consumers living independently. Battery cost is based on three levels of power and serving approximately 7,000 consumers. Emergency preparedness go-bags are estimated for approximately 28,000 individuals living in high-risk areas identified by the California Public Utilities Commission.

- When it comes to emergency response and recovery efforts, the Department and the regional centers have an active role in protecting the health and safety of consumers in the developmental disability service system.
- To facilitate emergency response activities and enhance emergency response readiness, there is a need to expand Feeling Safe, Being Safe emergency preparedness informational materials; provide necessary training and education; provide consumers living independently or with limited supports with emergency go-kits; and enhance the availability of back-up batteries and generators for individuals who are dependent on power for lifesustaining equipment.

Additional Resources to Support Individuals Who Are Deaf The annual costs to fund 21 Deaf Specialists.

- The Department recognizes the need to evaluate and improve access to and quality of services and supports for individuals who are deaf and have intellectual/developmental disabilities.
- Stakeholders and advocates have expressed concerns regarding access to effective communication across service categories, lack of formal communication assessments when
- individuals who are deaf enter the system, and the need for the Department to provide statewide leadership to address barriers to accessing appropriate services, such as the limited availability of interpreters and lack of general resources for this community.
- The Department through its Deaf Specialist will provide leadership and work with regional center Deaf Specialists to support the expansion of deaf service resources, develop and implement communication assessments, provide training and expertise to regional center staff, and collaborate with other regional centers on statewide efforts.

Employment Grant

Funding, available over a multi-year period, will expand current efforts to achieve increased competitive integrated employment opportunities, to include targeted technical assistance, local collaboration with community colleges, small business associations and chambers of commerce and other targeted pathways leading to meeting established targets. This funding will also support the increased workload for DDS to develop, implement, and monitor/track service contracts and grant-awards.

- DDS works collaboratively with regional centers to support the employment needs...
- A substantial initiative is currently needed to address job loss by individuals with disabilities...
- Unified Strategic Workforce Development Plan (State Plan) for 2020-2023, the unemployment rate for Californians with disabilities was 8.9 percent in October 2019.
- This unemployment rate is one of the highest among all demographic groups...
- Through this proposal, DDS, in collaboration with stakeholders, will establish contracts/grant opportunities for entities to develop and implement innovative strategies and practices to increase paid work experiences and competitive integrated employment opportunities for people with IDD.

Performance Incentives

support initial infrastructure needs to prepare for implementation of the performance improvement plan in FY 2022-23. Initial costs could include, but are not limited to, additional staffing and exploration of new data collection systems/tools, with out-year funding prioritizing the reduction of caseload ratios.

- The Department will work with stakeholders and regional centers to establish a performance improvement program with fiscal incentives for regional center operations to meet specified benchmarks and improvement measures.
- Priority areas for performance indicators and benchmarks could include, but are not limited to, the following:
 - equity in service access and purchase of services,
 - consumer employment and associated metrics,
 - community integration,
 - person-centered planning,
 - compliance with federal home and community-based standards, and
 - consumer and family experience and satisfaction.

Self-Determination Ongoing Implementation

Three-year limited-term basis in the operations budget for participant choice specialists at regional centers and ongoing funding to contract with entities that will help provide orientation, training, and plain language informational materials. The estimate also includes ongoing funding for intensive transition support in enrolling in the program.

- There is a need to provide additional, focused support for regional center staff and individuals and their families in understanding the process for enrolling in the program.
- Effective date of July 1, 2021, SDP is available to all individuals who chooses to enroll, and DDS expects about 5,000 individuals may be served under the SDP Waiver (if more apply DDS will amend the waiver).
- Based on feedback from stakeholders, this policy provides funding for:
 - Intensive transition support services for individuals and their families who need greater assistance onboarding into the SDP.
 - Improved orientation and training that will address the need for consistency in program implementation by contracting with one or more statewide entities to develop plain language information and training materials, and conduct the orientations and trainings.
 - Participant choice specialists at regional centers who will be subject matter experts and provide assistance to individuals with timely transition to SDP participation, and to regional center staff and service coordinators.

