BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of the Appeal of:

CLAIMANT

and

ALTA CALIFORNIA REGIONAL CENTER, Service Agency

DDS No. CS0034802

OAH No. 2026030549

DECISION

Hearing Officer Coren D. Wong, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter on April 15, 2026, in Placerville, California.

DJ Weersing, Legal Services Specialist, represented Alta California Regional (ACRC), the service agency.

Claimant's mother represented claimant.

Evidence was received, the record closed, and the matter submitted for decision on April 15, 2026.

ISSUE

Is ACRC required to fund claimant's request for Safe and Sound Protocol (SSP) therapy from Donna Soldano, MFT, ATR-BC, to decrease anxiety and depression and return balance to her autonomic nervous system (ANS)?

FACTUAL FINDINGS

Background

1. Claimant is a 23-year-young woman who lives with her mother, twin, and their dog, three cats, and three birds. Her parents are divorced, and her father and older brother live in the Bay Area. She has periodic visitations with her father.

2. Claimant's physician referred her to ACRC due to concerns regarding social communication and behavioral difficulties. ACRC staff completed an ACRC Intake Information Form on March 14, 2018, and noted claimant's current diagnoses were autism spectrum disorder (ASD) and depression. Prior diagnoses included attention deficit disorder, social anxiety disorder, and depression.

3. David Webb, an intake counselor with ACRC, performed a social assessment as part of the intake process. The assessment consisted of asking claimant and her mother various questions and observing how claimant responded when she answered questions, her mother answered questions, and when Mr. Webb was talking. Mr. Webb documented his assessment in a written report, which he forwarded to a multidisciplinary eligibility review team to review and determine claimant's eligibility for regional center services and supports.

4. On September 5, 2018, an eligibility review team consisting of psychologist Cynthia A. Root, Ph.D., and physician Barbara Friedman, M.D., determined claimant eligible for regional center services and supports based on a diagnosis of ASD. The team also determined claimant's ASD constitutes a substantial disability in the areas of self-care, receptive and expressive language, self-direction, and capacity for independent living. She has been receiving regional center services and supports via the traditional service delivery model ever since.

Current IPP

5. On November 4, 2025, claimant, her mother, her ACRC service coordinator (Natalie Hazlewood), and her day program's student coordinator (Aaron Benjamin) met as a planning team to update claimant's Individual Program Plan (IPP). The IPP notes that claimant can verbally communicate what she wants and needs without difficulty, and she understands others when they talk to her. However, she sometimes struggles with listening to the entirety of instructions because she wants to get started on the underlying task. Additionally, the number of instructions claimant can understand and follow at one time is often dependent on her motivation to perform the underlying task. She frequently finds it helpful to ask follow-up questions when receiving instructions or to have things demonstrated for her.

6. Claimant's goal for community participation is to continue expanding her ways for accessing the community. She graduated from Union Mine High School with a high school diploma in May 2021. She started attending a day program at Meristem in August 2024, and she continues to attend the program Monday through Friday from 8:30 a.m. to 3:30 p.m. CMD Associates provides round-trip transportation between claimant's home and Meristem.

7. Claimant is currently participating in an Herbalism Arts internship at Meristem, which she really enjoys. During the planning team meeting, she expressed interest in a program at Meristem that would provide her with a certificate in photography.

8. Mr. Benjamin described claimant as very creative and artistic. He shared with the planning team that she recently came up with the idea of her and classmates from Meristem selling their works of art at a cafe. Mr. Benjamin also shared that other Meristem instructors have told him that claimant is sometimes overly ambitious and overcommits herself to projects that she ultimately cannot finish.

9. Claimant currently accesses the community mostly by attending Meristem, but she also attends doctor appointments and goes shopping with her mother. She also enjoys attending different vendor/fair events and going to the different booths to collect free samples and other giveaway items. Claimant used to volunteer at Sierra Wildlife during the summer, attend the local LGBTQ group, and participate at the archery club at Exhilaration Station.

10. Claimant can usually interpret other people's facial expressions. She told the planning team that she would rather start and hold conversations and interact with people with whom she is already familiar. She identified a few friends at Meristem and 10 others as "online" friends.

