

2026 State of the State: Disability Policy in California

California is falling short—disabled Californians must lead the way forward

Introduction

California has long led the nation in policies that advance civil rights and equity. Yet for the state's 4.3 million disabled adults and more than 400,000 disabled children,¹ equity remains out of reach.²

California has among the nation's highest housing and health care costs. In 2024, 44% of working-age Californians with disabilities were employed, compared with 77% of Californians without disabilities.³ Those who do work are half as likely to hold a full-time, year-round job.⁴ That same year, 21.3% of working-age Californians with disabilities lived below the federal poverty line, more than twice the rate for Californians without disabilities, at 9.8%.⁵ Even after accounting for housing costs and safety-net benefits, about 31% of adults with disabilities who are not working still cannot afford their basic needs.⁶

In a study ranking all 50 states and Washington DC from best to worst as a place to live with a disability, California falls just above the worst, ranking

¹ KFF, "Distribution of the Total Population with a Disability by Age," State Health Facts, based on KFF analysis of U.S. Census Bureau, American Community Survey, 2024 1-Year Estimates, <https://www.kff.org/other-health/state-indicator/distribution-of-the-total-population-with-a-disability-by-age/>. California totals: 401,700 (ages 0–18), 2,160,400 (ages 19–64), 867,300 (ages 65–74), and 1,248,600 (ages 75 and over), for 4,677,900 Californians with a disability.

² A note on these figures. These estimates come from the American Community Survey (ACS), which uses six measures of disability: hearing, vision, cognition, ambulation, self-care, and independent living. Earlier editions used different, broader measures, resulting in higher estimates. This edition uses the ACS for both adults and children to provide consistent figures. Published ACS tables exclude people living in institutions.

³ Center for Research on Disability, University of New Hampshire. Annual Disability Statistics Compendium: 2026, sec. 3, tbl. 3.1, "Employment", *Center for Research on Disability*, 2026, <https://www.researchondisability.org/>.

Figures are for civilians ages 18 to 64 living in the community.

⁴ McConville, Shannon, "Working Helps Keep Californians with Disabilities out of Poverty," *Public Policy Institute of California*, October 28, 2024, <https://www.ppic.org/blog/working-helps-keep-californians-with-disabilities-out-of-poverty/>

(analysis of 2022 American Community Survey data for adults ages 25 to 64)

⁵ Center for Research on Disability, University of New Hampshire. Annual Disability Statistics Compendium: 2026, "Poverty," sec. 6, tbl. 6.1, *Center for Research on Disability*, 2026

⁶ McConville, Shannon, "Working Helps Keep Californians with Disabilities out of Poverty," *Public Policy Institute of California*, October 28, 2024, <https://www.ppic.org/blog/working-helps-keep-californians-with-disabilities-out-of-poverty/>

The California Poverty Measure, developed by PPIC and the Stanford Center on Poverty and Inequality, adjusts for regional housing costs and counts safety-net benefits as resources.

47th. This ranking is based on economics, affordability, livability, and healthcare.⁷ Critical mental health services remain underfunded and have not kept pace with need in our state. Rather than closing the gap, California has enacted a series of regressive policies that erode the rights of people with disabilities and pull funding from the voluntary services and housing we know work. Disabled people are also shut out of civic life by inaccessible voting systems, inadequate transportation, and too few accommodations for taking part in government meetings.⁸

When the California Disability Leadership Alliance published the last version of this report in 2024⁹, we called on California to close the gap between its reputation and its record. That ask has not changed. What has changed is the ground underneath it.

Over the past two years, the federal government has moved to narrow nearly every right this report depends on. The Department of Justice has concluded that neither the Americans with Disabilities Act (ADA) nor Section 504 requires states to serve disabled people in the most integrated setting appropriate to their needs, meaning in the community rather than in an institution, and has announced that it will no longer rely on its own Olmstead guidance in enforcement.¹⁰ In January 2026, five states asked a federal court to block the rules that make the integration mandate enforceable.¹¹ The Department of Housing and Urban Development (HUD) has proposed rescinding the rules that let people challenge housing practices that harm disabled people even when no one intended to discriminate and has withdrawn guidance protecting disabled tenants who

⁷ Hurst, Andrew, “Best States for Living with a Disability,” *Policygenius*, April 17, 2024, <https://www.policygenius.com/disability-insurance/the-best-states-for-living-with-a-disability/>.

⁸ Hassan, Zeenat. “Letter in Support of an Opinion from the Attorney General on Remote Participation in Brown Act Meetings as a Reasonable Accommodation under the Americans with Disabilities Act.” *Disability Rights California*, Received by Catherine Bidart, 1 Feb. 2024.

<https://www.disabilityrightscalifornia.org/latest-news/letter-in-support-of-an-opinion-from-the-attorney-general-on-remote-participation-in>

⁹ California Disability Leadership Alliance. State of the State Report, *CA Disability Alliance*, October 29, 2024, <https://cadisabilityalliance.org/state-of-the-state-california-disability-policy-in-2024/>

¹⁰ U.S. Department of Justice, Office of Legal Counsel. “Memorandum Opinion on the Integration Mandate Under Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act,” *Department of Justice*, 18 June 2026; Dilworth, Jackie. “DOJ Actions on Olmstead Threaten the Right of People with Disabilities to Live in the Community.” *The Arc*, 19 June 2026, Updated 26 August 2026, <https://thearc.org/blog/doj-opinion-on-olmstead-threatens-the-right-of-people-with-disabilities-to-live-in-the-community/>.

¹¹ United State District Court Northern District of Texas Lubbock Division. Amended Complaint, *Texas v. Kennedy*, No. 5:24-cv-00225, 23 Jan. 2026.

rely on assistance animals.¹² Staff at HUD's Office of Fair Housing and Equal Opportunity has been cut by roughly two-thirds since January 2025.¹³ H.R. 1 cut nearly \$1 trillion from Medicaid, the largest reduction in the program's sixty-year history, putting up to two million Californians at risk of losing Medi-Cal.¹⁴

None of this repeals the ADA, Section 504, the Fair Housing Act, or Olmstead. These laws remain in effect, and people can still sue to enforce them. But federal enforcement is receding, while the rules that spell out what those laws require in practice are being withdrawn one by one. For disabled Californians, state law is no longer simply a supplement to federal disability rights. It is becoming the floor.

That changes what this report asks of California. Much of the reform agenda is the same. Some of it is now defensive. Protections Californians have relied on for decades must be codified into California law so they do not disappear when a federal agency changes course. California cannot control what Washington does. It can decide whether disabled Californians keep their rights when federal enforcement recedes.

California also faces real budget pressure, made worse by federal cuts.¹⁵ But disinvestment in community living is a false economy. Institutions, emergency rooms, shelters, and jails cost more than the housing and services that allow disabled people to live in their communities. Cutting community-based support does not eliminate costs. It shifts them, and it shifts the burden onto disabled people.

¹² Department of Housing and Urban Development, "HUD's Implementation of the Fair Housing Act's Disparate Impact Standard, 91 Fed. Reg. 1475", proposed 14 Jan. 2026; U.S. Department of Housing and Urban Development, Office of Fair Housing and Equal Opportunity, "Enforcement memorandum rescinding FHEO-2013-01 and FHEO-2020-01", 22 May 2026.

¹³ Akinwumi, Michael, et al. 2025, 2025 Fair Housing Trends Report, Washington, DC, NFHA, 4 November 2026, <https://nationalfairhousing.org/wp-content/uploads/2025/11/2025-NFHA-Fair-Housing-Trends-Report.pdf>.

¹⁴ Joyce, Dawn, "How Massive Federal Cuts Will Create Unprecedented Challenges for Medi-Cal Patients and Providers," *California Health Care Foundation*, 3 October 2025, <https://www.chcf.org/resource/how-massive-federal-cuts-will-create-unprecedented-challenges-medi-cal-patients-providers/>; Orbach-Mandel, Hannah, "H.R. 1 Cuts to Medi-Cal Impact Californians in Every Legislative District," *California Budget & Policy Center*, May 2026, <https://calbudgetcenter.org/resources/h-r-1-cuts-to-medi-cal-impact-californians-in-every-legislative-district/>.

¹⁵ Diana, Amaya, et al. "A Closer Look at California's Plans to Implement Work Requirements While Facing Major Budget Shortfalls Amid Cuts in Federal Medicaid Funding." *KFF*, 6 April 2026, <https://www.kff.org/medicaid/a-closer-look-at-californias-plans-to-implement-work-requirements-while-facing-major-budget-shortfalls-amid-cuts-in-federal-medicaid-funding/>.

There is also an opportunity in front of us. In 2028, California will host the Olympic and Paralympic Games. The world will see how the state handles transit, housing, digital services, and emergency planning, while disabled athletes and visitors arrive expecting access. What California builds between now and then will be visible far beyond its borders.

If California is to claim leadership, it must assess and close gaps in disability rights, both in law and in enforcement. From disaster preparedness to policing, California's policies must do more than catch up. They must move ahead and embrace disability equity.

This report provides a high-level overview of those gaps and identifies issue areas where lawmakers, state agency leaders, and advocates can collaborate on disability-specific legislation and regulations. It is a tool for organizing the many policy reforms disabled Californians need.

Although the issues are broad, our approach is simple: **listen to disabled Californians when developing policies that affect them and center their lived experience in designing solutions.** Through direct engagement with disabled people, in leadership and in communities throughout the state, we can build a disability-inclusive California.

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Digital Accessibility

Web content and other technology fall short of accessibility standards.

California law currently mandates that public websites and other government technology be accessible to people with disabilities.¹⁶ However, disabled individuals in California still lack equal access to most websites and governmental technology. This is due to several factors including the increasing trend of outsourcing governmental functions to private technology vendors. Many website and software developers are not being held accountable to clear web accessibility standards and procurement requirements. Recent litigation illustrates the problem. *STATE OF CALIFORNIA, ex rel. BASHIN v. Conduent, Inc.*, revealed that private party web developers overpromised the accessibility of the Department of Park's \$66 million procurement of an outsourced reservation website operated by private parties.¹⁷ *Fowler v. PSI Services, LLC*, involved the Department of Insurance outsourcing the administration and development of its online license exams to a private vendor that had allegedly not incorporated accessible design under the contract.¹⁸ Moreover, according to the 2026 Web Accessibility In Mind Million Report, government websites had an average of 42.4 digital accessibility errors based on the Web Content Accessibility Guidelines, a 24% increase in errors from two years prior.¹⁹ Similar problems exist in the private market as traditional brick-and-mortar businesses conduct less technology development in-house and outsource the operation to technology platform developers.

¹⁶ California Legislature. Cal. Gov. Code §§11135 & 7405; ---. Assembly. State Web Accessibility: Standard and Reports, AB 434, *California State Legislature*, 14 October 2017; ---. Unruh Civil Rights Act, 1959; ---. Disabled Persons Act, 1968.

¹⁷ Superior Court of the State of California. *State Of California, ex rel. Bashin v. Conduent Inc.*, Case No. RG18888208. 2023.

¹⁸ United States District Court for the District of Alaska. *Fowler v PSI Services, LLC*, Case No: 21CV000126. 2024.

¹⁹ The WebAIM Million, "The 2026 Report on the Accessibility of the Top 1,000,000 Home Pages." *WebAIM*, 30 Mar. 2026, webaim.org/projects/million/.

The state must ensure that the technology it procures, funds, uses, maintains, and/or develops is completely accessible to people with disabilities in order to be a leader in digital access. Further, stricter monetary penalties and increased private enforcement against private contractors are necessary to keep pace with increasing privatized governmental technology operations.

Related, the private industry serving California customers with disabilities must be held to account. California must enact some of the pending legislative reforms to address this gap.²⁰

Education

State funding for special education increased in 2026, reflecting the rising number of students eligible for special education.

The California Budget Act of 2026 includes a nearly \$2.4 billion increase in special education funding over last year's budget, which amounts to a 43% increase in state dollars that will be distributed to school districts across the state to serve students with disabilities. The percentage of California students eligible for special education went from 13% in 2018-2019, to 15% in 2024-2025, while the overall number of school-age students in the state has declined.²¹ There has been consistent pressure from school districts, administrators, teachers' unions, and advocates for the state to provide more resources to support students with disabilities. State dollars are expected to help fill some gaps in support and services that districts are legally required to provide to disabled students, but exactly how districts will spend the money remains to be seen.