Lanterman Act Provisional Eligibility Ages 3 and 4

DDS assumes approximately 3,500 children will meet the provisional eligibility criteria.

- Currently, 41,842 children ages 0-3 receive Early Start services and approximately 22 percent of this population yearly are determined eligible for Lanterman Act services.
- Some eligible disabilities may not be fully recognized at 2 years, 9 months, when assessments to transition to the school system are conducted and children experience a gap in services.
- In addition, the current public health emergency resulted in a significant decline in the number of children referred to the Early Start program. As of March 2021, Early Start enrollment is down 10 percent compared to the same month the previous year.
- Based on historical trends, children enter Early Start at approximately 22 months, thus increasing the likelihood that a child who was not referred to Early Start is now older than 3 years of age.
- Delayed diagnosis and gaps in services can create long-term impacts, increasing the likelihood of needing life-long Lanterman services.
- DDS proposes granting provisional eligibility for Lanterman Act services to 3 and 4-year old children who have disabilities which result in significant functional limitations in major life activities but currently do not meet Lanterman Act eligibility criteria.
- This policy does not require that children aged 3 or 4 be served in Early Start first.

American Rescue Plan Act

Fiscal year (FY) 2021-22 amount is based on the estimated allocations available from the United States Department of Education - \$24 million.

- Federal Individuals with Disabilities Education Act (IDEA) Part C grant assist states in providing early intervention services (known as Early Start in California) for infants and toddlers.
- The American Rescue Plan Act, signed into law on March 11, 2021, includes one-time supplemental grant funding under Part C of IDEA.
- Further federal guidance is anticipated regarding the parameters for use of these supplemental funds.

New Proposals in May Revise to Address the Disparity issues in the System

Enhanced Service Coordination

4,200 consumers will receive enhanced service coordination with a ratio of 1:40.

- a model implemented as part of a disparity grant through East Los Angeles Regional Center (ELARC).
- This project included pairing service coordinators who share the culture and/or native language with the individuals they serve resulting in more trusting relationships and opportunities to help individuals and families understand the regional center and the services it provides as well as those provided by generic or alternative sources.
- Enhanced service coordination will prioritize individuals or families who are monolingual and have low purchase of service (POS) or no-POS, as they are more likely to need additional assistance in accessing services.
- The knowledge obtained will enable individuals and families to continue advocating and accessing needed services once transitioned back to a non-specialized service coordinator to consumer ratio.

Implicit Bias Training

Assumes annual training for regional center staff, with the initial efforts prioritizing staff who participate in the intake and assessment process.

- Systemwide implicit bias training among regional center staff and contractors who are involved in eligibility determinations.
- Implicit bias training can help individuals become aware of their own biases which may influence decisions and actions.
- Studies have found that African-American children have not been proportionately diagnosed with Autism Spectrum Disorders (ASD) or have received an ASD diagnosis at an older age as compared to children who are white.
- Delayed diagnosis and access to services can create life-long impacts, and the Department expects that focusing on regional center personnel and contractors involved in eligibility determinations will have the greatest influence in improving equity in access to regional center services

Tribal Engagement for Early Start Services

Identifying strategies to conduct engagement and outreach with tribal communities.

- While the Department has participated in the California Tribal Nations Conference and has
- awarded grants with a focus on tribal communities, the Native American population is
- significantly outside the purchase of service trend in Early Start.
- In fiscal year (FY) 2019-20, Native American children in Early Start were the least likely to have funded services compared to other ethnic groups. In addition, service access has fallen for this group over the last three years, while access has increased or stayed steady for other groups.

Community Navigators

includes funding of \$500,000 for a one-time evaluation focused on improving the effectiveness of existing disparity projects and \$4.8 million for community navigator programs. Following FY 2021-22, \$5.3 million ongoing is provided for community navigator programs

- The Department requests resources to contract with Family Resource Centers to administer community navigator programs.
- The model utilizes parents of children in the regional center system, community leaders, and self-advocates to provide information and guidance to consumers and their families who could benefit from added support to navigate connection to generic and regional center resources.

