

**BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA**

In the Matter of:

CLAIMANT

and

SAN GABRIEL/POMONA REGIONAL CENTER, Service Agency.

DDS No. CS0034607

OAH No. 2026030142 (Secondary)

DECISION

Joseph D. Montoya, Administrative Law Judge (ALJ), Office of Administrative Hearings, State of California, heard this matter on April 8, 2026, by videoconference.

This case had been consolidated for hearing with a case brought by Claimant's brother, as the cases raised common issues of fact and law. The other case is *In the Matter of Claimant and San/Gabriel Pomona Regional Center*, OAH case number 2026020654, DDS tracking number CS0034173. Because there are two Claimants, two decisions will issue.

San Gabriel/Pomona Regional Center (SGPRC or Service Agency) was represented by Daniel Ibarra, Manager of Appeals and Resolutions, and Rosa Fernandez, Appeals and Resolutions Specialist.

Claimant was represented by his Mother, with titles being used in the interest of privacy.

Oral and documentary evidence was received and the matter was submitted for decision on the hearing date. The ALJ hereby makes the following factual findings, legal conclusions, and order as follows.

ISSUE

The issues are whether the Service Agency should be required to fund two services, Lindamood-Bell and Brain Balance, when it contends the former is an educational service that should be funded by the schools, and the latter is an experimental program, and therefore not an available service.

EVIDENCE RELIED ON

In issuing this Decision, the ALJ considered the following evidence:

Documentary, Service Agency's exhibits SA-1 through SA-15, and Claimant's exhibits CI-1 through CI-14. Testimony, Ryan Brueckner for Service Agency, and Mother for Claimant. It should be noted that the ALJ re-labelled some of the exhibits for ease of reference.

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FACTUAL FINDINGS

The Parties and Jurisdiction

1. Service Agency determines eligibility and provides funding for services and supports to persons with developmental disabilities under the Lanterman Developmental Disabilities Services Act (Lanterman Act), among other entitlement programs. (Welf. & Inst. Code, § 4500 et seq.)

2. Claimant is a 10-year-old boy who is eligible for services from the Service Agency because he has Autism Spectrum Disorder (ASD). He lives with Mother outside of the Service Agency's catchment area.

3. Claimant, through Mother, requested that SGPRC fund two services, Lindamood-Bell and Brain Balance.

4. On January 27, 2026, the Service Agency issued a written Notice of Action (NOA). The NOA stated that the Service Agency was denying the request to fund Lindamood-Bell and Brain Balance. (Ex. SA-2.)

5. On March 2, 2026, Claimant appealed the NOA. (Ex. SA-4.) This proceeding ensued. All jurisdictional requirements have been met.

Claimant's Background

6. As noted above, Claimant lives with Mother outside the Service Agency's catchment area. His older brother lives with Claimant's uncle within the Service Agency's catchment area. Claimant's Individual Program Plan (IPP) indicates that he was living with his brother and uncle until late January 2026. (Ex. SA-6, p. A23.) Mother testified that both children had been diagnosed with Attention Deficit Hyperactivity

Disorder (ADHD) and received services from the Service Agency under the Early Start program, including speech therapy, occupational therapy, and physical therapy. At age three they left Early Start, and began receiving services from their school, including speech therapy. In November 2025 both children were diagnosed with ASD.

7. Claimant is attending an elementary school and is receiving some special education services, such as Occupational Therapy, Speech Therapy, Counseling and Resource Specialist Program for math, reading, and language. The bulk of his school day is spent in a general education class. (Ex. SA-6, p. A27.)

8. During IPP meetings held in December 2025 and January 2026, Mother reported Claimant needs assistance with personal care activities. He usually does not use the restroom at school because he is not comfortable with asking for help. Claimant requires prompting from Mother to use the toilet and assistance to wipe, flush and wash his hands. He has accidents several times per week. He needs help with shoelaces, but is able to bathe himself and brush his teeth. (Ex. SA-6, pp. A28-A29.)