School staff shortages worsen conditions for disabled students.

Schools continue to experience staff shortages that were exacerbated by the pandemic and have remained a challenge due to inflation and high cost of living. There is a significant shortage of qualified teacher aides, which many students with disabilities rely on to access a free and appropriate public education (FAPE) guaranteed in the Individuals with Disabilities in Education Act (IDEA).²² Without sufficient classroom aide staffing, teachers

²⁰ See e.g., A.B. 2190 (Wallace), suspended in the 2026 legislative session

²¹ Gallegos, Emma. "Special Education Has Become a Flash Point in Negotiations with Teachers," *EdSource*, 26 Feb. 2026, <https://edsource.org/2026/special-education-california-teachers/751853>.

²² U.S. Department of Education website, About IDEA, <https://sites.ed.gov/idea/about-idea/>, IDEA, last accessed September 1, 2026.

are stretched thin, students lack the support they require, and districts must attempt to fill the gaps with contract agencies which sometimes provide aides with little training.²³

In addition, California is experiencing a teacher shortage, with more than 10,000 teacher vacancies in the 2021-2022 school year. The shortage is particularly concentrated in rural communities, low-income communities, and communities of color. Severe shortages of special education teachers in some districts have fueled teacher strikes and challenging union negotiations, pushing school districts to provide more support for overworked special education teachers and case managers.²⁴ The special education teacher shortage has also led to special education classrooms across the state being covered by uncredentialed substitutes for excessive time periods. Further, there is a severe shortage of credentialed teachers for Deaf students and for blind and low-vision students.

The Governor's 2026 Budget includes additional funding for the Golden State Teacher Grant Program, which provides financial support for students working toward a special education preliminary teaching credential who commit to teaching in a high-needs school.²⁵ This is an important incentive to increase the pipeline of special education teachers and providers to remain in or enter the field. However, work still remains to retain and recruit staff who can adequately serve and assist youth and students with disabilities and ensure all the services agreed to in Individualized Education Programs (IEP) are delivered to the students who require support.²⁶

Law enforcement involvement endangers disabled students.

While the State of California leads in preventing suspensions of students for willful defiance, students with disabilities continue to face punitive measures for behavior, often involving law enforcement. Ideally, school staff would be able to address the specific issue a student faces within the school environment and prevent law enforcement interaction.

²³ Turner, Cory. "Students with Disabilities are Missing School Because of Staff Shortages," *NPR*, 14 May 2024, <https://www.npr.org/2024/05/14/1251408094/students-with-disabilities-are-missing-school-because-of-staff-shortages>.

²⁴ Gallegos, Emma. "Special Education Has Become a Flash Point in Negotiations with Teachers," *EdSource*, 26 Feb. 2026, <https://edsource.org/2026/special-education-california-teachers/751853>.

²⁵ Learning Policy Institute, Fact Sheet: California's Golden State Teacher Grant Program, *Learning Policy Institute*, Updated 2 Dec. 2025, <https://learningpolicyinstitute.org/product/ca-golden-state-teacher-grant-program-factsheet>, last accessed September 1, 2026.

²⁶ Gallegos, Emma. "Special Education Has Become a Flash Point in Negotiations with Teachers," *EdSource*, 26 Feb. 2026, <https://edsource.org/2026/special-education-california-teachers/751853>.

Students with disabilities are disproportionately impacted by the school-to-prison pipeline. According to the 2024 Racial and Identity Profiling Act (RIPA) Report, officers are more likely to search, detain, and handcuff students with disabilities. For example, officers handcuffed students with disabilities 41% of the time they were stopped, compared to 15% of students without disabilities. Additionally, the California Division of Juvenile Justice (DJJ) estimates that 25% to 30% of DJJ youths have been identified as requiring special education services.²⁷ California must ensure that teacher shortages and antiquated laws do not translate to increased harmful law enforcement interactions for California's youth.

California must properly implement new policies to prevent language deprivation among Deaf children.

Language deprivation among Deaf children is an urgent—and preventable—public-policy failure. It must not be framed as a debate over communication methods. Every child should have the right to acquire language and communicate with family, educators, peers, and the community.

Language deprivation occurs when a child does not have consistent access to a complete, accessible language during the critical early years of brain development. Language deprivation can affect literacy, learning, social-emotional development, family relationships, independence, mental health, and future employment. Hearing technology and speech services may be beneficial, but neither guarantees language acquisition. Every Deaf child must have access to language—including American Sign Language—and immediate intervention when language development is not age-appropriate.

Deaf children are fully capable of acquiring language. Approximately 1,000 Deaf and hard-of-hearing babies are born in California each year. The vast majority are born to hearing parents who may have little knowledge of Deafness, language development, or the resources available to their families. California must ensure that these children do not lose irreplaceable years waiting to see whether a particular service, device, or approach will work.

Schools should measure whether children are acquiring language and not simply whether services, devices, or therapy were provided. Early language

²⁷ California. Legislative Analyst's Office. "Overview of Juvenile Justice System and Education Services in Juvenile Facilities," *Legislative Analyst's Office*, 17 Apr. 2023, <https://lao.ca.gov/handouts/crimjust/2023/Juvenile-Justice-Education-041723.pdf>.

access also reduces the need for costly remediation, intensive special education, mental-health intervention, and lifelong public support.

California has already established the foundation by enacting landmark protections for Deaf children, including establishing milestones and assessment resources for monitoring language development. What is needed now is for the state to fund, enforce, coordinate, and strengthen those protections.

Inclusive education is still not the norm in California schools, and disabled students experience significant levels of discrimination.

The IDEA requires that students with disabilities be educated alongside students without disabilities, to the maximum extent appropriate. Students must be placed in classrooms with their non-disabled peers as long as a general education classroom will serve their needs.²⁸ For students who are Deaf, Hard of Hearing, or blind, placement in a school where they are educated alongside their peers may provide the best access to language, learning, and cultural connection.

Although there were aggressive statewide targets adopted in 2021 to increase the time students with disabilities spend in the general education curriculum, California has only made small gains toward its goal of greater inclusivity and belonging. Only 60.9% of California students with disabilities who had an Individualized Educational Program (IEP) spent 80% or more of their school day in general education classrooms in 2024-2025, as opposed to the national average of 67% during the same year.²⁹ Research has shown that the level of inclusion a child experiences beginning in preschool is a strong predictor of whether they will be included in general education in later grades.³⁰

Additionally, following the decimation of the Office of Civil Rights at the U.S. Department of Education, which was previously the best route to resolution for students and families experiencing disability discrimination and other types of discrimination in schools, California's system of education civil

²⁸ U.S. Court of Appeals for the Ninth Circuit. *Regan-Adkins v. San Diego Unified Sch. Dist.*, 37 Fed. Appx. 930. 2002.

²⁹ California Department of Education. *2024-2025 End of Year Reports. California Department of Education*, <https://www.cde.ca.gov/ds/cm/dqeoy25.asp>, last accessed September 1, 2026; Ripma, Tye and Andrew Wall, "Advancing Inclusive Education in California Schools," *Policy Analysis for California Education (PACE)*, Feb. 2026 https://edpolicyinca.org/sites/default/files/2026-02/pb_ripma_feb-2026.pdf.

³⁰ ---. *Inclusion Works! Creating Child Care Programs That Promote Belonging for Children with Disabilities*, California Department of Education, 2021, <https://www.cde.ca.gov/sp/cd/re/documents/inclusionworks2ed.pdf>

rights enforcement has come under the microscope. States have largely relied on the federal government to enforce civil rights in PK-12 education until now, and education advocates across California are pushing for state-level systems reform to ensure students and families have an efficient, effective, and just path to remedy discrimination experienced in California schools.

Emergency and Disaster Preparedness

People with disabilities are particularly vulnerable when preparing for, experiencing, and recovering from various disasters. People with disabilities are up to four times as likely to be critically injured during disasters. Despite this heightened vulnerability, people with disabilities have historically been overlooked or their needs minimized throughout emergency planning, response, and recovery. California should therefore ensure that people with disabilities are meaningfully included in all phases of disaster and emergency preparedness and that emergency plans anticipate their needs from the start rather than relying on people with disabilities to request accommodations during an emergency.

Evacuation plans must account for the diverse needs of people with disabilities.

Evacuation can present unique barriers for people with disabilities because transportation or evacuation routes may not be accessible, individuals may require assistance when evacuating, or evacuation may interrupt access to durable medical equipment, or medications. People with mobility disabilities may be unable to use evacuation routes without assistance; people with vision disabilities may lose access to traditional orientation and navigation methods; people with hearing disabilities may be unable to communicate their need for evacuation; service animals may be excluded in evacuation.

Evacuation plans must identify and address transportation needs in advance by consulting people with disabilities and organizations serving them, identify accessible public and private transportation resources, and establish agreements and activation procedures for private transportation when necessary. Evacuation plans should also specifically address assistance for people who cannot evacuate independently and the transportation and protection of durable medical equipment and service animals.

Emergency preparedness public education campaigns must be accessible and proactively include people with disabilities.

People cannot protect themselves during an emergency if they cannot receive or understand emergency information. Many traditional warning systems are inaccessible: people who are Deaf or hard of hearing may not hear sirens, radio, or television alerts, while people who are blind or have low vision may not see visual warnings or access information posted on inaccessible websites. Emergency communication therefore must be accessible from the outset and cannot depend on an individual requesting an accommodation during a crisis. Governments should also arrange in advance for qualified sign language interpreters, Communication Access Real-Time Translation (CART), and captioning and prepare plain-language evacuation notices that avoid complex language, acronyms, and abbreviated text. First responders and other government personnel should receive disability-literacy training, including training on communicating with people with sensory and intellectual or developmental disabilities, operating wheelchair lifts, and properly handling durable medical equipment.

The state must adopt and implement disability-inclusive climate change policies.

Climate change disproportionately affects people with disabilities and can undermine access to basic rights and services, including safe drinking water, sanitation, and emergency services. Yet people with disabilities have historically been excluded from climate-change development and decision-making. A disability-rights approach to climate governance recognizes that people with disabilities must have meaningful participation in the development, implementation, monitoring, and evaluation of climate policies and programs. California should build the capacity of people with disabilities to participate in climate-response planning and ensure that climate adaptation measures both protect people with disabilities from climate-related harm and strengthen their resilience to its impacts.

Emergency plans must provide for reintegration and continuity of care.

Disaster recovery does not end when people are evacuated or sheltered. Emergency plans must also address how displaced people with disabilities will return to their communities and maintain access to the services and relationships on which they depend. Displacement can also sever relationships with personal-care providers, service animals, case

managers, medical providers, and other members of a person's support network. Recovery planning should therefore include coordination with public and private social-service providers to preserve continuity of care or facilitate transitions when continuity is impossible. Governments should provide accessible communications and crisis counseling, train personnel and volunteers on available reintegration services, and ensure that repair and rebuilding efforts comply with the ADA Standards for Accessible Design.

Insurance companies are leaving the state and dropping Californians at an alarming rate.

The lack of affordable home insurance is still an issue³¹ following the mass exodus of many insurance companies from the state due to increasing wildfires across the state since 2021. Insurance companies have left or refuse to renew policies based on increasing risks due to climate change and increased claims following a disaster. People with disabilities are often on a fixed or low income and can't afford to pay increasing premiums for home insurance. The state has attempted to create additional coverage for those affected by this issue such as the FAIR plan, but those alternatives either don't provide enough coverage or are also unaffordable to people with low incomes. Without affordable options people are left with inadequate or no coverage in case of disasters.

Limited options for financial assistance post disaster further harms people with disabilities.

When a major disaster occurs requiring financial assistance to affected individuals the Governor must request the President make a federal disaster declaration. Once the disaster declaration is set, federal funds like Federal Emergency Management Agency (FEMA), Individual and Households Program (IHP) or the Community Development Block Grant Disaster Recovery (CDBG-DR) funds can be issued to affected communities. When the President decides not to make the declaration, the federal government does not provide financial aid to survivors.

The state should ensure there are state disaster recovery funds set aside and available for individual assistance in instances when the federal government does not provide a locale with a federal disaster declaration.