11. Claimant's health and wellness goals are to maintain good physical, mental, and dental health. She is generally in good health and has no vision or hearing problems. Her gallbladder was removed four years ago, and she works with a nutritionist on dietary changes to prevent future gallbladder attacks. Claimant is

lactose intolerant and has occasional bouts of irritable bowel syndrome. She has asthma.

12. Claimant does not become aggressive, engage in self-injurious behavior, or destroy property when she becomes dysregulated. She will typically make sarcastic remarks that appear rude, cry, or tries to escape, so she needs constant supervision while in public. Common triggers include hot weather, loud or noisy environments, perceived discrimination, and certain political views.

13. Claimant’s disruptive behaviors are usually limited to talking over others or interrupting them because she lacks the patience to wait her turn to talk. This usually occurs about once a week. Depending on where she is, she will also wander every few weeks. She has left the store her mother was in and entered another without telling her mother. When claimant’s mother realized claimant left the store, she sent claimant a text asking where she was, and claimant responded by telling her. On another occasion, claimant was on a walking trip with a group when she became upset and left the group.

14. The IPP documents claimant’s request for SSP therapy as follows:

> During this past year, [claimant] and [mother] reached out to this [service coordinator] SC for requesting funding to have services provided by Donna Soldano. Donna Soldano's business is called Healing Art Therapy[,] and she works with other ACRC clients to provide services. Donna, [claimant], and [mother] discussed that [claimant] would like to work with Donna Soldano while she incorporates a Safe and Sound Protocol (SSP). SSP is a way of increasing

socialization, community participation, improving overall wellbeing, by regulating the nervous system while listening to specific sounds or music. An assessment for non-medical therapy was completed with Donna Soldano for providing services to [claimant].

Upon receiving the assessment report, it listed that the presenting problem for [claimant] is that she lives in a state of anxiety/vigilance each day and sometimes has a hard time interacting with people and finds her negative thinking overwhelming which causes symptoms of depression. The goals for [claimant] receiving services with Donna Soldano were listed as: decrease anxiety, decrease depression, support returning the Autonomic Nervous System. The objectives listed were: Safe and Sound Protocol, Art therapy, DBT [dialectical behavior therapy], and CBT [cognitive behavioral therapy]. Based on the information provided, it shows that the main goals and services are more related to mental-health therapy rather than non-medical therapy which is intended for community integration and socialization. [Claimant] continues to request ACRC funding services with Donna Soldano, due to the positive results she is seeing thus far, the accessibility in services (since Donna operates on Meristem's campus and the family lives remotely in Pollock Pines), she has built a good/trusting rapport with Donna, and [claimant] has tried various other therapists over the last 10 years and has not

> had any successful treatment. This request will be discussed with Best Practice committee to request ongoing services funded under mental health services.

Request for Funding

15. Ms. Soldano is a licensed marriage family therapist and board-certified, registered art therapist. She maintains a practice on Meristem's campus and serves some of claimant's classmates, which is how claimant and her family met her. Ms. Soldano began treating claimant around October 2025. At the last IPP meeting, Mr. Benjamin described claimant as having been more engaging with her classmates and welcoming to new ones, which he attributed to her having started therapy with Ms. Soldano.

16. Claimant's mother sent Ms. Hazlewood an email on July 22, 2025, asking that ACRC fund Ms. Soldano's services for claimant. Ms. Hazlewood discussed the request with her lead service coordinator, who advised that claimant first needed to request coverage from health insurance. Additionally, the lead service coordinator was unfamiliar with the nature of Ms. Soldano's relationship with Meristem students and asked Ms. Hazlewood to obtain additional information.

17. Ms. Hazlewood spoke with Ms. Soldano and learned about Ms. Soldano's professional licenses. Ms. Soldano explained she spoke with claimant's mother and expressed her opinion that SSP would help claimant regulate her nervous system by using different sounds. Ms. Soldano further explained that she would use SSP in conjunction with art therapy. Ms. Hazlewood asked Ms. Soldano to prepare a cost estimate for claimant's proposed treatment that included a per session cost, the number of proposed sessions each month, and the length of each session. Upon

receipt of the estimate, Ms. Hazlewood agreed to review it with her supervisor to see if ACRC could fund Ms. Soldano's services.