9. Claimant requires constant supervision to prevent harm in all settings. Hence, kitchen tools are often locked up at home so he cannot access them. He occasionally breaks things in frustration. Claimant was described as eloping or wandering almost every day. School personnel report Claimant will walk out of his classroom, or out of line when outside, and he has left campus on his own. He has emotional outbursts and fights with other students; the emotional outbursts were described as weekly events at school. (Ex. SA-6, pp. A29-A31.)

10. Mother and Claimant's uncle, who participated in IPP meetings, report that Claimant has speech delays and needs support to express himself. Mother

requested Lindamood-Bell Learning Center support to improve Claimant's communication. (Ex. SA-6, pp. A23-A24.)

11. Claimant participates in community outings at least once per week. Mother is interested in social recreational activities for Claimant, such as soccer or swimming. He is interested in music, playing trumpet or keyboard. (Ex. SA-6, p. A26.) However, he does not usually engage in social activities and it was reported that he often fights with peers. (*Id.*, p. A30.)

The Requested Services

12. Mother learned about Lindamood-Bell and Brain Balance from other parents and raised the issue of obtaining those services at Claimant's IPP in December 2025. She was told that the Service Agency did not contract with either program.

13. Mother testified that, to her understanding, Lindamood-Bell is a service that is more than tutoring; one of their programs focuses on sensory cognitive behavior. She understands Lindamood-Bell has other programs with other focuses but did not testify to the details of those programs.

14. As to Brain Balance, Mother shared her understanding that, like Lindamood-Bell, the program is designed to help children focus, including in school, and to develop the sensory-cognitive processes necessary for reading and comprehension.

15. Mother's testimony is supplemented by a document she generated and submitted to the Service Agency after it denied the services. While it references Claimant's sibling, it would apply to this case as well, and is titled "Requesting an Appeal." (Ex. SA-10.)

16. Mother asserted that the two programs address core deficits associated with ADHD and ASD, noting that children with these conditions often experience deficits in language processing and comprehension, reading and writing skills, auditory and visual processing, executive functioning, attention, and working memory, and cognitive integration and learning efficiency. (Ex. SA-10, p. A246.)

17. Mother further asserted that Lindamood-Bell programs are designed to remediate language processing, reading comprehension, and symbol imagery deficits through intensive structured instruction. Brain Balance programs, Mother contended, provide structured cognitive, sensory, and behavioral interventions targeting attention regulation, executive functioning, sensory integration, and learning readiness. (Ex. SA-10, p. A246.)

18. Other information about the Brain Balance program can be gleaned from decisions that SGPRC relied on in determining that the program was experimental or not evidence-based therapy. For example, in the case *In the Matter of Claimant and Frank D. Lanterman Regional Center*, case number 2024051041 [DDS No. CS0017196] (*FDLRC* case), ALJ Deena Ghaly took testimony about the Brain Balance program. According to the decision, Brain Balance's protocols included visual and auditory exercises intended to strengthen the weaker side of the brain. An example of such was the use of special headphones where the consumer would hear different words on each side of the headphones. (Ex. SA-11, p. A255.)

19. In *In The Matter of Claimant and Inland Regional Center*, case number 2024060075 [DDS No. CS0017474] (*Inland* case), ALJ Abraham M. Levy quoted a franchise disclosure document generated by Brain Balance, which stated the goal of the program is to correct a fundamental imbalance between the two hemispheres of the brain, which is blamed for a range of negative symptoms and behaviors. The

program integrates physical activities—sensory based stimulation and motor exercises—with effective educational and behavioral methods, as well as supportive nutritional initiatives in order to promote optimum brain and body function. (Ex. SA 12, p. A270.)