³¹ Crandford, Marcella. "When Home Insurance Fails, California's Families and Communities Feel the Fallout," *Cal Matters*, March 17, 2026, <https://calmatters.org/commentary/2026/03/home-insurance-fails-california-families/>

Disaster funds are crucial to recovery for people with disabilities with little to no income. Without assistance, people surviving on limited incomes are not able to pay for necessary home repairs or relocation or replace necessary medical equipment. When aid isn't provided following a disaster, families are left with no options but to continue to live in unsafe, unhealthy conditions and lack the ability to fund the necessary home repairs and mitigate health issues.

Employment

California falls behind most other states in disability employment.

California prides itself on being an “Employment First” state. Employment First is a framework centered on the premise that all individuals, including those individuals with the most significant disabilities, are capable of full participation in Competitive Integrated Employment.³² Despite this, California has the sixth highest unemployment rate of disabled workers in the nation, at 10.9%³³ which is more than double California's overall unemployment rate of 5.1%³⁴.

Unfortunately, the California state government is also missing the opportunity to be a leader in employment of workers with disabilities. From 2017-2023 there was a 40% decrease in the number of state employees with disabilities.³⁵ In 2021, California enacted a law, AB 313 (Garcia), which requires California state agencies to adopt and implement action plans to improve the inclusion of individuals with disabilities in the state workforce. The goal was to try to meet the longstanding target of having at least 16.6% of California state government comprised of people with disabilities. While some progress has been made, we still have a long way to go. As of June 2026, only 8.0% of California state employees are reported as people with disabilities³⁶.

³² California, Legislature. Cal. WIC § 4869

³³ Disability Employment TA Center. “California,” *Disability Employment TA Center*, 19 July 2024, <https://aoddisabilityemploymentcenter.com/state/California/>

³⁴ U.S. Bureau of Labor Statistics. “California Economy at a Glance.” *U.S. Bureau of Labor Statistics*, www.bls.gov/eag/eag.ca.htm.

³⁵ California Department of Human Resources. “Report 5 – Disability Parity by Department.” *California Department of Human Resources*, 2024. <https://www.calhr.ca.gov/about-calhr/divisions-programs/equity-accessibility-management-services/statewide-reports/>

³⁶ “Statewide Reports: June 30, 2026.” *California Department of Human Resources*, 30 June 2026, <https://www.calhr.ca.gov/about-calhr/divisions-programs/equity-accessibility-management-services/statewide-reports/>

California's low representation of disabled people in the workforce is likely due to failures in recruitment, hiring, workplace culture, employment support services, reasonable accommodation, and a lack of retention efforts. California should pursue opportunities to provide education, training, and funding for employers on reasonable accommodations, including website and online application accessibility for people with print disabilities. Small business owners and those with limited capital deserve the opportunity to develop and provide reasonable accommodations that can support disabled people who are skilled, willing, and able to participate in our workforce. The state should also provide supports and incentives to small businesses to help underwrite the cost of accommodations. Though many accommodations, such as flexible work schedule, do not require any additional funds.

The push for in-person work is leaving disabled workers behind.

During the pandemic, many individuals with disabilities had the unique opportunity to demonstrate their ability to successfully participate in the workforce from home. Since Governor Newsom's Return to Office mandate went into effect on July 1, 2026, some disabled employees are being left behind. Remote work is a reasonable accommodation that disabled people successfully utilize across numerous employment sectors. Unfortunately, however, many managers have little or no understanding of a wide range of disabilities and tend to attribute requests for legitimate reasonable accommodation to feigning the need or malingering.

Additionally, the lack of access to accessible transportation to commute to work is also significant barrier for many. Although paratransit options exist for people who cannot take public buses or trains, it is often not a practical option for employment purposes and training programs due to unreliable pick-up and drop-off times which can add hours to their workday when waiting for rides to and from work.

Although reasonable accommodation requests from state employees are being considered on a "case by case basis," numerous individuals report accommodation requests being delayed or denied. Further, employees who have requested reasonable accommodations, and are waiting for their requests to be processed or decided on, are being told to report to the physical work setting or use leave credits to continue working remotely. Remote work must be considered as a reasonable accommodation when appropriate for the role, and accommodation requests need to be considered individually in a timely manner.

Department of Rehabilitation is in critical need of resources and staff to meet the needs of disabled Californians who want to work

The California Department of Rehabilitation provides life-changing vocational services for people with disabilities. However, as a result of high demand and limited resources, California entered into an Order of Section on August 31, 2026. This means that, aside 16-21 year olds eligible for limited Student Services, anyone with disabilities who applies for Department of Rehabilitation services will now be placed on a waiting list and will not be able to access services for an indefinite period of time. For those individuals who have current plans in place, the state needs to streamline the process of procurement of resources, delivery of services, and ensure that disabled individuals can benefit from these programs in a timely manner for their job readiness, retention, and advancement.

Further, many rehabilitation training services are delivered through community partner agencies claiming to have expertise in the unique training and skill needs of particular disabilities. Most of these non-profit community partner agencies being funded for their expertise often lack any representation by those persons with disabilities on their boards or management teams.³⁷ Just as with the funded Independent Living Center entities, community partner agencies funded by state vocational rehabilitation dollars should have mandatory quotas of persons with disabilities represented in their management structures.

Deaf and Hard of Hearing job seekers continue to face significant communication and accessibility barriers.

Deaf and Hard of Hearing (DHH) job seekers face unique challenges when accessing employment services and workforce development programs that are primarily designed for individuals who communicate through spoken English. For Deaf individuals whose primary language is ASL, communication access often requires qualified sign language interpreters during interviews, orientations, training programs, and employment related meetings. They frequently rely on videophones, Video Relay Service (VRS), email and text messaging for communication. Many DHH individuals also encounter attitudinal barriers, including misconceptions regarding their communication abilities and workplace capabilities. These

³⁷ National Federation of the Blind California. "Resolution 2022-06 Concerning Sufficient Blind Board Representation" *National Federation of the Blind California*, <https://www.nfbcal.org/resolution-2022-06-concerning-sufficient-blind-board-representation/>.

misconceptions can negatively impact hiring decisions, career advancement opportunities, and retention. Hard-of-hearing individuals who do not use sign language often face different but equally significant barriers. Group workshops, training programs, and interviews may be inaccessible without amplification, captioning, assistive listening devices, or other accommodations. Background noise, poor acoustics, unfamiliar accents, and rapid speech can significantly impact communication and comprehension.

In addition, out of approximately 250 Employment Development Department (EDD) service locations, including America's Job Centers of California, State Disability Insurance (SDI), and Employment Tax offices, only 18 offices offer services specific to Deaf and Hard of Hearing (DHH) individuals seeking employment services or Unemployment Insurance (UI) assistance.³⁸ Employment service needs of DHH job seekers include individualized job search assistance, support in completing online applications, resume development, interview preparation with interpreters and other communication accommodations. They also need information regarding employment rights, workplace accommodations, self-advocacy and assistance in navigating communication barriers during the hiring process and ongoing post-placement support to promote successful job retention and career advancement.

The ASL interpreter shortage is a barrier to Deaf inclusion in employment, higher education, and beyond.

California needs to invest in the professional development of ASL interpreters. In 2022, the National Deaf Center (NDC) on Post-Secondary Outcomes stated that the lack of ASL interpretation is currently creating a crisis among Deaf and Hard of Hearing (DHH) college students. The interpreter shortage is not only impacting Deaf people in college education but also in elementary through high school education, the court systems, healthcare, employment, and other areas. Rural areas that have only a handful of interpreters often do not have robust broadband internet to use video remote interpreting (VRI). While VRI helps make effective use of limited resources, VRI still depends on having enough qualified and diverse ASL interpreters. There is also a notable shortage of Certified Deaf Interpreters (CDIs). Development of career pathways for CDIs could help

³⁸ Employment Development Department. Deaf and Hard of Hearing Services, Contact Information by County. EDD, https://edd.ca.gov/en/jobs_and_training/contact_DHH/

improve the employment prospects for Deaf individuals pursuing that employment goal, as well as benefitting their future clients.

Disabled workers need access to services and supports that are not linked to poverty-level income thresholds.

Many services for disabled people are income-limited. Disabled people are forced into an impossible choice: remain in poverty and receive services, or work and jeopardize needed services. In many cases, even with an income, an individual cannot afford to pay for needed services out of pocket, nor should they be expected to. This contributes to the high unemployment rates of people with disabilities in California, and elsewhere in the nation. Notably, at the federal level, the Social Security Income (SSI) asset limit discourages many disabled people from taking on paid work.

California should do more to decouple services and income. If people do not qualify for Medi-Cal or regional center services, there are few options for long-term services and supports. With a few exceptions, Medi-Cal eligibility requires disabled people to remain in poverty. California should be a leader in disability employment and create pathways to long-term services and supports (LTSS) for employed people with disabilities at every income level. One policy lever to achieve this goal is a Medicaid buy-in program for working disabled people across incomes. California should also invest in training programs to help SSI/SSDI recipients to better understand Social Security work incentives. Work incentives are complex rules designed to help people who rely on benefits to transition to employment.³⁹

Health Care

Californians continue to experience accessibility barriers in health care settings.

Inaccessibility is pervasive in health care settings. For example:

- A California-based study conducted comprehensive in-person site inspections of 3,993 California primary care offices from 2013–2016 and found 19.1% had accessible exam tables and 10.9% had accessible scales.

³⁹ Social Security Administration. Work Incentives Policies & Resources. *Social Security*. <https://www.ssa.gov/disabilityresearch/workincentives.htm>

- Medical equipment used for screenings, such as mammogram machines, is often not designed for people who use wheelchairs. Many machines cannot be adjusted enough to allow proper positioning, which can make it difficult or impossible to get a mammogram while remaining seated in a wheelchair. The lack of accessible diagnostic equipment contributes to significant disparities in healthcare access for people with disabilities, leading to poor health outcomes.
- The increased reliance on online portals, forms, and virtual platforms for medical services creates disparities in access and delivery for people who rely on screen reading software. This underscores the need to enforce accessibility standards to ensure equitable healthcare for all.
- Deaf individuals still struggle to get ASL interpreters for healthcare appointments and procedures. Video Remote Interpreting (VRI), when not fraught with technical issues, is not effective for every Deaf individual. Many medical settings attempt to shift the cost onto the patient or deny the patient outright to bring their own interpreter.

Updates to the Section 504 regulations strengthened protections against these types of discrimination.⁴⁰ We urge California to enforce these regulations with rigor and uphold the critical rights of disabled people accessing health care.

Telehealth has significantly increased healthcare access for people with certain types of disabilities. Early in the COVID-19 pandemic, telehealth usage was higher among people with disabilities compared to those without, providing a vital alternative when in-person visits were limited. In particular, people with mobility disabilities had the highest rates of telehealth use, while those with hearing disabilities reported the lowest rates, underscoring the need for accessible telehealth platform designs that support various communication needs.⁴¹

⁴⁰ Archived US Department of Health and Human Resources. "HHS Finalizes Rule Strengthening Protections Against Disability Discrimination," *U.S. Department of Health and Human Services (HHS)*, 1 May 2024, www.hhs.gov/about/news/2024/05/01/hhs-finalizes-rule-strengthening-protections-against-disability-discrimination.html.

⁴¹ Karimi, Madjid et al. "Trends and Disparities in Pandemic Telehealth Use among People with Disabilities." *Assistant Secretary for Planning and Evaluation*, 14 May 2024. <https://www.aspe.hhs.gov/sites/default/files/documents/d70dae84a7988837d3819529988d4919/telehealth-disability-ib.pdf>.

Data from the UCLA Center for Health Policy Research shows that nearly 47% of California adults used telehealth in 2022, highlighting its critical role in expanding access to care. Usage was exceptionally high among older adults and those with both Medicare and Medicaid coverage. The flexibility of telehealth has been particularly beneficial for follow-up visits, managing chronic conditions, pain management, and accessing mental health services.⁴²

California has taken significant steps to maintain telehealth accessibility beyond the COVID-19 emergency. The state has committed to continuing many telehealth policies established early in the pandemic, including coverage of video and audio-only telehealth across Medi-Cal services. In the event the telehealth federal provisions are rescinded, California must continue to support telehealth access and services, with a lens on increasing access to those with hearing disabilities.

Children with disabilities need timely and affordable access to specialized health care.

