

**Testimony of John de Miranda, Executive Director of the National Association on Alcohol, Drugs and Disability  
Provided to the California Assembly Human Services Committee Concerning  
Strengthening the Lanterman Developmental Disabilities Services Act**

**November 15, 2007  
Campbell, California**

Founded in 1996 the mission of the National Association on Alcohol, Drugs and Disability (NAADD) is to improve addiction prevention, treatment and recovery services for people with disabilities. Historically we have been funded by the Robert Wood Johnson Foundation, the California Department of Alcohol and Drug Services, and regional centers for developmental disabilities including San Andreas and North Bay Regional Centers.

Much of our work in recent years has focused on the lack of access to community-based publicly-funded recovery care for people with developmental disabilities in need of prevention, treatment and recovery services. While California has made strides in improving mental health care for the persons with developmental disabilities, efforts on the addiction and recovery front have been woefully neglected.

According to research conducted by NAADD and other organizations we know:

- Persons with developmental disabilities who lead independent or semi-independent lives are at high risk for abusing alcohol and the more accessible illicit drugs such as marijuana.
- Throughout childhood and adolescence persons with developmental disabilities do not receive the same level of prevention and education services as their nondisabled peers.
- California's system of categorical funding provides no incentive for developmental service providers to deliver addiction and recovery services under the current authorizing legislation or its implementation.
- Similarly, there are no incentives and little pressure on alcohol and drug providers to comply with federal and state disability rights legislation such as the Americans with Disabilities Act of 1990 (ADA) to accommodate the accessibility needs of clients with developmental disabilities.

We know little about the incidence and prevalence of alcohol and drug problems among people with disabilities, however, one study reported that 18% of a sample of people with developmental disabilities reported "misusing" alcohol (McGillicuddy and Blane, 1999). Another study from Alberta, Canada reported an alarming degree of alcohol use among developmentally disabled clients who were also prescribed medications with potentially dangerous interaction potential (Tighe & Shane, 1992).

Since late 2006 NAADD has been working on a needs assessment and planning project in San Diego County aimed at improving linkages between the developmental disabilities and addiction/recovery sectors. Project Connect is a collaboration between my organization (NAADD), Toward Maximum Independence, the San Diego Regional Center Recovery Task Force and San Diego County Alcohol and Drug Services. For the past 12 months we  
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have been collecting data through focus groups, informant interviews and survey of providers. Findings and recommendations will be available after January 1, 2008.

Project Connect is funded by the California Endowment and has already generated interest nationally. An article in *Alcoholism and Drug Abuse Weekly* (October 2, 2006) stated *Because substance abuse and DD services are traditionally funded out of separate streams, there is little communication between the two systems and little opportunity to integrate services.*

Any attempt to improve the Lanterman Act or how people with developmental disabilities are served should include significant attention to creating and sustaining addiction prevention, treatment and recovery services for people with developmental disabilities. At a minimum this effort should contain:

1. A mandate to the **California Department of Developmental Services (DDS)** that:

a. Regional centers develop and adequately fund a vendorization category for addiction treatment and recovery services. (Redwood Coast Regional Center has pioneered this process for more than 10 years).

b. Regional centers operationalize alcohol and drug problems prevention and education services as an integral component of their service portfolio.

2. A requirement that the **California Department of Alcohol and Drug Programs (ADP)**:

a. Develop systems and procedures to track the number of clients with developmental disabilities that are served in their service system and create a robust appeal/complaint process to reduce denials-of-service and improve provider compliance with the ADA.

b. Initiate the creation of an interagency task force charge with improving cooperation and linkages between ADP and DDS.

3. Both agencies (DDS and ADP) should jointly fund a statewide training and technical assistance effort designed to implement the recommendations that derive from the findings of Project Connect.

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