20. *In the Matter of Claimant and Regional Center of Orange County*, case number 2025040581 [DDS No. CS0025831] (*RCOC* case), is a case where ALJ Thomas Heller found that proponents of Brain Balance described the program as based on the principle of neuroplasticity, the brain’s ability to change and adapt. The program was described as using a combination of physical, sensory, and cognitive activities to stimulate brain function and to build new connections. (Ex. SA 13, p. A283.)

Findings from Decisions That Brain Balance is an Experimental Methodology or a Therapeutic Service Not Proven Scientifically as Effective

21. In the *FDLRC* case, a physician who was board-certified in both general pediatrics and in developmental behavioral pediatrics and a member of the clinical planning team at FDLRC testified that the metrics used in Brain Balance’s evaluation were not the standardized metrics used to measure and track progress in developmentally disabled patients in virtually every other clinical setting. She found representations in Brain Balance literature about brain anatomy and brain function to be, at best, oversimplifications, and, at times, simply incorrect statements. She was critical of the Brain Balance statements of how the brain works, and that firm’s model of left-right brain hemisphere interaction was fundamentally flawed. The expert raised other criticisms of the Brain Balance model. (Ex. SA-11, pp. A253-A254.)

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22. In the *Inland* case, a staff psychologist for the regional center testified that no high-quality studies that substantiated the efficacy of Brain Balance's treatment for ASD were available. (Ex. SA-12, pp. A270-A271.) The psychologist reviewed two studies of the Brain Balance treatment. Both studies concluded that additional research was needed to determine the program's efficacy, and the psychologist noted that one of the studies was written by a researcher employed by Brain Balance.

23. In the *RCOC* case, witnesses who worked for the Brain Balance center in question acknowledged in their testimony that Brain Balance is not an evidence-based practice for the treatment of ASD. The psychologist for the claimant in that case agreed with the testimony of the Brain Balance workers. (Ex. SA-13, pp. A285-A286.)

24. Both parties placed in evidence the decision from the case *In the Matter of Claimant and San Diego Regional Center*, case number 2025010609 [DDS No. CS0023741] (*San Diego* case). In that case, heard by ALJ Michelle C. Hollimon, the regional center had initially funded Brain Balance as an after-school tutoring program, but then moved to terminate funding because it learned that Brain Balance services were experimental in nature. (Ex. SA-14, CI-8.) A witness for the regional center pointed to numerous problems and concerns with published statements about Brain Balance, including that several studies were authored by Rebecca Jackson, who was employed by Brain Balance. ALJ Hollimon concluded that Brain Balance was an experimental program that the regional center was prohibited from funding under the Lanterman Act. The decision further noted that there was overwhelming evidence that the program lacked sufficient testing and that the studies referencing Brain Balance lacked credibility and reliability.

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Claimant's Case

25. Mother was unable to provide much detail about either requested service, partly because she is not familiar with the services. She understood that Lindamood-Bell could cost between \$30,000 and \$40,000 per year, and had no idea about the cost of the Brain Balance program.

26. Mother offered two papers pertaining to Brain Balance. One is entitled "Cognitive outcomes of the at-home brain balance program," authored by Rebecca Jackson and Yue Meng, published in December 2024. (Ex. CI-6.) The other paper is entitled "Reliable change in outcomes of Brain Balance participants stratified by baseline severity." That paper, published in August 2023, is also authored by Rebecca Jackson, with Joshua T. Jordon. (Ex. CI-7.) As noted above, Ms. Jackson is employed by Brain Balance, as was Yue Meng.

27. The 2024 paper amounts to a study of whether the Brain Balance program can be utilized as a virtual at-home program, and concluded it could. While the article asserted that Brain Balance has been shown to improve overall cognitive performance, it cannot be determined on this record whether that is a correct assertion and indeed runs contrary to the evidence and findings in the several OAH decisions described above. The 2023 paper asserted that Brain Balance participants improved in five tests of sensory motor abilities. (Ex. CI-7, p. B71.) However, without expert testimony to determine the accuracy of such claims, little weight can be given to a research paper authored by an employee of the firm in question, Brain Balance.