Achieving disability equity begins with our youngest Californians. Nearly 16% of all California's children under 18 have special health care needs and require more health care services than those of their peers.⁴³ Only 27.3%-34.6% of children enrolled in Medi-Cal receive screening for developmental, behavioral, and social delays by age 3.⁴⁴ This represents untold lost opportunities for early intervention and treatment. Challenges in Medi-Cal disproportionately impact children of color and children living in poverty. Eighty-one percent of non-elderly Medi-Cal enrollees are people of color.⁴⁵

Children qualifying based on their condition or disability receiving care in California Children's Services program within the Medi-Cal program

⁴² Tan, Sean. *Telehealth and the Future of Health Care Access in California*. UCLA Center for Health Policy Research, Oct. 2023. <https://healthpolicy.ucla.edu/sites/default/files/2023-09/telehealth-fact-sheet-october-2023.pdf>.

⁴³ California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division. "Children with Special Health Care Needs", *California Department of Public Health*, 2021, <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Children-and-Youth-with-Special-Health-Care-Needs.aspx>.

⁴⁴ Medicaid. "Quality of Care for Children in Medicaid and CHIP: Findings from the 2022 Child Core Set: Chart Pack." *Center for Medicare & Medicaid Services*, Jan 2024, <https://www.medicare.gov/medicaid/quality-of-care/downloads/2022-child-chartpack.pdf>.

⁴⁵ KFF. "Medicaid in California Fact Sheet," *KFF*, Aug. 2024, <https://files.kff.org/attachment/fact-sheet-medicare-state-CA>.

encounter significant ongoing challenges accessing services and coordinated care. Families continue to experience wait times for specialty care and difficulty securing durable medical equipment and private-duty nursing care. Additionally, youth struggle with transition to adulthood in Medi-Cal. Outcomes are even worse for youth formerly in the foster care system.

Health insurance fails to meet the needs of wheelchair users.

Despite the requirements of the Affordable Care Act, qualified health plans in the state continue to deny coverage or cap coverage for medically necessary wheelchairs and their repairs. Since most disabled Californians cannot pay out-of-pocket, they are forced to go without appropriate wheelchairs, decline employment, or decline advancements in employment in order to maintain income eligibility for coverage. California must enact a coverage mandate for qualified health plans to cover medically necessary wheelchairs together with repairs and accessories.

When technology is used to make automated healthcare decisions, it is more likely to make unfair decisions.

As health care systems increasingly rely on artificial intelligence (AI) to make day-to-day decisions, we need to limit the potential for biased algorithms to make life-or-death decisions. AI models have already shown biases against people with disabilities — biases that can prove deadly and injurious to disabled people.⁴⁶ For example, private insurers are already using AI to deny claims, overriding physicians' determinations of what is necessary medical care.⁴⁷ With emerging legislation attempting to rein in the potential adverse effects of this technology, disability must be centered in the conversation.

Drastic federal funding cuts from H.R. 1 threaten access to healthcare.

In 2025, Congress passed H.R. 1, a law that made extreme cuts to funding for vital health and human services. As a result, California could lose up to \$30 billion in funding for Medi-Cal each year, with as many as 3.4 million

⁴⁶ Fetzer, Mary. "Trained AI Models Exhibit Learned Disability Bias, IST Researchers Say." *Penn State University*, Penn State News, 30 Nov. 2023, www.psu.edu/news/information-sciences-and-technology/story/trained-ai-models-exhibit-learned-disability-bias-ist/.

⁴⁷ Napolitano, Elizabeth. "Lawsuits Take Aim at Use of AI Tool by Health Insurance Companies to Process Claims." *CBS News*, CBS Interactive, 18 Dec. 2023, www.cbsnews.com/news/health-insurance-humana-united-health-ai-algorithm/.

people losing coverage. The 2026-27 State Budget was California's first budget to respond to these cuts, and it did not fully address them. This will take coverage away from many people with disabilities who need it to cover health visits, diagnostic testing, medications, and durable medical equipment.

California's Budget greatly lowers the Medi-Cal asset limit for disabled adults and seniors. Starting January 1, 2027, it will be lowered from \$130,000 for one person to just \$21,000. This is a drastic asset limit reduction, which punishes consumers for having any savings or assets to be used in the event of an emergency. It also means that many will lose access to In-Home Supportive Services, a Medi-Cal program, often without adequate notice and alternative services in place.

Access to Medi-Cal for immigrants continues to be under attack, with a freeze on new full-scope Medi-Cal enrollment for most undocumented adults and the expected loss or reduction of full-scope coverage for many humanitarian immigrants due to federal changes. The state Budget must meet the needs of all Californians with disabilities, regardless of immigration status, who rely on state programs like Medi-Cal to survive.

Home and Community-Based Services (HCBS)

The waiting list for the Home and Community-Based Alternatives (HCBA) Waiver leads to unnecessary institutionalization.

Home and Community-Based Services (HCBS) allow Medi-Cal recipients to live independently in their communities rather than in isolated institutions. While California leads the nation in Medicaid (known as Medi-Cal in California) expansion, its failure to maintain adequate capacity for the Home and Community-Based Alternatives (HCBA) Waiver leaves thousands of disabled adults and seniors, including those with Alzheimer's and dementia, stuck on lengthy waitlists. This puts them at immediate risk of being forced into an institutional setting in order to get the services they need. It is necessary to increase HCBA Waiver capacity to ensure that people with disabilities and older adults who need services from the program, including those with Alzheimer's and dementia, can live in their own homes and communities.

Further, the rates for HCBA waiver providers have not increased in 15 years. The lack of increased rates reduces the workforce of in-home service providers, creating further barriers to receiving in-home support.

The workforce shortage jeopardizes the health and well-being of children and adults with disabilities and threatens to undo decades of success and progress in the disability movement.

In-Home Supportive Services (IHSS) remain under attack through the state Budget process.

The governor has regularly proposed budget cuts to IHSS. While some have been defeated, people with disabilities continue to be forced to defend themselves and the services they rely on each year.

Thankfully, the 2026-27 Budget made no other changes to IHSS, but there was an initial proposal to remove the backup provider system, limit use of the IHSS Residual program, increase the asset limit, and shift some of the IHSS cost to counties. These changes would have made it even harder to access IHSS and illustrate the continued risk of cuts to IHSS.

The IHSS program would benefit from changes to better serve certain disability groups. For example, IHSS recipients who are blind, low vision, or have other print disabilities need access to written information and assistance in filling out documents. However, despite 40 years of advocacy, the state has refused to include reading of, and assistance with filling out documents as an IHSS-covered service. This long-standing problem needs resolution by covering this service in the IHSS program.

People who need significant personal care assistance continue to face unfair limits on life choices.

People with disabilities whose income is above the level required for income-based Medi-Cal eligibility, or whose assets exceed the asset limit for disability-based Medi-Cal eligibility, are forced to either pay thousands of dollars annually for the personal care assistance and in-home services that they need to live independently and maintain their well-being or to forego needed services if not affordable. Personal care and other out-of-pocket health care costs will only increase as individuals age and acquire health conditions and potential additional disabilities.

Many disabled people who are part of this invisible population will never be able to afford retirement without the risk of institutionalization because of an ongoing need for personal care assistance, combined with the fact that a lifetime of work may result in retirement income that is above Medi-Cal eligibility levels. This is especially the case for disabled individuals who do not qualify for regional center services because their disability is not

developmental. Even those who do qualify for regional center services are at risk, as regional center services are not always available or timely delivered.

Similarly, marriage can affect eligibility for Medi-Cal, through eligibility rules tied to a spouse's income or assets or, in the case of Disabled Adult Child Medi-Cal, for example, the fact of marriage itself. These outdated rules can even affect couples with levels of income far too modest to afford private personal care assistance and home chore services while meeting their other basic needs.

Housing and Homelessness

High rental costs disproportionately harm people with disabilities.

The high cost of living in California is impacting most people. People with disabilities – who disproportionately live in poverty – especially feel the pain of it.⁴⁸ Many Californians with disabilities rely on Supplemental Security Income (SSI). In California, the maximum combined SSI and State Supplementary Payment is less than half of the average Fair Market Rent for a two-bedroom home.⁴⁹

Statewide, only 1 rental home is affordable and available for every 4 extremely low-income households, and California needs 981,986 more affordable homes to close that gap.⁵⁰ The state can do more to reduce housing costs by: creating a universal basic rental income program or cash assistance for renters,⁵¹ establishing statewide voucher entitlement for

⁴⁸ Center for Research on Disability. "Annual Disability Statistics Collection, Section 6." *Center for Research on Disability*, May 2022, www.researchondisability.org/ADSC; Institute on Disability, et. al. Annual Disability Statistics Compendium: 2026, *Center for Research and Disability*, 2026, <https://www.researchondisability.org/resource/2026-disability-statistics-compedium-adsc/section-6-poverty-compedium-2026>.

⁴⁹ California Department of Health Care Services, "SSI/SSP Payment Standards Effective January 1, 2026," *HCS*, 2025 <https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Pages/ACWDL-25-29-Enclosure-1.aspx>; National Low Income Housing Coalition. California 2026 State Housing Profile. *National Low Income Housing Coalition*, July 2026, https://nlihc.org/sites/default/files/SHP_CA.pdf.

⁵⁰ Id.

⁵¹ Blasi, Gary, et al. *Basic Income Grants to Reduce Homelessness in Los Angeles (2024)*, USC, School of Social Work, Apr. 2024, https://hpri.usc.edu/wp-content/uploads/2024/04/Basic-Income-Grants-to-Reduce-Homelessness-in-Los-Angeles_draft.pdf.

people making 30% of the area median income or less,⁵² and considering a disability rent increase exemption.

California needs to be a leader on protecting and advancing disabled tenant rights.

Nationally, disability remains the most frequently cited basis for housing discrimination.⁵³ Californians with disabilities often face eviction, which can have devastating consequences for health outcomes.

The state can ensure disabled tenants get and remain housed by requiring clearer guidance to courts regarding reasonable accommodation requirements; repealing Costa-Hawkins⁵⁴ and creating a strong statewide rent stabilization policy; funding housing transition, eviction prevention, and tenancy maintenance services; creating a statewide security deposit fund; and funding the Civil Rights Department to better enforce California's fair housing laws, particularly around source of income discrimination which remains widespread though it has been illegal in California since 2020.⁵⁵

California must lead in effectively addressing homelessness.

California is home to roughly one in four Americans experiencing homelessness. California also has the highest unsheltered rate of any state at 63.5%, and accounts for close to half of everyone sleeping unsheltered in the country.⁵⁶ Disability and chronic illness are pervasive in this population.⁵⁷

⁵² Center on Budget and Policy Priorities. "California Federal Rental Assistance Fact Sheet," *Center on Budget and Policy Priorities*, Updated 23 January 2025, <https://www.cbpp.org/sites/default/files/atoms/files/12-10-19hous-factsheet-ca.pdf>.

⁵³ National Fair Housing Alliance. 2025 Fair Housing Trends Report. *National Fair Housing*, Nov. 2025, <https://nationalfairhousing.org/wp-content/uploads/2025/11/2025-NFHA-Fair-Housing-Trends-Report.pdf>.

⁵⁴ The Costa-Hawkins Rental Housing Act (1995) prohibits rent stabilization ordinances for buildings built after 1995. Most accessible housing was built after 1990.

⁵⁵ California, Civil Rights Department. "California Civil Rights Department Finds Widespread Housing Discrimination Against Federal Housing Choice Vouchers." *Cal Civil Rights*, 17 Oct. 2022, <https://civildrights.ca.gov/wp-content/uploads/sites/32/2022/10/Fair-Housing-Testing-and-Housing-Choice-Voucher10.17.22PR.pdf>.

⁵⁶ United States, Department of Housing & Urban Development. *The 2025 Annual Homelessness Assessment Report (AHAR) to Congress. Office of Policy Development and Research*, 2025, <https://www.huduser.gov/portal/datasets/ahar/2025-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html>.

⁵⁷ Kushel, Margot et al. *Toward Thriving: Understanding Health and Homelessness*, UCSF Benioff Homelessness and Housing Initiative, 18 Nov. 2025, <https://homelessness.ucsf.edu/resources/reports/toward-thriving-understanding-health-and-homelessness>.

A state that holds such a high percentage of the country's unhoused population, and a disproportionate share of its disabled unhoused population, should lead in responding to this human rights crisis. Leading means addressing root causes, harm reduction, and permanent stable housing; not fines, citations, and arrests.

California must stop criminalizing homelessness.