18. Ms. Soldano provided claimant's mother the following cost summary to share with ACRC:

> [Claimant] expresses a desire to deepen her social connections and decrease her anxious symptoms. Her ANS is often in a sympathetic state, which is expressed through feelings of anxiety and stress. The SSP can help with emotional regulation and support her system to be in a more relaxed and calm state.
>
> Improved response to stress[.]
>
> When our nervous system is regulated, it's easier to sleep, eat, digest, concentrate, communicate, and participate in meaningful relationships with others. We can better respond to difficult situations and move past them instead of reacting and getting "stuck" in them.
>
> Better emotional regulation and resilience[.]
>
> Become attuned to and more in control of emotions, so you can move through temporary setbacks with more flexibility and ease.
>
> More social connections and deeper relationships[.]

By activating the part of your brain that allows us to be more social, affectionate, and connected, the SSP can help shift you into a state where you are more comfortable and at ease engaging with others, leading to deeper and more meaningful relationships[.]

Estimated Cost

Because everyone's ANS is unique, it is difficult to determine the exact duration of time needed to complete the SSP. There are 3 pathways: SSP Connect, SSP Core, and SSP Balance. The SSP Connect is the introduction. It is how we determine what playlist [claimant] enjoys listening to, the volume she can tolerate, which is at its lowest, but you can still hear it. The SSP Connect pathway is charged at my regular rate of $150 per 50-minute session.

SSP Core requires more of my attention. This is a pathway that is delivering the filtered music. We need to go very slowly so that [claimant] can get the best benefit from it. This is more of the therapeutic pathway. I will be guiding [claimant] through the listening, and then I will check in with her later in the evening and again the next day. Because some of the shifts she may experience may be delayed until the next day. This pathway requires more of my time and attention; my rate is $200 for a 50-minute session during the SSP Core. This added cost also covers the subscription fee to listen to the music. [Claimant] will

receive a license to have access to the SSP Balance, which is the maintenance pathway. Some clients can tolerate listening for 5 minutes, and some can tolerate up to 30 minutes. We will start slow and observe how she is responding. The priority is to move slowly and create safety for the client so their ANS can retune, hopefully to a new, more relaxed default state. After [claimant] has completed 5 hours of consecutive hours of listening to the SSP Core, she will have access to the SSP Balance. The SSP Balance, 50-minute sessions, will be billed at my regular 50-minute rate of $150. This pathway is also filtered music, but it is programmed at a different frequency to support the ANS and provide an alternative default that is less triggering.

The SSP Connect may take about 4-5 sessions at $150[.]

The SSP Core is 5 consecutive hours of listening at $200 (Will be dependent on how long it takes Olivia to move through safely).

The SSP Balance is at my regular rate of $150, and this duration is to be determined.

I typically see clients once a week.

I hope this is helpful for you to provide to Alta Regional. Please feel free to let me know if you have any questions. I am looking forward to supporting [claimant]. I hope you all have a nice break.

19. ACRC subsequently requested and funded Ms. Soldano's assessment of claimant, which she summarized as follows in an email to Ms. Hazlewood:

> Please find the information you requested for [claimant].
>
> Diagnosis
> F84.0 - Autistic disorder
>
> Presenting Problem
> [Claimant] reports a pervasive state of anxiety and feeling of vigilance she lives with each day. Sometimes she has a hard time interacting with people, and she finds her negative thinking to be overwhelming, which causes symptoms of depression.
>
> Goal
> Decrease anxiety
> Decrease depression
> Support retuning the Autonomic Nervous System
>
> Objective
> Safe and Sound Protocol
> Art Therapy
> DBT
> CBT
>
> Treatment frequency: I will meet with [claimant] twice a week. During the SSP Connect, sessions will be $150 for a

50-minute session. This will take approximately 5-6 sessions to prepare [claimant] for the SSP Core.