Bilingual Differentials for Direct Service Professionals

A pay differential for bilingual direct service professionals who are bilingual, including those fluent in American Sign Language, is proposed to increase the availability of staff who can support consumers when English is not their primary language, leading to improved choice, access to services, and greater independence for consumers.

- For consumers receiving services, the effectiveness of those services may be substantially compromised by language barriers.
- Communication between consumers and the staff who support them is instrumental in establishing trusting relationships and implementing interventions and strategies to further consumers' goals and/or diffuse crisis situations.
- COVID-19 has made access to regional center services even more critical given the intersecting pandemic, disparate impact on underserved communities, and economic hardships facing many families.
- The Department estimates approximately 90,000 consumers speak a primary language other than English

Proposed in the January Budget

- The Budget for the California IDD System is now \$10 billion
- Caseload for this year (FY 2020-21) is being revised downward, from 366,000 to 357,819, but OPS reductions as a result of that are not proposed.
- Specialized Caseload Ratios: Increase of \$400,000 (\$274,000 GF) reflects an increase in the number of consumers with complex needs.
- There will be 21 positions for navigators to help diverse communities access RC and generic services. This funding is in the OPS portion of the Budget but will be carried out by FRCs. \$500k of the funding for this in FY 2021-22 will be used for independent review of disparity projects.

- SB 3 Minimum Wage Increase, January 1, 2022 (New Policy): Increase \$159.2 million (\$83.7 million GF) for increase of the minimum wage from \$14.00 to \$15.00, effective January 1, 2022.
- Youth Returning from Out-of-State Foster Care: Increase of \$900,000 (\$500,000 GF) to support youth in their transition back to California.
- Forensic Diversion: Increase of \$3.2 million (\$2.0 million GF) is for a contractor to provide wrap-around services to individuals with IDD.

- Provider Supplemental Rate Increase: Increase of \$18 million (\$14.8 million GF) based on updated expenditure data.
- SB 3 Minimum Wage Increase, January 1, 2021: Increase of \$105.0 million (\$55.1 million GF) represents full year implementation of the policy and updated expenditures.
- Uniform Holiday Schedule: Increase of \$3.3 million (\$2.1 million GF) for based on updated expenditure data.

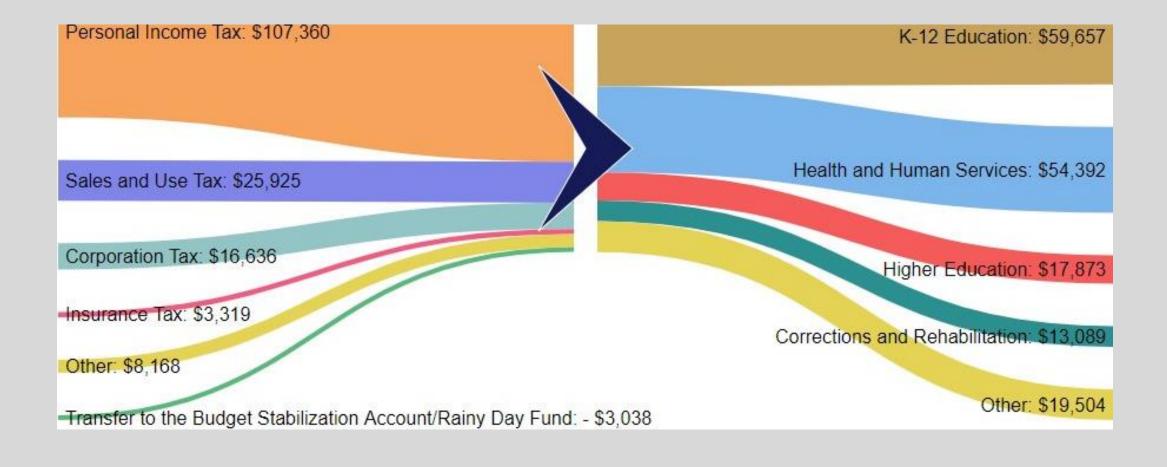
- The 15 positions at RCs to support foster kids (AB 2083) will be ongoing.
 These were originally anticipated to be short-term positions.
- 1 position for each RC for emergency planning and preparation.
- Forensic Diversion: Increase of \$534,000 (\$363,000 GF) is for five forensic specialist positions to support the expanded multifaceted forensic diversion program.