Despite its ineffectiveness, California has moved towards criminalizing unhoused people and pushing disabled people towards institutionalization. Last year, Governor Newsom chose to embrace the Supreme Court's *Grants Pass*⁵⁸ decision by ordering local governments to sweep encampments without any assurance that people would receive housing, and issuing a model ordinance for localities to criminalize camping.⁵⁹ Criminalizing homelessness is particularly egregious given how few shelters are accessible to disabled people, and that disabled people hold clear rights in the sweeps context that jurisdictions routinely ignore.⁶⁰ Sweeps worsen conditions for unhoused people,⁶¹ including by separating people from their IDs and important documents, medications, harm reduction supplies such as Narcan, and mobility aids including wheelchairs and walkers.⁶² Sweeps and arrests only sanitize poverty from public view, without actually solving it.⁶³ The only solution to homelessness is housing.

⁵⁸ Supreme Court of the United States. *City of Grants Pass, Oregon v. Johnson*, 603 U.S. 520, 2024, (held that local governments can enforce bans on camping and sleeping in public spaces even if no alternative shelter is available).

⁵⁹ California, Office of the Governor [Gavin Newsom]. Executive Order N-1-24: Addressing Encampments with Urgency and Dignity, Governor Gavin Newsom, 12 May 2025, <https://www.gov.ca.gov/wp-content/uploads/2025/05/Encampment-Ordinance-formatted.pdf>.

⁶⁰ Uzeta, Michelle. *Disability Rights Strategies for Unhoused Residents*. National Low Income Housing Coalition, 2026. https://nlihc.org/sites/default/files/AG-2026/CH6/17_Disability_Rights_Strategies_for_Unhoused_Residents_Chapter_6.pdf.

⁶¹ Id.; Barocas, Joshua A. et al., *Population-Level Health Effects of Involuntary Displacement of People Experiencing Unsheltered Homelessness Who Inject Drugs in US Cities*, JAMA Network, 10 April 2023, <https://doi.org/10.1001/jama.2023.4800>.

⁶² Raphling, John. "Criminalizing Homelessness Violates Basic Human Rights" *The Nation*, 5 July 2018, https://www.hrw.org/news/2018/07/05/criminalizing-homelessness-violates-basic-human-rights?gad_source=1&gclid=EAlaIqobChMI06_LsaqTiAMVA87CBB0SIS IEAAYASAAEgK9V_D_BwE.

⁶³ Levin, Sam. "'Trying to disappear the poor': California clears homeless camp near Super Bowl," *The Guardian*, 27 Jan. 2022, <https://www.theguardian.com/us-news/2022/jan/26/homeless-los-angeles-super-bowl>; Camara, Ngakiya. "San Jose Is Displacing Its Unhoused Residents to Prepare for Super Bowl Tourism," *Truth Out*, 7 Feb. 2026, <https://truthout.org/articles/san-jose-is-displacing-its-unhoused-residents-to-prepare-for-super-bowl-tourism/>.

California must backstop federal disability housing rights that are being dismantled.

Community living: Multiple times this year, the U.S. Department of Justice (DOJ) has attacked the right of people with disabilities to be included in their communities.⁶⁴ These recent proclamations do not overturn the U.S. Supreme Court's holding in *Olmstead v. Lois Curtis*, the ADA, Section 504, or the integration mandate, and they do not bind courts. But it does signal federal abandonment of enforcement.

The state should solidify state rules independent of federal interpretation and enforcement. This includes codifying the right to live in the community in California statute and confirming that Government Code section 11135 independently prohibits unnecessary segregation by state-funded and state-assisted programs. California must also fund the home and community-based services, accessible housing, and permanent supportive housing capacity that make community living real rather than theoretical.

Disparate impact: This year, HUD has issued two proposals to remove its discriminatory effects regulations, first from the Fair Housing Act,⁶⁵ then from HUD's Title VI regulations.⁶⁶ Disparate impact is frequently the only viable theory for challenging facially neutral policies that exclude disabled tenants. Removing the federal framework does not eliminate the doctrine, but it makes it much harder to litigate.⁶⁷

⁶⁴ U.S. Department of Justice, Office of Legal Counsel. "Memorandum Opinion on the Integration Mandate Under Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act," 18 June 2026; Center for Medicare Advocacy, "DOJ Office of Legal Counsel Issues Memo Attempting to Undermine the Integration Mandate for Older People and People with Disabilities," July 2026, <https://medicareadvocacy.org/awful-doj-olc-memo/>; U.S. Department of Justice, Civil Rights Division. "Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and *Olmstead v. L.C.*," *Federal Register*, 20 July 2026, <https://www.federalregister.gov/documents/2026/07/20/2026-14566/clarification-on-department-of-justice-guidance-titled-statement-of-the-department-of-justice-on>

⁶⁵ U.S. Department of Housing and Urban Development. "HUD's Implementation of the Fair Housing Act's Disparate Impact Standard," *Federal Register*, 14 Jan. 2026. <https://www.federalregister.gov/documents/2026/01/14/2026-00590/huds-implementation-of-the-fair-housing-acts-disparate-impact-standard>

⁶⁶ ---, "HUD's Implementation of the Fair Housing Act's Disparate Impact Standard; Amendments to HUD's Title VI Regulations," *Federal Register*, 10 Aug. 2026. <https://www.federalregister.gov/documents/2026/08/10/2026-16228/huds-implementation-of-the-fair-housing-acts-disparate-impact-standard-amendments-to-huds-title-vi>

⁶⁷ Kelly, Harry J. "HUD Rescinds Disparate Impact Regulations," *Nixon Peabody*, 21 January 2026, <https://www.nixonpeabody.com/insights/alerts/2026/01/21/hud-rescinds-disparate-impact-regulations>.

California already prohibits practices with a discriminatory effect,⁶⁸ and the Civil Rights Council has codified a burden-shifting framework in its fair housing regulations.⁶⁹ That state framework must be protected and made independent. California should codify in statute that disparate impact liability stands on its own, amend state regulations so that they are not tied to the federal rule, fund the Civil Rights Department to bring the effects-based enforcement actions that HUD will no longer pursue, and support private fair housing organizations that will absorb the resulting caseload.

Reasonable accommodation and assistance animals: On May 22, 2026, HUD permanently rescinded its past guidance and changed position to say that the provision of emotional support does not constitute work or tasks.⁷⁰ The Fair Housing Act's reasonable accommodation duty is unchanged, private enforcement remains available, and HUD-assisted housing covered by Section 504 must still consider support animal requests. But federal administrative protection for tenants is effectively gone.

California's Civil Rights Department has issued guidance confirming that the federal rescission does not change California law which recognizes reasonable accommodations for support animals.⁷¹ The state should go further by codifying these protections in statute, directing the Civil Rights Department to conduct targeted outreach to housing providers and property managers who will otherwise follow HUD's new posture by default, and rejecting any effort to conform California's fair housing regulations to the narrowed federal standard.

⁶⁸ California, Legislature. Cal Gov't Code section 12955.8(b).

⁶⁹ California, Legislature. Cal. Gov't Code § 12955.8(b); ---. Cal. Code Regs. tit. 2, §§ 12060–12063.

⁷⁰ U.S. Department of Housing and Urban Development, Office of Fair Housing and Equal Opportunity. "Enforcement memorandum rescinding FHEO-2013-01 and FHEO-2020-01," 22 May 2026.

⁷¹ California Civil Rights Department. *Compliance with State Fair Housing Laws with Regard to Emotional Support Animals*, Legal Alert No. CRD 2026-01, Cal Civil Rights, 20 July 2026), <https://civildrights.ca.gov/wp-content/uploads/sites/32/2026/07/Legal-Alert-Emotional-Support-Animals.pdf>; California Legislature. Code Regs. tit. 2, §§ 12005(d), 12185; California Civil Rights Department. *Emotional Support Animals and Fair Housing Law*, Pub. No. CRD-H12P-ENG, Cal Civil Rights, Aug. 2026, https://civildrights.ca.gov/wp-content/uploads/sites/32/2022/12/Emotional-Support-Animals-and-Fair-Housing-Law-FAQ_ENG.pdf.

Immigration

The new federal public charge rule will have a chilling effect on people with disabilities and their families seeking services, even services that they qualify for and do not have immigration consequences.

The new public charge final rule will go into effect on Sept 18, 2026.⁷² The final rule will allow immigration officers to consider a wider variety of factors to determine if someone may depend on the government as their main source of support in the future.⁷³ Public charge, even prior to new changes, is an ableist rule that attempts to establish that people who do not need government services are superior and more worthy of being granted status in the United States. People with disabilities often receive government support for medical and other services that are part of their daily lives.

The new public charge rule will have a significant chilling effect on immigrant families seeking medical services, which includes people with disabilities.⁷⁴ The effect of the law on Californians' health will be felt for years as people shy away from services for fear of immigration consequences for themselves or their family members. California needs to have a full-fledged and ongoing campaign to provide communities with correct information about the actual consequence of receiving government services and the effects on immigration status. California also needs to expand services to immigrant communities, especially at a time when the federal government is trying to eliminate programs they could benefit from.

Additionally, California needs to heavily invest in a fund for legal representation of immigrants. Representation has shown to make a huge difference in the success of people in the immigration process, especially with the federal government actively making the process more difficult.⁷⁵

⁷² Immigration Legal Resource Center. What You Need to Know About Public Charge, *Immigrant Legal Resource Center*, 31 Aug. 2026, <https://www.ilrc.org/community-resources/what-you-need-know-now-about-public-charge>

⁷³ *Id.*

⁷⁴ Ong, Paul, et al., "Medi-Cal Enrollment Declines Amid Heightened Immigration Enforcement in California," *UCLA Latino Policy and Politics Institute*, 22 June 2026, <https://latino.ucla.edu/research/medi-cal-enrollment-decline-ice/>

⁷⁵ Eagly, Ingrid and Steven Shafer. "Access to Counsel in Immigration Court," *American Immigration Council*, September 2016, https://www.americanimmigrationcouncil.org/sites/default/files/research/access_to_counsel_in_immigration_court.pdf

The Federal government has eliminated many of the oversight mechanisms that were in place to provide oversight to immigration facilities and has moved to undermine California's sovereignty.

The federal government has defunded many of the mechanisms that have historically provided some oversight into the immigration detention facilities across the country, including those in California.⁷⁶ There are many people with disabilities in immigration detention centers across the state who are not receiving adequate medical, mental health, or accommodations that they need.⁷⁷

California needs to continue its independent AB 103 inspections and reports of immigration detention facilities.⁷⁸ It also should explore all available options for filing lawsuits and seeking fines for violations of federal and California law in respect to the dismal conditions that people currently face while detained. Use of solitary confinement is especially dangerous in immigration detention facilities but also in jails and prisons throughout the state. California needs to end the use of solitary confinement in our state as its negative effects are well documented.⁷⁹ People with mental illness are especially affected by being placed in solitary confinement, and even those without disabilities can develop serious mental health conditions from being placed in solitary confinement.⁸⁰

The Department of Healthcare Services recently purchased two immigration detention facilities from private contractors in the state.⁸¹ California needs to continue to explore the consequences of more federally

⁷⁶ Bustillo, Ximena. "DHS blames funding lapse for shutdown of internal detention oversight," *NPR*, 7 May 2026, <https://www.npr.org/2026/05/07/g-s1-120834/trump-immigration-detention-ombudsman-shutdown>

⁷⁷ Disability Rights California. *They Treat Us Like Dogs in Cages: Inside the Adelanto ICE Processing Center*, Disability Rights California, 17 Jul. 2025, <https://www.disabilityrightsca.org/drc-advocacy/investigations/inside-the-adelanto-ice-processing-center>; ---. "Newly Opened California City ICE Detention Facility: Dangerous for Disabled People," *Disability Rights California*, 3 Nov. 2025, <https://www.disabilityrightsca.org/reports/california-city-ice-processing-center-a-dangerous-expansion-of-immigration-detention-in>

⁷⁸ Office of María Elena Durazo. "SB 1399 Passes Legislature, Heads to Governor's Desk," *Office of María Elena Durazo*, 31 August 2026, <https://sd26.senate.ca.gov/news/sb-1399-passes-legislature-heads-governors-desk>

⁷⁹ Brinkley-Rubinstein, Lauren et al. *Association of Restrictive Housing During Incarceration with Mortality After Release*. *JAMA network open* vol. 2, 10 e1912516. 2 Oct. 2019, [doi:10.1001/jamanetworkopen.2019.12516](https://doi.org/10.1001/jamanetworkopen.2019.12516)

⁸⁰ *Id.*

⁸¹ Fry, Wendy and Nigel Duara, "What the sale of 2 ICE detention centers reveals about Trump's new immigration strategy," *Cal Matters*, 22 July 2026, <https://calmatters.org/justice/2026/07/ice-detention-center-sales-why/>

owned immigration detention centers in California and what effect that has on state sovereignty and our residents. Additionally, California needs to continue to protect our residents' private information and ensure that state entities and contractors are not sharing information with federal agencies. The current federal government is currently exploiting all avenues to access the data of California residents to support its anti-immigrant agenda.