Once we begin the SSP Core, it will require me to check in that evening after each session and again the next day. The cost of the SSP Core sessions will be $200 for a 50-minute session due to the added time it will require me to keep in close contact with [claimant]. The SSP Core includes 5 hours of listening. It varies as to how long each client can tolerate listening in each session, so this will be difficult to estimate the cost of the SSP Core, but typically, if a client is listening for 15-20 minutes a session, it can take roughly 20 sessions at $200.

After [claimant] completes the SSP Core, I will administer another assessment to see in what areas there has been improvement toward [claimant's] goals. And finally, we will introduce the SSP Balance sessions, which are maintenance sessions. They will be at $150 per 50-minute session. After a few sessions of SSP Balance, we can titrate [claimant's] sessions to once a week, and she will have access to a subscription for one year to continue listening to the SSP Balance at home. We will follow up and practice with the SSP Balance in her sessions. I estimate these sessions will be once a week for 3-4 sessions at $150 per 50 minutes.

> I often use Art Therapy as well as other therapeutic modalities that work to support the Safe and Sound Protocol.
>
> Thank you for the opportunity to support [claimant].

20. Ms. Hazlewood discussed claimant's request for funding with Client Services Manager Kerrie Palmer, her supervisor, and the two of them presented the request to Associate Client Services Director Jas Mann. Ms. Mann advised that Ms. Soldano's services could not be funded under art therapy as non-medical therapy and suggested that the request be presented to the Best Practices Committee (Committee) for funding as mental health services because the main focus according to the assessment report is SSP.

21. Ms. Hazlewood advised claimant's mother of Ms. Mann's recommendation. She further explained that she needed one or both of the following to support her request to the Committee: (1) proof that claimant's health insurance denied coverage for Ms. Soldano's services; and (2) an explanation why traditional therapy services covered by health insurance would not meet claimant's needs, SSP is the best treatment protocol for her, and Ms. Soldano is the best provider for her.

22. Claimant's mother responded to Ms. Hazlewood by email and explained claimant explored accessing her health insurance plan's mental health coverage with no success. The only in-network provider is located "nearly fifty miles away" and lacks experience treating neurodivergent patients. Her areas of specialty focused mainly on marital and relationship counseling.

23. On the other hand, Ms. Soldano specializes in treating the neurodivergent population and provides services at Meristem. This allows claimant to

receive treatment in a familiar and supportive environment without interrupting her daily routine or requiring additional travel.

24. Claimant's mother estimated that Ms. Soldano is claimant's "sixth or seventh therapist in the past ten years." Claimant was treated for only "a handful of sessions," others were through the local school and "not particularly effective," and "none were trained in working with neurodivergent populations." Claimant's mother explained, "This is the first time [claimant] has shown true optimism and confidence in her therapist, Donna Soldano. [She] is feeling the positive effects of working with Donna[,] and I am witnessing this to."

25. Claimant's mother continued:

> [Claimant] smiles when talking about her future. This is a dramatic change. [She] is beginning to feel more at home in her body, and she has started sleeping better.
>
> In the past several weeks[,] I have noticed an increased ability to engage socially with family friends and neighbors. [Claimant] is more balanced, less reactive to her environment, and is able to let the small things roll off her back. In the past[,] she would have shut down.
>
> [Claimant] states that this improvement is directly related to her work with Donna.
>
> Trust is well-established in [claimant's] relationship with Donna, and this is nothing short of miraculous as trusting professionals has historically been a very rare occurrence. If

> [claimant] is cut-off now, it may take months, if not years to find someone else she can feel safe with.
>
> During our annual Meristem review last week, [claimant's] Student Counselor, Aaron Benjamin, commented on [claimant's] improved social interactions, confidence, and initiative ([she] is now leading a bi-monthly student activity). Donna has also successfully implemented the SSP method for other Alta Regional clients, with those services funded by Alta.

26. Ms. Hazlewood presented claimant's request for funding to the Committee. The Committee concluded SSP is not an evidence-based practice for treating anxiety and depression and returning balance to the ANS. Therefore, ACRC cannot fund SSP therapy. However, if SSP therapy is merely a modality Ms. Soldano uses to provide mental health treatment, ACRC could explore funding for services as counseling services. The Committee sought clarification on whether Ms. Soldano intended to use SSP as a modality for providing treatment (which ACRC may be able to fund) or as actual treatment (which ACRC cannot fund).