 \circ \$265M for POS for COVID response.

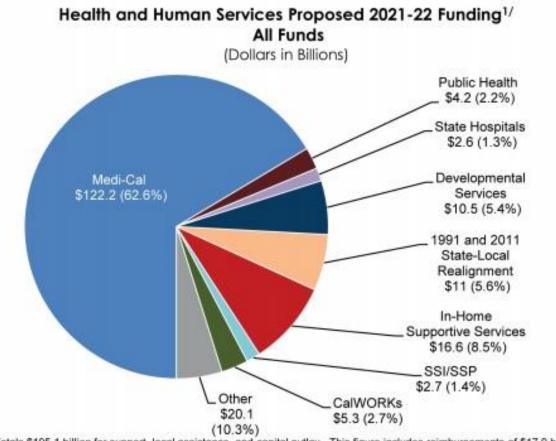
- Current Year net increase of \$386.9 million (5%) in the following areas
 Community Care Facilities, Support Services and In Home Respite
- BY Anticipates an increase of 28,612 new consumers as referrals return typical caseload growth.

January Systemic HHS & Education Budget Items and subsequent Budget Activities Prior to the May Revise

2021-2022 California State Budget



HEALTH AND HUMAN SERVICES



^{1/} Totals \$195.1 billion for support, local assistance, and capital outlay. This figure includes reimbursements of \$17.9 billion and excludes \$305,000 in Proposition 98 funding in the Department of Developmental Services budget and county funds that do not flow through the state budget.

Note: Numbers may not add due to rounding.

Governor Newsome's Overall HHSA

Proposed Budget 2021-2022

Healthcare

- \$11.2 million in 2021-22, to establish the Office of Health Care Affordability
- Health Equity Initiatives:
 - Health Plan Equity and Quality Standards
 - Improving Equity Through Managed Care Plan Reprocurements
 - \$1.7 million General Fund in 2021-22 to conduct an analysis of the intersection of COVID-19, health disparities, and health equity to help inform any future response.

Aging

 Aging and Disability Resource Connections (ADRC)— \$7.5 million in 2021-22 to delay suspension of and expands ADRCs, or "No Wrong Door," networks currently serving approximately one-third of the state to serving the entire state.

 IHSS COVID-19 Back-up Provider System—\$5.3 million in 2021-22 to extend the back-up provider system and back-up provider wage differential to avoid disruptions to caregiving until December 2021.

Alzheimer

- \$5 million one-time General Fund for a public education campaign on brain health;
- \$4 million one-time General Fund for new training and certification for caregivers;
- \$2 million one-time General Fund for expanded training in standards of care for health care providers;
- \$2 million one-time General Fund for grants to communities to become dementia-friendly;
- and \$4 million one-time General Fund for research to strengthen California's leadership on disparities and equity in Alzheimer's.

Student Mental Health

Student MH:

- \$400 million to implement an incentive program through Medi-Cal managed care plans, in coordination with county behavioral health departments and schools.
- This innovative effort seeks to build infrastructure, partnerships, and capacity statewide to increase the number of students receiving preventive and early intervention behavioral health services from schools, providers in schools, or school-based health centers.

Student Mental Health

Student MH:

- \$25 million one-time Mental Health Services Fund, available over five years, for the Mental Health Services Oversight and Accountability Commission to augment the Mental Health Student Services Act Partnership Grant Program, which funds partnerships between county mental health plans and school districts.
- \$25 million ongoing Proposition 98 General Fund to fund innovative partnerships with county behavioral health departments to support student mental health services.