Intellectual and Developmental Disabilities

The Lanterman Act Entitlement does not live up to its promise.

The Lanterman Act entitlement was visionary in 1977, granting people with intellectual and developmental disabilities (I/DD) broad access to needed services. Today, despite the entitlement, people often wait months for services or are denied services that they need to meet their goals.

Workforce shortages, inadequate person-centered planning, and perceived scarcity contribute to people with I/DD going without the services they need.

With California's 21 regional centers each implementing the Lanterman Act in their own way, people with I/DD experience the system differently based on their region, or even their individual service coordinator. More oversight and standardization can help bring all regional centers up to a higher standard. The expertise of people with I/DD who receive services must be at the table to inform and correct both gaps in service and a critical lack of equity for underserved communities.

Systemic racism continues to create barriers to services.⁸²

Regional centers do not distribute services equitably to the people they serve. People of color receive about half as much per capita spending on their services compared to people who are white. Many systemic factors contribute to this disparity. For example, administrative burden unequally affects consumers of color, and lack of language access stands in the way of equal access to services. The I/DD service delivery system must embed

⁸² Leiner, William, et al. "From Navigation to Transformation: Addressing Inequities in California's Regional Center System through Community-Led Solutions." *Disability Rights California*, 10 Jan. 2023, www.disabilityrightscalifornia.org/latest-news/from-navigation-to-transformation-addressing-inequities-in-californias-regional-center.

equity in every policy and practice and work to reverse the detrimental effects of systemic racism within the system.

People with I/DD lack real choices about where to live.

The HCBS Settings Rule says people have a right to make choices about where to live, like choosing between disability-specific and non-disability-specific settings. However, many people with I/DD are not given this choice today. Instead, options like group homes are assumed to be the best fit for people. In particular, systems-involved individuals and people with co-occurring I/DD and behavioral health conditions are often placed in restrictive, small congregate settings where they do not get to make their own choices about their lives.

In fact, California scores below the national average on measures of how much choice and control people with I/DD have over their lives.⁸³ Two factors that contribute to this lack of choice are:

- Lack of housing affordability and accessibility, with no housing markets in California being affordable to people on SSI.⁸⁴
- Lack of services for people with complex needs to live independently in less restrictive environments.

California must embrace the HCBS Settings Rule going forward by offering true choice to people with I/DD, regardless of co-occurring conditions or perceived severity of need.

Communication access needs to be uplifted and expanded.

Communication should not just be an accommodation; it should be the expectation. With the invention of the iPad, Augmentative and Alternative Communication (AAC) devices are now more readily available with funding from the systems that serve individuals with disabilities. However, owning an iPad does not in itself make you a communicator. Systems must consider how an individual will access their communication and the supports needed to provide equitable access. For some, this may require a support person who can provide sensorimotor regulation, assist in programming technology, hold a keyboard or low-tech letter board,

⁸³ National Core Indicators. *California: State Report: 2017-18. Legacy National Core Indicators*, 2018 legacy.nationalcoreindicators.org/states/CA/report/2017-18/.

⁸⁴ Technical Assistance Collaborative. "Priced Out: The Housing Crisis for People with Disabilities." *Technical Assistance Collaborative*, www.tacinc.org/resources/priced-out/.

transcribe communication, and more. State agencies like the Department of Developmental Services and Department of Rehabilitation often overlook these complexities of communication access and assume that providing an AAC device is equivalent to speech.

Communication is a human right that, for some individuals, may require training from a qualified AAC specialist for the individual and their caregiver(s). This support should not be a barrier to living a self-determined life, but often it is.

These agencies need to make these changes to support AAC users:

- Ensure every individual has their choice of communication. This may require an assessment with an AAC specialist and other professionals who will consider how communication can be accessed.
- Honor an existing and established mode of communication without question.
- Provide communication training and support(s) as separate service(s) to both the individual and their circle of support.
- Ensure equitable access to meetings both public and private with the accommodations an individual requests. Some examples may include extra time to comment, additional staff support hours, enabling the chat, or a meeting moderator who can read their input for virtual platforms.
- Collaborate across systems to ensure communication accessibility is consistent. ADA requirements for effective communication state that “When choosing an aid or service, Title II entities are required to give primary consideration to the choice of aid or service requested by the person who has a communication disability.” As such, giving an AAC user the right to choose and the accessible supports they require is the responsible thing for the systems that serve them to do.
- Collect data on disabilities that affect communication. Access and support to communication tools and trained support staff are not currently identified or tracked by any state or federal agencies.

Without communication access and support in education, employment, or housing, the freedom and independence to choose is impossible. Living an authentic life is impossible without authentic communication.

Mental Health

Mental health services have been trending towards criminalization and institutionalization rather than care, threatening the progress of community integration and the promise of the Americans with Disabilities Act (ADA).

A recent wave of coercive and punitive policies, including CARE Court, SB 43, and Proposition 1, have pushed California's mental health system toward carceral approaches, even as voluntary community-based services and affordable housing remain severely underfunded. These policies rest on a narrative that people with mental health disabilities cannot care for themselves and must be pushed into treatment. They are more troubling still alongside the broader efforts to criminalize homelessness and disability in California and nationwide.

California built a community-based treatment system, but it's incomplete.

In previous decades, California made progress expanding community-based mental health care. California voters passed the Mental Health Services Act (MHSA) to reduce institutionalization, incarceration, and homelessness. Since then, at least \$31 billion has been raised through the Act's 1% tax on incomes above \$1 million, funding vital community-based mental health services, such as peer support and recovery-oriented treatment.

These investments have reaped benefits beyond the services themselves. Many people who received services funded by the MHSA have chosen to help others in crisis, contributing to a growing peer support workforce providing recovery-oriented treatment to more Californians.⁸⁵

In 2020, California formally recognized the importance of peer support by enacting legislation to certify peer support specialists as a new category of health workers. The legislation also made peer support a covered Medi-Cal

⁸⁵ Bion, Xenia Shih. "Life Experiences Help Peer Counselors Assist Others with Mental Health Issues" *California Health Care Foundation*, 5 Aug. 2019, <https://www.chcf.org/blog/life-experiences-help-peer-counselors-assist-others/>.

benefit. As of March 2025, CalMHSA reported that more than 5,000 peers had been certified as Medi-Cal Peer Support Specialists.⁸⁶

Despite these advancements, critical mental health services remain underfunded and have not kept pace with need in our state. Individuals seeking services have waited months for outpatient psychiatry appointments, slots for intensive services like Full-Service Partnership (FSP) programs remain inadequate in many counties,⁸⁷ and California is in the midst of a significant behavioral health workforce shortage that's projected to deepen.⁸⁸ Californians who want timely, voluntary, and culturally competent mental health treatment often cannot access it.

Court-ordered treatment has been expanding.

Rather than closing the gap, California has enacted a series of regressive policies that erode the rights of people with disabilities and pull funding from the voluntary services and housing we know work.

In 2022, California enacted CARE Court, which permits almost anyone to file a court petition against people with schizophrenia, Bipolar I disorder with psychotic features, or other psychotic disorders. The law does nothing to fund housing or community-based mental health services, but instead funnels people into an ineffective and coercive system. Peer-reviewed research has repeatedly demonstrated that voluntary mental health services produce similar outcomes compared to court-ordered treatment, but without the additional harms associated with court-ordered treatment.⁸⁹

⁸⁶ California Mental Health Services Authority (CalMHSA). "5,000 Peers Certified Statewide," *California Mental Health Services Authority*, 7 Mar. 2025, <https://www.calmhsa.org/ed-messages/5000-peers-certified/>.

⁸⁷ Mental Health Services Oversight & Accountability Commission (MHSOAC). *Report to the Legislature on Full Service Partnerships at 14*, *Mental Health Services Oversight & Accountability Commission (MHSOAC)*, 25 January 2023, <https://bhsoac.ca.gov/wp-content/uploads/SB-465-Report-to-the-Legislature-approved-ADA.pdf>.

⁸⁸ California Department of Health Care Access and Information. "Supply and Demand Modeling for California's Behavioral Health Workforce," *California Department of Health Care Access and Information*, 27 Aug. 2025, <https://hcai.ca.gov/visualizations/supply-and-demand-modeling-for-californias-behavioral-health-workforce>.

⁸⁹ Morris, Nathaniel P. *Taking an Evidence-Based Approach to Involuntary Psychiatric Hospitalization*, *Pub Med*, 1 Apr. 2023, <https://pubmed.ncbi.nlm.nih.gov/36128697/>; Kaufman, Maya. "New study flags concerns with mental health treatment mandate," *Politico*, 3 Aug. 2026, <https://www.politico.com/news/2026/08/03/new-study-torpedoes-mental-health-treatment-mandate-01021010>; Human Services Research Institute & University of Pittsburgh. *Independent Evaluation of New*

Thus far, CARE Court has failed to live up to its promise. Participants are placed on existing waitlists for limited services and housing, and the demographic data available already shows racial inequities.

CARE Court has also been incredibly expensive to stand up. A recent report indicates that CARE Court currently costs over \$700,000 per person, which is significantly more expensive than a voluntary Full-Service Partnership, which connects people with an individualized case management portfolio including mental health services, housing, and more.⁹⁰ Ultimately, CARE Court is a burdensome and costly program that misses the mark on addressing mental health and homelessness.

New laws have expanded involuntary holds for people with mental health disabilities.

SB 43 (Eggman), enacted in 2023, made it easier for California to subject people with mental health disabilities to involuntary holds in locked settings. The new law expanded the definition of “gravely disabled” in two ways. First, it added severe substance use disorder as a qualifying condition. Second, it expanded criteria to include inability to provide for one’s personal safety or necessary medical care. SB 43 also allows a hearing officer to consider evidence previously inadmissible in LPS conservatorship hearings. Most counties chose to defer implementation of SB 43 until January 1, 2026.

Significantly expanding involuntary criteria under SB 43 has widened the net to subject many more Californians to costly and often traumatic involuntary commitment. Involuntary facilities are increasingly for-profit and run by private equity firms whose bare bones staffing exposes patients to harm.⁹¹ Data from the state shows in-patient hospitalization can cost in

York State Assisted Outpatient Treatment, New York State Office of Mental Health, June 2026, <https://omh.ny.gov/omhweb/statistics/NYS-AOT-Final-Report.pdf>.

⁹⁰ Compare \$713,000 per person per year in CARE Court with \$16,666 per person per year in a Full-Service Partnership program.

California, Legislature, Assembly, Committee on Judiciary. “SB-27 Assembly Judiciary Bill Analysis,” *California Legislative Info*, 28 June 2025, https://leginfo.ca.gov/faces/billAnalysisClient.xhtml?bill_id=202520260SB27.

⁹¹ Dizikies, Cynthia & Joaquin Palomino. “California is embracing psychiatric hospitals again. Behind locked doors, a profit-driven system is destroying lives,” *San Francisco Chronicle*, 5 March 2025, <https://www.sfchronicle.com/projects/2025/california-psychiatric-hospitals-crisis/>.

excess of \$4,000 per day in some counties.⁹² Additionally, research shows that involuntary treatment for people with substance use disorder produces worse outcomes than voluntary care, including significantly elevated overdose risk following release.⁹³ The result is a system that pays to confine people it failed to serve.

Mental Health “Modernization” is a step backward.

California’s passage of Proposition 1 in March 2024 restructured the MHSA (now Behavioral Health Services Act). While the new dedicated funding for housing and substance use disorder services are needed, Proposition 1 did so without increasing revenue. This reallocation of existing funds shrinks the pool of money available for locally-prioritized community-based mental health services. Disabled Californians are entitled to appropriate community-based permanent housing and mental health services.