27. Ms. Hazlewood met with claimant's mother and Ms. Soldano to obtain clarification of how Ms. Soldano intended to use SSP therapy. Ms. Hazlewood subsequently summarized what was discussed as follows:

> Donna stated that [claimant] is coming for the SSP and while doing art therapy. She believes SSP is evidenced based. Donna stated that SSP is treating both mental health and physical. Donna stated that SSP is the main focus and

why [claimant] requested services with Donna. Since Donna is a licensed therapist, she explained that she pulls from different modalities to meet the client's needs. She is working with [claimant] to regulate her nervous system and uses art therapy to assist with this as well. She will use multiple modalities for helping her wellbeing and etc. She stated that she has been approved SSP for ACRC funding with other clients.

CSM Kerrie asked if SSP does not work for [claimant], what will Donna's plan be. Donna stated that [claimant] currently says she feels calmer, is having less nightmares, and is engaging more in social engagement with other students at Meristem. Donna noticed that [claimant] is also able to identify and communicate what is happening with her body and mood more often. Donna explained, once SSP Core is done, [claimant] has access to SSP balance for the next year. Donna stated she will have to see how [claimant] does with SSP and she would continue to work with [claimant] if she would need that or if it is requested. Donna stated this could mean doing another round of SSP, or working with [claimant] doing art therapy instead. Donna stated that she doesn't have any other agenda besides the SSP and art therapy and if [claimant] wants to continue working with Donna after, then she would but it is up to [claimant] and her mother. She is open to continue working with her as an art therapist.

28. Based on claimant's mother's and Ms. Soldano's additional information, the Committee concluded Ms. Soldano's intended to provide SSP therapy as a form of treatment. It denied claimant's request for funding because SSP therapy is not evidence-based treatment. The Committee explained why it was not persuaded by claimant's mother's and Ms. Soldano's evidence to the contrary as follows:

> 1. Much of the SSP research has been conducted or sponsored by its developer (Unyte), which raises concerns about bias. Independent replication across diverse populations is still limited.
>
> 2. While SSP shows promising results, the evidence base is not yet broad enough across all populations or conditions to meet evidence[-]based criterion standards.
>
> 3. Regulatory guidelines for evidence-based practices like those from the U.S. Department of Education or SAMHSA [Substance Abuse and Mental Health Services Administration] require systematic reviews and meta-analyses before labeling an intervention as "evidence-based." [A]nd at this time[,] I do not see SSP having those.
>
> 4. There are limited to no large-scale randomized controlled trials published in high-impact journals.

NOA Denying Funding for SSP and Appeal

29. Ms. Hazlewood drafted a Notice of Action (NOA) denying claimant's request for funding for SSP therapy to treat anxiety and depression and return balance

to her ANS, and emailed it to claimant on January 22, 2026. The NOA identified the following proposed action:

> ACRC is denying the request to pay for you to receive Safe and Sound Protocol (SSP) therapeutic services provided by Donna Soldano, MFP & ATR-BC[,] for the purpose of decreasing your depression and anxiety and supporting "returning" of your Autonomic Nervous System.

The NOA provided the following reasoning for the denial:

> Regional centers cannot fund services from individual or entities unless they are vendored with the regional center to provide client services. Ms. Soldano is not vendored with ACRC to provide client services. Moreover, the SSP protocol is experimental and not scientifically proven safe and effective for the treatment of anxiety and depression or for "retuning" the Autonomic Nervous System, and is not part of standard physician practice, so ACRC is prohibited from purchasing that service. Finally, use of Ms. Soldano's service is not cost-effective because ACRC has vendored providers of evidence-based therapy available to address your needs related to anxiety and depression which can provide the service at lower cost than Ms. Soldano is proposing to charge for the SSP services.