28. Mother has inquired, and learned that neither of the school districts that are educating Claimant or his brother will fund for either Lindamood-Bell or Brain

Balance. The record does not disclose whether she has formally requested the services, and if denied whether she has filed an appeal of the districts' actions.

LEGAL CONCLUSIONS

Jurisdiction and Burden of Proof

1. An administrative hearing to determine the rights and obligations of the parties is available under the Lanterman Act to appeal a regional center decision. (Welf. & Inst. Code, §§ 4700-4716.) (Further statutory citations are to the Welfare and Institutions Code.) Claimant timely appealed the service agency's denial, and jurisdiction to proceed was established.

2. The standard of proof in this case is the preponderance of the evidence because no law or statute (including the Lanterman Act) requires otherwise. (Evid. Code, § 115.) This standard is met when the party bearing the burden of proof presents evidence that has more convincing force than that opposed to it. (*People ex rel. Brown v. Tri-Union Seafoods, LLC* (2009) 171 Cal.App.4th 1549, 1567.)

3. When one seeks government benefits or services, the burden of proof is on him. (See, e.g., *Lindsay v. San Diego County Retirement Bd.* (1964) 231 Cal.App.2d 156, 161.) In this case, Claimant is requesting new services and therefore he has the burden of proving by a preponderance of the evidence that he is entitled to them.

Applicable Provisions of the Lanterman Act

4. Section 4512, subdivision (b) provides that:

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"Services and supports for persons with developmental disabilities" means specialized services and supports or special adaptations of generic services and supports directed toward the alleviation of a developmental disability or toward the social, personal, physical, or economic habilitation or rehabilitation of an individual with a developmental disability, or toward the achievement and maintenance of an independent, productive, and normal life.

5. The determination of Claimant's services and supports "shall be made on the basis of the needs and preferences of the consumer or, when appropriate, the consumer's family, and shall include consideration of a range of service options proposed by individual program plan participants, the effectiveness of each option in meeting the goals stated in the individual program plan, and the cost-effectiveness of each option." (*Ibid.*; see also § 4646, subd. (a).)

6. The Lanterman Act prohibits regional centers from funding experimental treatments or scientifically unproven therapeutic services. "Notwithstanding any other law or regulation, effective July 1, 2009, regional centers shall not purchase experimental treatments, therapeutic services, or devices that have not been clinically determined or scientifically proven to be effective or safe or for which risks and complications are unknown. Experimental treatments or therapeutic services include experimental medical or nutritional therapy when the use of the product for that purpose is not a general physician practice." (§ 4648, subd. (a)(17).)

7. When an IPP is developed, a regional center shall use an internal process that utilizes generic services and supports. (§ 4646.4, subd. (a)(2).) Furthermore, under

section 4648, subdivision (a)(8), regional center funds shall not be used to supplant the budget of an agency that has a legal responsibility to serve all members of the general public and is receiving public funds for providing those services.

Disposition

8. The weight of the evidence is that the Brain Balance program is an experimental treatment or therapeutic service. No witness testified that the program is using recognized techniques in a recognized fashion. The two papers submitted by Claimant on their face do not refute the Service Agency's contention that Brain Balance is an experimental methodology.

9. The weight of the evidence establishes that Lindamood-Bell is an educational program, and therefore should be obtained from a school district as a generic service.

10. Based on the foregoing, Claimant's appeal must be denied.

ORDER

Claimant's appeal is denied, and SGPRC will not be required to provide the services of Brain Balance or Lindamood-Bell.

DATE:

JOSEPH D. MONTOYA
Administrative Law Judge
Office of Administrative Hearings

NOTICE

This is the final administrative decision. Each party is bound by this decision. Either party may request reconsideration pursuant to subdivision (b) of Welfare and Institutions Code section 4713 within 15 days of receiving the decision, or appeal the decision to a court of competent jurisdiction within 180 days of receiving the final decision.