Further, most of the dollars from the bond measure in Proposition 1 will go to short-term treatment beds including expensive locked institutional settings. Expanding expensive and coercive facilities while reducing available funding for voluntary, community-based treatment severely misallocates the state’s resources.

We must fully fund voluntary, community-based services and supports that work.

We know what services work. Voluntary community-based care produces better outcomes than forced treatment at a fraction of the cost. The state should move away from coercive policies and fulfill the promise of a fully-funded community-based treatment system.

⁹² Department of Health Care Services. *SMHS-Psych Inpatient Rates” FY 26-27*, Department of Health Care Services, <https://www.dhcs.ca.gov/file/smhs-psychiatric-inpatient-rates-26-27-2/>.

⁹³ Ledberg, Anders, and Therese Reitan. *Increased risk of death immediately after discharge from compulsory care for substance abuse*. *Drug and alcohol dependence* 236, 1 July 2026, <https://www.sciencedirect.com/science/article/pii/S0376871622002290>; State of Massachusetts. *Chapter 55: Overdose Reports*, Massachusetts Government, August 2017, <https://www.mass.gov/service-details/chapter-55-overdose-report>.

Public Health

California Department of Public Health (CDPH) needs to do more to uphold the civil rights of people with disabilities.

COVID-19 identified long-standing public health policy problems, including highlighting that people with disabilities are frequently at increased risk from multiple kinds of viruses and infections, and tend to not get needed accommodations in healthcare settings (i.e., appropriate medical transportation, access to home vaccination, policy protections for people with disabilities who require personal care assistants in hospitals and institutionalized settings, or that mask requests will be honored as accommodation requests). CDPH enforcement workers must be trained and able to enforce civil rights requirements in the hospitals and other provider entities over which CDPH has jurisdiction.

COVID-19 remains a danger to all Californians, especially those with disabilities.

In the years since the federal government declared that the COVID-19 pandemic was over, California has continued to experience regular, prolonged waves of COVID-19 infections surpassing waves from the early period of masking and distancing requirements. Many people with disabilities are at increased risk of adverse outcomes from COVID-19 infections. Long COVID can leave anyone with a disability, and it is now the most common chronic health condition in children.⁹⁴ CDPH must consider high-risk people and the needs of disabled Californians in implementing policies that protect people from the deadly and disabling virus.

Wastewater data helps to estimate community infection rates since reliable, widespread testing and reporting are no longer encouraged or accessible. While rates rise and fall over time, the WastewaterSCAN Dashboard showed 20 wastewater testing sites in California with high rates of COVID-19 as recently as September 14th, 2026.⁹⁵

Masks are one of the most important tools as high-risk people navigate the ongoing pandemic. Many disabled people need masks for health and safety. Restrictions on wearing masks harm disabled people by increasing

⁹⁴Gross, Dr. Rachel S. *Long COVID in Young Children, School-Aged Children, and Teens*, JAMA Network, 25 May 2024, <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2834486>

⁹⁵ WasteWater Scan. "WastewaterSCAN Dashboard," *WasteWater Scan*, Accessed September 14, 2026, <https://data.wastewaterscan.org/>

surveillance and policing, inviting harassment and invasive medical questions, and generally discouraging mask-wearing.⁹⁶

Given the federal government's lack of action on COVID-19 and other public health issues, California should fill in these gaps. The state could do more to prevent the spread of disease through improved data collection, strong vaccination campaigns with affordability programs for uninsured Californians, offering accurate testing, and encouraging, not restricting, mask wearing.

Disability demographic data is largely absent in California's public health system.

CDPH, along with DHCS and the UCLA Center for Health Policy Research, runs the California Health Interview Survey. Currently, this survey lacks needed disability data, as it is limited to a few disability types and does not collect data across disability types.⁹⁷ This survey should collect far more information about people with disabilities to ensure disabled people are included in public health measures. Local public health departments need current and accurate information to meet the needs of people with disabilities in emergency and non-emergency situations.

Public Safety and the Criminal-Legal System

Over-policing endangers disabled Californians.

California has invested billions of dollars in policing its citizens,⁹⁸ even though crime rates statewide are actually near record lows.⁹⁹

While the state hiring many more police officers makes some Californians feel safer, it sparks terrible fear and anxiety for others. Black, Indigenous,

⁹⁶ Disability Rights California, et al. "DREDF, DRC and 89 Organizations Condemn Mask Bans and Urge Lawmakers Not to Adopt Them to Protect the Right of People with Disabilities to Participate in the Community Safely" *Disability Rights California*, 31 Jul. 2024, <https://www.disabilityrightscalifornia.org/latest-news/dredf-and-drc-condemn-mask-bans-and-urge-lawmakers-not-to-adopt-them-to-protect-the>.

⁹⁷ UCLA Center for Health Policy Research. "CHIS Methodology Reports Repository," *UCLA Center for Health Policy Research*, <https://healthpolicy.ucla.edu/our-work/california-health-interview-survey-chis/chis-design-and-methods/chis-methodology-reports-repository>.

⁹⁸ Males, Mike Ph.D. *California Law Enforcement Agencies Are Spending More But Solving Fewer Crimes*. Center on Juvenile & Criminal Justice, 13 Feb. 2024, <https://www.cjcj.org/reports-publications/report/california-law-enforcement-agencies-are-spending-more-but-solving-fewer-crimes>

⁹⁹ Males, Mike Ph.D. *Stop Lying About Crime in California*, Center on Juvenile & Criminal Justice, 31. Jul 2024, <https://www.cjcj.org/reports-publications/report/stop-lying-about-california>

and other people of color, including disabled people of color, are disproportionately likely to be subject to negative interactions with police officers and other representatives of the criminal legal system.¹⁰⁰

California Proposition 36, backed heavily by law enforcement and the corporate retail lobby, passed in November 2024 as a “tough-on-crime” ballot measure. Proposition 36 created longer sentences and greater punishment for minor theft and drug related offenses while diminishing vital funding for mental health care, housing, and other community-based services. Prop 36 has led to more arrests and incarceration, more punishment for addiction and survival behaviors, more burden on courts, and less attention to treating the root causes of addiction and housing instability.¹⁰¹

Law enforcement officials agree: we have to break the mindset of viewing addiction and homelessness as crimes that can be solved through enforcement alone.¹⁰² California must be intentional about the use of law enforcement and should focus investment in programs that provide communities with social and economic opportunities.

When police respond to behavioral health crises, they harm disabled Californians.

For decades, Californians experiencing mental health or other disability-related crises have been seriously injured or killed by police.¹⁰³ People with

¹⁰⁰ Thompson, Vilissa. “Understanding the Policing of Black, Disabled Bodies” *Center for American Progress*, 10 Feb. 2021, <https://www.americanprogress.org/article/understanding-policing-black-disabled-bodies/>. NAACP Legal Defense Fund & Judge David L. Bazelon Center for Mental Health Law. *Community-Based Services for Black People with Mental Illness: Advancing an Alternative to Police*, NAACLPDF, Jan. 2023, <https://www.naacpldf.org/wp-content/uploads/2023-LDF-Bazelon-brief-Community-Based-Services-for-MH48.pdf>; Schwartz, Gabriel and Jackelyn L. Jahn. *Mapping fatal police violence across U.S. metropolitan areas: Overall rates and racial/ethnic inequities*, *PLOS One*, 24 June 2020, <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0229686>).

¹⁰¹ Washburn, Maureen, et al. *Prop 36 Promised Treatment. It's Delivering Incarceration*, Center on Juvenile & Criminal Justice, 18 Mar. 2026, <https://www.cjcj.org/reports-publications/report/prop-36-promised-treatment-its-delivering-incarceration>.

¹⁰² Greenwald, David. “New Data Shows Prop 36 Increasing Incarceration While Failing to Deliver Treatment, Panelists Say.” *Davis Vanguard*, 9 April 2026, <https://davisvanguard.org/2026/04/prop-36-public-health-failure/> (quoting Diane Goldstein, retired lieutenant and executive director of the Law Enforcement Action Partnership).

¹⁰³ Disability Rights California, et al. “Disability Rights Groups Submit Letter to LA County District Attorney Urging Dismissal of All Charges with Prejudice Against Isaias Cervantes” *Disability Rights California*, 4 Jan. 2022, www.disabilityrightscalifornia.org/latest-news/disability-rights-groups-submit-letter-to-la-county-district-attorney-urging-dismissal; Disability Rights California. “Disability Rights California Calls for

disabilities account for 30-50% of incidents of police use of force.¹⁰⁴ While resources have been put into training police officers, studies of Crisis Intervention Training (CIT) show no improvement in police encounters with people with behavioral health disabilities.¹⁰⁵

In many of these circumstances, a trained non-police behavioral health response team, otherwise known as a mobile crisis team, is able to safely deescalate crises, provide immediate assistance, successfully link people to resources, and help people remain in their communities. California has successfully integrated mobile crisis teams in several parts of the state and needs to fully invest in them, including staffing teams with behavioral health peers. The rollout of 988 presents another opportunity, but mental health services must be resourced so they can respond to 988 calls. And, of course, California must fully fund adequate access to voluntary, community-based mental health and other disability services to prevent crises from happening in the first place.

California must ban solitary confinement for people with disabilities.

Disabled Californians are dramatically overrepresented in carceral settings like juvenile detention, jails, prisons, and immigration detention. These settings are typically brutal for every incarcerated person. In many ways, they are even worse for disabled incarcerated people. People with disabilities are placed in solitary confinement — a form of torture that

Change and Accountability Following Police Shooting of Teen with Disability,” *Disability Rights California*, 15 Mar. 2024, www.disabilityrightsca.org/latest-news/disability-rights-california-calls-for-change-and-accountability-following-police; *City and Cty. of San Francisco v. Sheehan*, No. 13-1412. Amicus Curiae Brief of ACLU. 13 Feb. 2015, ACLU <https://www.aclu.org/cases/city-and-county-san-francisco-v-sheehan?document=city-and-county-san-francisco-v-sheehan-amicus-brief>.

¹⁰⁴ U.S. Department of Justice & U.S. Department of Health & Human Services. *Department of Justice and Department of Health & Human Services Guidance for Emergency Responses to People with Behavioral Health or Other Disabilities*, U.S. Department of Justice, May 2023, https://www.justice.gov/d9/2023-05/Sec.%2014%28a%29%20-%20DOJ%20and%20HHS%20Guidance%20on%20Emergency%20Responses%20to%20Individuals%20with%20Behavioral%20Health%20or%20Other%20Disabilities_FINAL.pdf.

¹⁰⁵ Taheri, Sema A. *Do Crisis Intervention Teams Reduce Arrests and Improve Officer Safety? A Systematic Review and Meta-Analysis*, *Criminal Justice Policy Review*, 27(1). 76, 90, 5 Nov. 2014, <https://journals.sagepub.com/doi/10.1177/0887403414556289>; Morabito, Melissa S. et al., *Crisis Intervention Teams and People With Mental Illness: Exploring the Factors That Influence the Use of Force, Crime and Delinquency*, 58(1). 57, 58, 26 Aug. 2010, <https://journals.sagepub.com/doi/abs/10.1177/0011128710372456>

injures and kills — at high rates and for periods of time that can continue for months, even years.¹⁰⁶

Solitary confinement has been recognized by the United Nations, World Health Organization, and other international bodies as greatly harmful and potentially fatal.¹⁰⁷ People with disabilities, pregnant people, youth, and older adults are all at heightened risk from the harm caused by solitary confinement inside jails, prisons, and immigrant detention centers in California. It is also unclear how frequent solitary confinement is used and to what extent its being used in detention facilities. Efforts to conduct a data study failed in the Legislature in 2025.¹⁰⁸ California must pass the Mandela Act, which will ban solitary confinement for specific populations and set limits on this harmful practice.¹⁰⁶

Keeping accurate data of hate crimes against disabled people is critical.

There are significant problems with the reporting system that California uses to track hate crimes against people with disabilities. The California Department of Justice reported that in 2025 only 0.3% of all hate crimes are against people with disabilities.¹⁰⁹ Anecdotal data suggests that this is an undercount. Reasons for the inadequate data may include that police are not able to recognize disabilities, victims and witnesses do not report to the police in the first place,¹¹⁰ and when someone has intersectional identities, often only one identity is reported. California must ensure that hate crimes are being tracked properly to better protect disabled Californians and make sure these crimes stop happening.