30. Claimant timely appeal the NOA. The April 15, 2026 fair hearing followed.

ACRC's Employees' Testimony

Ms. Hazlewood

31. Ms. Hazlewood has been a service coordinator in ACRC's Placerville office since January 16, 2025. She is claimant's current service coordinator. She explained that any time an ACRC employee does something for a client, whether it is advocate on the client's behalf, request services and supports, initiate or respond to communications with others, etc., the employee documents the action taken in ongoing case notes maintained for the client. Ms. Hazlewood's practice is to update the case notes immediately after the event being documented.

32. Ms. Hazlewood received claimant's request for funding for SSP therapy by email. She shared the request with her lead service coordinator, who requested additional information about Ms. Soldano and enter services. After obtaining additional information, Ms. Hazlewood discussed claimant's request with her supervisor, Ms. Palmer, and the two of them presented it to Ms. Mann. Ms. Mann referred them to the Committee.

33. Ms. Hazlewood presented the funding request to the Committee, which asked her to obtain additional information about the nature of Ms. Soldano's proposed services. Ms. Hazlewood met with claimant's mother and Ms. Soldano, obtained additional information, and provided the information to the Committee. The Committee concluded that ACRC could not fund claimant's request and directed Ms. Hazlewood to draft the NOA.

AMY MCCREARY

34. Amy McCreary has been ACRC's Clinical Services Manager since October 2022. She previously worked as a behavior analyst for almost five years before being promoted. ACRC originally hired her as a service coordinator in May 2008, but she left after almost three years and then returned in December 2017.

35. Ms. McCreary earned her Bachelor of Arts in social work with a minor in American Sign Language/deaf culture studies from California State University Sacramento in May 2008. She earned her Master of Science in psychology (applied behavior analysis) from Kaplan University in November 2014. She is a board-certified behavior analyst and holds additional certifications from California Autism Professional Training and Information Network, California Association for Behavior Analyst, and Association for Behavior Analysis International.

36. Ms. McCreary's current duties include serving on the Committee when needed, and she served on the Committee that considered claimant's request for funding. She explained that the Lanterman Developmental Disabilities Services Act (Welf. & Inst. Code, § 4500 et seq.; Lanterman Act) prohibits regional centers from funding a treatment or intervention that is not evidence-based. She described an evidence-based practice as one supported by sound information and proof of its effectiveness and that accomplishes its intended outcome with no issues of safety or greater risk of harm than without the treatment or intervention.

37. Ms. McCreary identified two well-known entities ACRC and other regional centers frequently consult to determine what are evidence-based practices for treating ASD: The National Clearinghouse on Autism Evidence & Practice (NCAEP) and the National Autism Center (NAC). The NCAEP is a continuation of the evidence review of

the current intervention literature targeting individuals with ASD the National Professional Development Center on Autism Spectrum Disorders (NPDC) started. The NPDC reviewed research published through 2011, while the NCAEP analyzed research published between 2012 and 2017.

38. The NAC is the May Institute's Center for the Promotion of Evidence-Based Practice. According to one of ACRC's exhibits, "[The NAC] is dedicated to serving individuals with [ASD] by providing reliable information, promoting best practices, and offering comprehensive resources for families, practitioners, and communities." The May Institute is a non-profit entity that supports people with ASD and other developmental disabilities, brain injuries, mental illness, and behavioral health needs.

39. In 2005, the NAC launched Phase 1 of the National Standards Project in an attempt to develop national standards for evidence-based interventions for ASD. "Its primary goal [was] to provide critical information about which interventions have been shown to be effective for individuals with ASD." The NAC conducted a comprehensive analysis of research studies and literature published between 1957 and 2007 about different interventions for children and adolescents with ASD. It published a written report of its analysis in 2009 (NSP, Phase 1).

40. The NAC launched Phase 2 of the National Standards Project in 2011. It was intended to provide updated information about the effectiveness of different interventions for children and youth under 22 years of age. And, unlike NSP, Phase 1, it also analyzed interventions for those 22 years of age and older. Phase 2 analyzed research studies and literature published between 2007 and February 2012. It published a written report of its analysis in 2015 (NSP, Phase 2).

