AMENDED IN ASSEMBLY MAY 2, 2011

AMENDED IN ASSEMBLY MARCH 31, 2011

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL No. 1375

Introduced by Assembly Member Huber

February 18, 2011

An act to add Section 4643.4 to the Welfare and Institutions Code, relating to developmental services.

LEGISLATIVE COUNSEL'S DIGEST

AB 1375, as amended, Huber. Developmental services: autism spectrum disorders.

Under existing law, the Lanterman Developmental Disabilities Services Act, the State Department of Developmental Services is authorized to contract with regional centers to provide support and services to individuals with developmental disabilities.

This bill would require the department to develop guidance for regional ~~certains~~ *centers* in regard to the treatment of autism spectrum disorders and ~~develop a list of evidence-based behavioral and developmental, relationship-based therapies to assist the regional centers in determining which therapies qualify as evidence-based practices. The bill would also require the department~~ to direct the regional centers to fund ~~evidence-based practices on the list, as well as other evidence-based~~ therapies prescribed by the consumer's clinical practitioner, so long as those therapies can be shown to meet the definition of an evidence-based practice.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:

(a) The incidence of autism in California has risen dramatically in recent years.

(b) Autism spectrum disorders (ASDs) encompass a wide variety of related disorders from autism to Asperger's syndrome to pervasive developmental disorder — not otherwise specified.

(c) No two children on the spectrum exhibit the same symptoms and challenges.

(d) While, as of yet, there is no cure for autism, early intervention has been shown to have a positive impact in nearly all children on the spectrum~~;~~ *by* improving function and reducing the need for future services.

~~(e) There is a wide variety of evidence-based treatments for ASDs available. These include behavioral interventions, including, but not limited to, applied behavioral analysis; developmental, relationship-based interventions, including, but not limited to, DIR/Floortime and Relationship Development Intervention (RDI); and other speech, occupational, and physical therapies.~~

~~(f)~~

(e) Just as no two children on the spectrum exhibit the same symptoms and challenges, children on the spectrum respond to treatments differently. An effective intervention for one child may not be effective in another.

~~(g)~~

(f) For many children, studies have shown that a combination of evidence-based intervention therapies tailored to the needs of the child have shown the most promise in reducing the impact of autism and allowing for the maximum development of a child's potential.

~~(h)~~

(g) Different regional centers offer consumers within their geographic base a different set of autism therapies.

~~(i)~~

(h) Often, the only means available to parents who wish to provide their child with the most effective set of therapies tailored to their child's specific individual needs is to relocate from the jurisdiction of a regional center that does not offer the optimum

service or mix of services to the jurisdiction of another regional center that does.

~~(j)~~

(i) For most parents, this forced relocation is impractical or impossible, resulting in the child being provided services that do not meet his or her specific individual needs. This results in the expenditure of state funds for ineffective treatments and a loss of opportunity for the child's development.

~~(k)~~

(j) There is a need for a broader offering of evidence-based services in order to maximize the effectiveness of treatment for each child on an individual basis at all regional centers.

~~(l)~~

(k) Services funded through the Lanterman ~~Act and~~ *Developmental Disabilities Services Act and provided by* the regional centers must be evidence-based practices in order to ensure that state funds are expended on proven therapies.

~~(m) As with autism, there are a wide variety of infant mental health treatments that fall into several broad categories, including behavioral and developmental and relationship-based therapies. Over the last 30 years, there has been a growing body of established knowledge, expertise, and competencies for the practice of infant mental health.~~

~~(n) Infant mental health therapies are vital to preventing or reducing future mental health problems as the child ages.~~

~~(o) Infant mental health diagnoses fall across a broad range of diagnoses. Often, there is a cooccurrence of both developmental delays and social-emotional delays, wherein a child can have more than one diagnosis across both the autism spectrum and mental health categories.~~

~~(p) The appropriate evidence-based practice for infant mental health is determined by the child's diagnosis or diagnoses, specific individual needs, professional judgment, and the culture and values of the child's family.~~

~~(q) Arbitrarily confining funding to a narrow set of approved therapies places the state in the role of medical practitioner.~~

~~(r) When the state, acting as a de facto medical practitioner, prescribes therapies for a child by limiting the therapies available without an appropriate assessment of the child, the prescribed~~

~~therapies are likely to be inappropriate, wasteful of state resources, and potentially injurious to the mental health of the child.~~

~~(s) State funding for infant mental health should be confined to evidence-based practices in accordance with infant mental health competencies established for this field.~~

~~(t) Both autism and infant mental health are subject to conflicting and incomplete definitions of evidence-based practices in statute.~~

SEC. 2. Section 4643.4 is added to the Welfare and Institutions Code, to read:

4643.4. (a) The department shall do all of the following:

(1) Develop guidance for the regional centers that clarifies that each regional center should provide consumers with a wide variety of evidence-based ~~ASDs treatments~~ *treatments for ASDs* tailored to the individual needs of the consumer.

~~(2) Develop a list of evidence-based behavioral and developmental, relationship-based therapies to assist the regional centers in determining which therapies qualify as evidence-based practices.~~

~~(3)~~

(2) Direct the regional centers to fund ~~evidence-based practices on the list developed pursuant to paragraph (2), as well as other evidence-based~~ therapies prescribed by the consumer's clinical practitioner, so long as those therapies can be shown to meet the definition of an evidence-based practice.

~~(b) The department may consult with outside third parties, including, but not limited to, the University of California's University Centers for Excellence for Developmental Disabilities, to develop the list required in subdivision (a), as long as the criteria for selection of best practices conforms to the definition of evidence-based practices.~~

~~(c)~~

(b) Nothing in this section shall be construed as increasing the appropriations to the regional centers.

(c) Nothing in this section shall be construed as requiring a regional center to provide services not readily or cost-effectively available within the regional center's jurisdiction or the geographic area of the consumer.

(d) For purposes of this section, "evidence-based practices" means practices that rely on a decisionmaking process that meets and combines all of the following criteria:

(1) Best research evidence.

(2) Best clinical experience.

(3) Consistency with patient, family, and consumer values and choices, and informed consent.

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