¹⁰⁶ Disability Rights California. “A Different Conversation about Solitary Confinement.” *Disability Rights California*, 2 Aug. 2023, www.disabilityrightsca.org/latest-news/a-different-conversation-about-solitary-confinement.

¹⁰⁷ UNODC: United Nations Office on Drugs and Crime, *The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)*, United Nations Office on Drugs and Crime, 17 Dec. 2025, https://www.unodc.org/documents/justice-and-prison-reform/Nelson_Mandela_Rules-E-ebook.pdf; World Health Organization, *Prisons and Health*, World Health Organization, 23 June 2014, <https://www.who.int/europe/publications/i/item/9789289050593>.

¹⁰⁸ Disability Rights California. AB 701 (Ortega) – Study on Solitary Confinement. *Disability Rights California*, 20 March 2025, <https://www.disabilityrightsca.org/latest-news/ab-701-ortega-study-on-solitary-confinement>

¹⁰⁹ California Department of Justice, et al. *Hate Crimes in California 2025*, OpenJustice, 2026, <https://data-openjustice.doj.ca.gov/sites/default/files/2026-07/Hate%20Crime%20In%20CA%202025f.pdf>

¹¹⁰ Ozturk, Selen. “Disability is Everywhere – Yet Anti-Disability Hate Crimes Rising,” *American Community Media*, October 2, 2024. <https://americancommunitymedia.org/stop-the-hate/disability-is-everywhere-yet-anti-disability-hate-crimes-rising/>

Transportation

Transportation is critical to independence, employment, education, health care, and community participation. Yet many disabled Californians still cannot reliably use transportation options available to nondisabled residents. Barriers exist across public transit and paratransit, taxis, ride-hail services, and emerging autonomous vehicles, particularly affecting people with mobility, sensory, cognitive, intellectual, developmental, and mental health disabilities.

California has made important investments, but access remains inconsistent and often depends on where someone lives, which provider they use, and their disability-related needs.

Accessible transportation must be available, reliable, and independent.

Accessibility is not simply whether a vehicle has a lift or a transit system offers paratransit. A system is accessible when a person with a disability can reasonably reach their destination when needed, without unnecessary barriers or dependence on another person.

California should make accessibility a basic performance requirement for all passenger transportation providers. Public funding should prioritize communities where accessible transportation is unavailable or inadequate, including rural and underserved areas. Funding formulas should reflect the actual cost of accessible service, while the state should encourage regional coordination and shared accessible fleets where individual jurisdictions cannot meet demand.

Public transit must be accessible from beginning to end.

Accessibility barriers can occur anywhere during a trip. A journey can fail because a bus stop is inaccessible, a curb ramp is missing, a lift or ramp is broken, a station elevator is out of service, signage or announcements are inaccessible, or a payment system cannot be used by someone with a disability.

Transportation agencies should evaluate accessibility as a complete trip, from origin to destination, including paths to stops, curb ramps, stops, stations, platforms, vehicles, boarding and securement, fares, announcements, signage, digital information, and emergency procedures.

California should establish consistent statewide accessibility performance standards and require agencies to publicly report failures, including equipment failures, elevator outages, inaccessible stops and stations, missed accessible stops, and service interruptions.

Accessibility should also be built into vehicle and infrastructure changes from the start. Buses, rail vehicles, stations, stops, zero-emission fleets, ticketing systems, and passenger information systems should be designed with disabled riders rather than retrofitted after problems emerge.

Disabled riders must have meaningful authority in transportation planning.

Disabled people should participate in transportation planning, procurement, design, testing, and oversight, including people with different disabilities and from urban, suburban, rural, and underserved communities.

Accessibility advisory bodies should have adequate resources, access to information, and opportunities to influence decisions before designs, contracts, and budgets are finalized.

Paratransit should complement transportation—not substitute for an inaccessible system.

Paratransit is essential for many people with disabilities, but it should not become the default solution to problems in the broader transportation system. Advance reservations, long waits and travel times, limited hours, complicated eligibility procedures, and missed or canceled trips can make employment, education, medical appointments, shopping, recreation, and social activities much harder.

California should establish consistent statewide paratransit performance measures, including on-time performance, trip denials, cancellations, travel time, missed trips, complaints, and rider suspensions. Agencies should be accountable for provider-caused failures, and riders should not be penalized for problems outside their control.

The state should reduce unnecessary barriers to eligibility and recertification, support trips across jurisdictional boundaries, and require coordination among paratransit providers, transit agencies, and other publicly funded programs. The goal should be more transportation choices, not greater dependence on paratransit because other options are inaccessible.

New transportation technologies must not create a two-tier system.

Autonomous vehicles and other emerging technologies could expand mobility and independence, but only if accessibility is built into their design from the outset. Otherwise, nondisabled passengers may travel independently while disabled passengers remain dependent on specialized vehicles, human assistance, or separate services.

Vehicles should accommodate wheelchairs and other mobility devices, provide safe boarding and securement, and offer interfaces usable by people with sensory, cognitive, and communication disabilities. Services should accommodate service animals, attendants, and other disability-related needs. Accessibility should not be treated as a specialized feature available only in a separate fleet.

Digital accessibility is transportation accessibility.

Riders increasingly use websites and mobile applications to plan trips, purchase fares, request vehicles, receive alerts, locate accessible entrances, and communicate with providers. An inaccessible digital service can prevent someone from using an otherwise accessible vehicle or transit system.

California should require transportation agencies and publicly funded platforms to make trip planning, reservations, ticketing, payment, real-time information, service alerts, customer support, and feedback systems accessible.

Reliability and funding are accessibility issues.

Transportation cuts and disruptions do not affect all riders equally. When a bus route is eliminated, a disabled rider may also lose connected paratransit service. When an elevator is out of service, a station may become unusable. When an accessible vehicle is unavailable, a rider may have no practical alternative.

Transportation agencies should evaluate the disability impact of proposed service reductions, major construction, and fare or service-area changes. Any reduction in accessible transportation should identify affected riders, alternatives, and steps to prevent loss of mobility.

Public transportation funding should provide sufficient resources for accessibility improvements and not treat accessibility as an optional enhancement^t.

California needs a statewide accessibility framework.

California's fragmented transportation system makes it difficult to identify systemic accessibility gaps and hold providers accountable. The state should establish a framework ensuring:

- **Availability and reliability:** Accessible transportation in every community that riders can depend on.
- **Independence and choice:** Disabled passengers can travel independently and are not forced into specialized services because conventional options are inaccessible.
- **Universal design and continuity:** Accessibility is built in from the start and maintained during disruptions, emergencies, construction, and service changes.
- **Accountability and equitable funding:** Providers publicly measure accessibility, while funding prioritizes persistent gaps.
- **Meaningful participation and future-readiness:** Disabled people have decision-making power, and new technologies and services are accessible from the outset.

Success should be measured by whether people with disabilities can make the trips they need and want to make — not simply whether agencies meet compliance requirements.

California should make reliable, safe, dignified, and independent mobility for people with disabilities the standard across every mode of transportation.

Voting

Vote-by-Mail ballot rejection disproportionately impacts voters with disabilities.

California has made vote-by-mail the primary way that people participate in elections, but voters with disabilities are significantly more likely to have

their ballot rejected than voters without disabilities.¹¹¹ Signature verification requirements can disproportionately affect voters whose disabilities impact handwriting, dexterity, motor control, or cause signatures to change over time. While California law provides opportunities for voters to cure a signature mismatch and instructs election officials to consider the effects of disability during signature review, voters with disabilities are still more likely to have their vote-by-mail ballots rejected. As voting increasingly occurs outside of an in-person voting location, California must invest in voter education, ballot tracking, and accessible cure processes to ensure that eligible voters are not disenfranchised because of disability-related signature issues.

Low voter turnout and limited voter education and outreach.

California continues to struggle with low voter participation and many voters remain unaware of basic election information.¹¹² Voters with disabilities face additional barriers to obtaining accurate election information and are more likely to lack knowledge about important voting rules, including vote-by-mail ballot return deadlines and other election requirements. In a state that relies heavily on vote-by-mail voting, these information gaps can prevent eligible voters from successfully casting a ballot. California must significantly increase investments in accessible voter education, public awareness campaigns, and disability-focused outreach to ensure that voters with disabilities have the information and resources necessary to fully participate in our democracy.

Election misinformation and disinformation create barriers to participation.

Confidence in elections is essential to a healthy democracy, yet widespread misinformation and disinformation about voting and election

¹¹¹ Micek, Greg. "When a Signature Is a Barrier, California Offers Voters a Way Through," *CapRadio*, 27 May, 2026, <https://www.capradio.org/articles/2026/05/27/when-a-signature-is-a-barrier-california-offers-voters-a-way-through/>.

¹¹² Center for Inclusive Democracy, *California's 2024 General Election: Who Voted and Which 2020 Voters Stayed Home?*, Center for Inclusive Democracy, July 2025, https://static1.squarespace.com/static/57b8c7ce15d5dbf599fb46ab/t/687f0c576df96f6bffc9518d/1753156701979/USC_CID_CA_2024_Election_WhoVoted+Final.pdf (documenting continued declines in voter participation and calling for greater investment in efforts that address barriers to voting). Center for Inclusive Democracy & Elections & Voting Information Center, *Vote-by-Mail Ballot Tracking: A Multi-State Analysis of Voter Turnout and Rejection Rates*, Center for Inclusive Democracy, October 2024, <https://static1.squarespace.com/static/57b8c7ce15d5dbf599fb46ab/t/6715a53c81ffa10d724f0309/1729471806009/USC+CID+EVIC+Three+State+Ballot+Tracking+Research+Report+-+A+Multi-State+Analysis+FINAL.pdf> (finding that lack of awareness was the most common reason California voters did not use ballot tracking and recommending greater voter education and outreach)

administration continue to undermine public trust.¹¹³ False claims about voter fraud, vote-by-mail security, ballot counting, and election outcomes can leave voters uncertain about what information to trust and whether their vote will count. These concerns are reflected in the questions received through Disability Rights California's voter hotline, where voters frequently seek clarification about election security, voting procedures, and the reliability of California's election system. Research has found that growing exposure to misleading information is contributing to increased distrust in elections and the institutions responsible for administering them. California must continue investing in trusted, accurate, and accessible voter education efforts that help voters distinguish facts from misinformation and reinforce confidence in the integrity of our elections.

Election accessibility requirements must be fully implemented and enforced.

California has some of the strongest voting accessibility laws in the nation, but those protections are only meaningful when they are fully and consistently implemented. Voters with disabilities are the ones most likely to need to vote in person to vote privately and independently, yet they continue to encounter barriers when voting in person, including inaccessible voting locations, improperly placed signage, malfunctioning or incorrectly configured accessible voting equipment, and poll workers who have not received adequate training on disability rights and accommodations. California must ensure that election workers receive thorough training on assisting voters with disabilities and that every voting location is properly set up to provide accessible, private, and independent voting. Even though California's elections are administered at the county level, the state must also provide stronger oversight and accountability to ensure local election officials comply with accessibility requirements, follow election laws, maintain secure and reliable voting systems, and preserve voters' confidence in the integrity of the electoral process.

Accessible voting options are still missing for some disabled Californians.

Voters with print disabilities, including people who are blind, have low vision, or have disabilities that prevent them from independently handling, printing, signing, or returning paper ballots, cannot currently return a vote-

¹¹³ Raffio, Nina. "Trust in Voting: How Misinformation Threatens Democracy." *USC Today*, 28 Oct. 2024, <https://today.usc.edu/trust-in-voting-how-misinformation-threatens-democracy/>.

by-mail ballot privately and independently. While California's Remote Accessible Vote-by-Mail system allows voters to access and mark a ballot electronically, voters must still print and return a paper ballot, creating a significant barrier for voters with print disabilities.¹¹⁴ California should implement voting technology that allows secure electronic ballot return for voters with print disabilities. Electronic ballot return is a proven technology already used in numerous states and would help ensure all Californians can exercise their right to vote privately and independently. Disability Rights California is currently in litigation against the California Secretary of State over this issue.

¹¹⁴ CapRadio "When a Signature Is a Barrier, California Offers Voters a Way Through," May 27, 2026, <https://www.capradio.org/articles/2026/05/27/when-a-signature-is-a-barrier-california-offers-voters-a-way-through/>