41. NSP, Phase 2, developed a Strength of Evidence Classification System "to determine how confident we can be about the effectiveness of an intervention." The "ratings reflect the level of quality, quantity, and consistency of research findings for each type of intervention." The following rating categories were used:

> **Established**. Sufficient evidence is available to confidently determine that an intervention produces favorable outcomes for individuals on the autism spectrum. That is, these treatments are established as effective.
>
> **Emerging**. Although one or more studies suggest that an intervention produces favorable outcomes for individuals with ASD, additional high[-]quality studies must consistently show this outcome before we can draw firm conclusions about intervention effectiveness.
>
> **Unestablished**. There is little or no evidence to allow us to draw firm conclusions about intervention effectiveness with individuals with ASD. Additional research may show the intervention to be effective, ineffective, or harmful.

(Bolding original.)

42. The NSP, Phase 2, concluded the following regarding adults (ages 22 years and older) with ASD: "The only intervention to be identified as Established for individuals ages 22 years and older is Behavioral Interventions." The only emerging intervention identified for adults is Vocational Training Package. Last, the following interventions are identified as unestablished for adults: Cognitive Behavioral Intervention Package, Modeling, Music Therapy, and Sensory Integration Package.

43. Ms. McCreary explained that SSP therapy was not an intervention the NSP, Phase 1, or the NSP, Phase 2, analyzed. However, the NCAEP previously analyzed Auditory Integration Training, an intervention that uses systematic exposure to modulated tones to reduce hypersensitivity to certain sounds and improve auditory processing, and SSP is a form of Auditory Integration Training. The NCAEP identifies Auditory Integration Training as not an evidenced-based intervention.

44. Ms. Soldano identified her treatment goals for claimant as reducing anxiety and depression and returning balance to her ANS. Therefore, the Committee consulted a staff physician and psychologist to determine what evidence-based practices for treating those ailments existed. They were told the "gold standard" for treating anxiety and depression is CBT or DBT. CBT is a form of therapy that focuses on changing dysfunctional thoughts and behaviors, whereas DBT is a specialized type of CBT that focuses on balancing emotional regulation, distress tolerance, and acceptance of changes.

45. CBT and DBT providers hold a master's degree or doctorate, and they are generally licensed by the California Board of Behavioral Sciences (as a licensed clinical social worker or licensed marriage and family therapist) or by the California Board of Psychology (as a psychologist). Applicants for licensure are generally required to practice for a certain number of hours under the direct supervision of a licensee before their application is approved.

46. The Committee searched SSP therapy's website for information about the qualifications of its providers. According to the website, providers participate in certification training that consists of "on-demand and self-paced trainings designed to qualify professionals in a broad range of disciplines for use of [SSP serve after studies about SSP therapy] with their clients." All providers must have an academic degree

from an accredited post-secondary education institution and an active license or credential in one of several professions ranging from occupational therapist, physical therapist, or social worker to yoga instructor, art therapist, or recreation therapist.

47. Last, Ms. McCreary explained that the Committee researched the references to studies about SSP therapy claimant's mother provided as well as references found on SSP therapy's website. Several of the studies had "significant limitations" regarding the sample sizes used or their source of funding. Others indicated the research "looked promising," but additional research is needed to see the long-term outcomes of SSP therapy.

48. Based on all the information, the Committee concluded there was insufficient evidence to conclude SSP therapy is an evidence-based practice for treating anxiety and depression and returning balance to the ANS, and the Lanterman Act prohibited ACRC from funding SSP therapy for that purpose. It speculated that other ACRC clients receiving Ms. Soldano's services may be doing so as part of mental health counseling or through the Self-Determination Program (SDP).

CLAIMANT'S MOTHER'S TESTIMONY

49. Claimant's mother comes from a "clinical background" in that she worked as a mental health therapist and clinical director in the Bay Area for 30 years. From her "perspective," the focus of regional center services and supports is on behavioral therapy rather than clinical therapy.

50. Claimant's mother explained that Marsha Linehan, Ph.D., created DBT in the 1980s to treat those with "such severe emotional dysregulation that . . . they self-mutilated." Although DBT has proven effective in treating mood disorders, claimant's

diagnosis is ASD "and not a mood disorder, even though depression and anxiety are often presented."