County Behavioral Health

- Authorizes counties to spend down their local MHSA prudent reserves, as opposed to requesting county-by-county authority from the state.
- Authorizes counties to spend funds within the Community Services and Supports program component regardless of category restrictions to meet local needs.
- Authorizes counties to use their existing approved MHSA spending plans, if a new plan is delayed because of COVID-19-related reasons.

County Behavioral Health

- California Advancing and Innovating Medi-Cal (CalAIM) Initiative to make Medi-Cal, including behavioral health benefits, more consistent and seamless revising behavioral health medical necessity, implementing payment reform, and working toward administrative integration.
- The Budget also includes \$750 million one-time General Fund for competitive grants to counties to acquire and rehabilitate real estate assets to expand the community continuum of behavioral health treatment resources

California Advancing and Innovating Medi-Cal (CALAIM)

- The Budget reflects lower expenditures in the Medi-Cal program of approximately \$1.2 billion General Fund in 2020-21 compared with the 2020 Budget Act.
- The Budget projects an average monthly caseload of 15.6 million beneficiaries in 2021-22, for increased caseload attributable to the COVID-19 Pandemic.
- The Budget includes net costs of \$1.9 billion total funds for COVID-19 impacts
- The Budget includes \$249.8 million General Fund \$279.1 million for retroactive and ongoing dental, pharmacy, and managed care, targeted case management, and behavioral health costs associated with state-only populations.

California Advancing and Innovating Medi-Cal (CALAIM)

- Medi-Cal Rx—The Budget includes savings of \$612.7 million in 2021-22 associated with the carve-out of the Medi-Cal pharmacy benefit from managed care to fee-for-service, effective April 1, 2021
- Reinstatement of Adult Acetaminophen and Cough/Cold Products— The Budget reflects annual savings of \$21 million
- Medi-Cal Coverage of Continuous Glucose Monitors—The Budget includes \$12 million
- Telehealth Flexibilities in Medi-Cal—The Budget includes \$94.8 million ongoing to expand and make permanent certain telehealth flexibilities authorized during COVID-19 for Medi-Cal providers

Department of Social Services (DSS): Food

The Budget includes \$36.2 billion for DSS programs in 2021-22.

- Food Banks—The Budget includes \$30 million one-time General Fund
- Supplemental Nutrition Benefit and Transitional Nutrition Benefit Programs Adjustment—The Budget includes \$22.3 million ongoing General Fund to reflect adjusted benefit amounts mitigating the effects of the elimination of the SSI Cash-Out policy.
- California Food Assistance Program (CFAP) Emergency Allotments—The Budget includes \$11.4 million one-time General Fund for CFAP households to receive the maximum allowable allotment based on household size.

DSS: In-Home Support Services

- The Budget includes \$16.5 billion for the IHSS program in 2021-22, a 10percent
- Average monthly caseload in this program is estimated to be 593,000 recipients in 2021-22, a 3.9-percent increase from the revised 2020-21 projection.
- Significant Adjustments:

 IHSS Service Hours Restoration—The Budget includes \$449.8 million General Fund in 2021-22 and \$242.6 million General Fund in 2022-23 to reflect a delay in suspending the 7-percent across-the-board reduction to IHSS service hours.

DSS: In-Home Support Services

- The increased funding for IHSS service hours is now proposed to be suspended on December 31, 2022. The suspension will be lifted if the Administration determines through the 2022 Budget Act process that there is sufficient General Fund revenue to support all suspended programs in the subsequent two fiscal years.
- Minimum Wage—The Budget reflects \$1.2 billion (\$557.6 million General Fund) to support projected minimum wage increases to \$14 per hour on January 1, 2021 and \$15 per hour on January 1, 2022.

DSS: Supplemental Security Income/ State Supplementary Payment

- The Budget includes \$2.69 billion General Fund in 2021-22 for the SSI/SSP program.
- This represents a 0.6-percent decrease from the revised 2020-21 level.
- The average monthly caseload in this program is estimated to be 1.18 million recipients in 2021-22, a 1.1-percent decrease from the 2020-21 projection.

DSS: Supplemental Security Income/ State Supplementary Payment

- The SSI/SSP caseload consists of 69.4 percent persons with disabilities, 29.3 percent persons who are aged, and 1.4 percent blind.
- Effective January 2021, the maximum SSI/SSP grant levels are \$955 per month for individuals and \$1,598 per month for couples.
- The projected growth in the Consumer Price Index is 2.2 percent for 2022. As a result, the maximum SSI/SSP monthly grant levels will increase by approximately \$17 and \$26 for individuals and couples, respectively, effective January 2021. CAPI benefits are equivalent to SSI/SSP benefits.

DSS: Children Services

- The Budget includes \$700.1 million General Fund in 2021-22 for services to children and families in these programs,
- a decrease of \$22.6 million General Fund, or 3.1 percent, compared to the 2020 Budget Act.

DSS: Children Services

- The Budget includes \$61.1 million General Fund in 2021-22
- to support services related to quarantine needs for foster youth and caregivers,
- temporary extension of assistance payments to emergency caregivers,
- support to Family Resource Centers,
- state-administered contracts for youth and family helplines, provision of laptops and cellular phones to foster youth, assistance to families with youth who are at-risk of entering foster care, and temporary provision of assistance payments to youth who turn 21 years of age while in extended foster care after April 17, 2020, through December 31, 2021,

DSS: Children Services

- Child Welfare Workforce Development—\$10.1 million to establish an additional child welfare social workers regional training academy in northern California ...
- Delay Suspension of Various Children's Issues—Estimated costs to delay the suspension in 2021-22 are \$54.5 million General Fund. The suspension will be lifted if the Administration determines through the 2022 Budget Act process that there is sufficient General Fund revenue to support all suspended programs in the subsequent two fiscal years.
- Youth Returning from Out of State—In partnership with the Legislature, \$5.2 million one-time General Fund was allocated in December 2020 for the Department of Social Services to support youth in their transition back to California.

DSS: Childcare

 The Budget shifts \$31.7 million and 185.7 positions from the Department of Education to the Department of Social Services to administer

- early learning,
- child care, and
- nutrition programs.

DSS: Childcare

• The Budget includes \$3.1 billion and shifts the following programs, including:

- General Child Care,
- Alternate Payment Programs,
- CalWORKs Stage 2 & Stage 3, Resource & Referral Programs,
- Migrant Child Care Program,
- Severely Disabled Program,
- California Child Care Initiative,
- Quality Improvement Activities,
- Local Planning Councils, and
- Child and Adult Care Food Program.

DSS: Childcare

- COVID-19 Related Support—The Budget includes \$55 million one-time General Fund to support child care providers' and families' needs as a result of the pandemic.
- Updated Proposition 64 cannabis tax revenues will provide an additional \$21.5 million for child care slots in 2020-21 and \$44 million ongoing. These funds will provide for 4,700 new child care slots.
- For the first time, the Administration has begun the collective bargaining process with Child Care Providers United representing child care providers ...

DSS: Childcare Providers

Despite significant fiscal limitations, the 2020 Budget Act preserved funding for early learning and care programs to the greatest extent possible, with a focus on serving the children of incomeeligible essential workers.

- Additional access to subsidized child care for children of essential workers
- Stipends for child care providers
- A hold harmless funding for child care providers that contract directly with the state and have to close for health and safety reasons

DSS: Childcare Providers

- a provider accepting vouchers has to close for health and safety reasons
- Provider reimbursement at a child's maximum certified level of need for all providers accepting vouchers
- Family fee waivers for all families through August 31, 2020, with additional fee waivers for families eligible for, but not receiving, in-person care due to COVID-19, through June 30, 2021
- The Administration took further action in October to provide \$110 million to child care providers to reimburse them for the cost of waived family fees and extend the length of care for children of essential workers with temporary vouchers

Childcare: Federal Relief Stimulus Bill

- \$10.3 billion for child care and Early Start.
- The state is expected to receive approximately \$1 billion.
- Up to \$100 million for providers accepting vouchers to extend access to child care for children of essential workers, at-risk children, and other eligible children
- Up to \$90 million in child care provider stipends

Childcare: Federal Relief Stimulus Bill

- Up to \$35 million to increase the number of paid non-operational days for providers accepting vouchers that must close for health and safety reasons
- Up to \$30 million for reimbursing child care providers for family fees waived for families enrolled, but not receiving in-person care, from September 1, 2020, to June 30, 2021 (these costs were addressed by the Administration through the October action)
- Up to \$30 million to increase capacity for up to two years for subsidized child care and preschool
- Up to \$15 million to assist child care providers with the costs of re-opening

MASTER PLAN FOR EARLY LEARNING AND CARE

- Streamlining program requirements to unify state child care program.
- Promoting school readiness by increasing access to high-quality preschool.
- Improving quality of care by enhancing educator competencies and providing affordable and accessible pathways for workforce advancement.
- Supporting equity by eliminating bias through practices and training, with specific focus on children with disabilities and dual language learners.

MASTER PLAN FOR EARLY LEARNING AND CARE

- Adopting a comprehensive reimbursement rate structure that considers care setting, costs associated with quality, characteristics of children served, and workforce competencies.
- Developing data infrastructure that supports the quality of care by aggregating data on the ways that families and educators experience the system.
- \$44.3 million Cannabis Fund to expand access to child care vouchers for more than 4,500 children, with \$21.5 million available starting in 2020-21. The K-12 Education chapter includes additional information about investments in early learning programs.

Special Education

- \$100 million one-time Proposition 98 General Fund to expand the Teacher Residency Program, which supports clinical teacher preparation programs dedicated to preparing and retaining teachers in high-need communities and subject areas, including special education, bilingual education, and STEM.
- \$300 million ongoing Proposition 98 General Fund for the Special Education Early Intervention Grant to increase the availability of evidence-based services for infants, toddlers, and preschoolers.

Special Education

- \$5 million one-time Proposition 98 General Fund to establish professional learning networks to increase local educational agency capacity to access federal Medi-Cal funds, and
- \$250,000 for a lead county office of education to provide guidance for Medi-Cal billing within the statewide system of support.
- \$500,000 one-time Proposition 98 General Fund for a study to examine certification and oversight of non-public school special education placements.

Assembly Budget Hearing – 2/17/2021

- Currently the state is reporting about 14% decrease in early start and a 2.6% increase instead of 4.3%
- Vaccine strategy and distribution to the DDS consumer population, the providers in the system, and Regional Center staff.
- Codifying state directives
- Provider network capacity the state lost 300 providers our region is still showing a net gain
- There is a concern that DDS Directives are not getting to the community and regional center staff and that regional centers are misinterpreting them.

Senate Budget Hearing – 2/23/2021

- Strategies for improving employment
- Equitable Rate Adjustment Methods
- Continue the Suspension of the Family Cost
 Participation Program (FCCP) and Annual Family
 Program Fee (AFPF)
- Keep Health & Safety Waivers by RC Directors
- Keep Participant Directed Services
- Keep Early Start remote assessments
- Allow SLS for people living with family
- Generic Services funding during disputes
- Remove the sunset of provider rates
- Out of state placements extensions
- Additional funds for case management ratios.

Valley Mountain Regional Center **Public Policy Committee** Lynda Mendoza (Chair/Board Secretary), Candice Bright (Co-Chair, CLASP member) Margaret Heinz, Ex-Officio and Board President, Robert Balderama, Liz Herrera Knapp, Dena Hernandez (SCDD North Valley Hills), Daime Hoornaert (CLASP member), Emily Grunder, Mohamed Rashid (Vice President). **Staff:** Tony Anderson, Executive Director and Doug Bonnet, Special Assistant to the Executive Director.

Governor's Proposed Budget 2021-2022

Annual Budget Report February 24, 2021