51. ASD is a "neurological-based disorder that can manifest in behaviors and a lot of other things." Although claimant was not formally diagnosed until she was 15 years old, she has a long history of dysregulation of her ANS. Her mother has always had to cut the tags off her clothes, and claimant has always been sensitive to different fabrics and loud noises. Even the sound of people using utensils while eating can trigger her.

52. Last summer, claimant told her mother that Ms. Soldano was providing SSP therapy to some of her classmates at Meristem who were also ACRC clients. Claimant's mother also saw in claimant's case notes that someone documented the billing code ACRC uses to fund Ms. Soldano's services. She explained that "it's unfair to [her] . . . who pays out of pocket" versus who receives ACRC funding for SSP therapy.

53. Claimant's mother analogized SSP therapy with eye movement desensitization and reprocessing (EMDR) therapy. The ANS consists of three parts: (1) the sympathetic nervous system, which activates body processes in times of need, especially in times of stress or danger, and is responsible for the body's "fight-or-flight" response; (2) the parasympathetic nervous system, which does the opposite of the sympathetic nervous system, and is responsible for the "rest-and-digest" body processes; and (3) the enteric nervous system, which is responsible for the digestion of food. The sympathetic and parasympathetic systems create a balancing act: the former activates body processes, while the latter deactivates or lowers them. When an imbalance occurs, the body becomes "stuck" in the "fight-or-flight" response, even though there is no real threat, or in the "rest-and-digest" process, even though there

is, depending where the imbalance occurs. SSP therapy and EMDR therapy both work to restore the balance between the two systems.

54. Claimant's mother explained that EMDR therapy was developed in the 1980s to treat mental health disorders caused by memories of traumatic events from one's past. She relied heavily on it while treating victims of the 1989 Loma Prieta earthquake. She characterized it as an "emerging therapy" at the time that "probably was not evidence-based." However, it has since become widely-accepted as an evidence-based practice and is "fully funded" by health insurance plans.

55. Claimant's mother criticized the Committee's reliance on NSP, Phase 2, because it was published in 2015 and is outdated. Additionally, the study identifies Music Theory as an emerging intervention, which means there is "one or more studies [that] suggest [it] may produce favorable outcomes," but "additional high[-]quality studies are needed that consistently show [this] intervention[] to be effective for individuals with ASD" before it may be identified as "effective" with any confidence. Claimant's mother stated that SSP therapy is encompassed within Music Theory.

56. Claimant's mother also contended that the NCAEP designates Music-Mediated Intervention as evidenced-based. That intervention "incorporates songs, melodic intonation, and/or written to support learning or performance of skills/behaviors. It includes music therapy, as well as other interventions that incorporate music to address target skills." SSP theory is included within Music-Mediated Intervention.

57. Finally, claimant's mother explained that NSP, Phase 2, includes emerging interventions within its definition of evidence-based practice. The study borrowed the definition of that term Dr. David Sackett and his colleagues used in *Evidenced-based*

medicine: How to practice and teach EBM (Sackett, D. L., Straus, S. E., Richardson, W. S., Rosenberg, W., & Haynes, R. B., 2000). "In that publication, the authors define evidenced-based practice as 'the integration of the best research evidence, professional judgment, and values and preferences of clients.'"

Analysis

58. Claimant asked ACRC to fund SSP therapy with Ms. Soldano to decrease anxiety and depression and return balance to her ANS. Claimant has the burden of proving by a preponderance of the evidence that the Lanterman Act authorizes ACRC to fund the requested service. Considering all the evidence presented, the persuasive evidence established that the Lanterman Act prohibits ACRC from purchasing SSP therapy to treat claimant's anxiety and depression and return balance to her ANS for the following reasons.

ACRC Is Prohibited from Funding Services That Are Not Evidence-Based

59. The Lanterman Act precludes regional centers from purchasing "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." (Welf. & Inst. Code, § 4648, subd. (a)(17).) The Committee's determination that there is insufficient evidence that SSP therapy is an evidenced-based practice for treating anxiety and depression and returning balance to the ANS was more persuasive than claimant's determination to the contrary. Ms. McCreary credibly and persuasively explained that the Committee relied on the NSP, Phase 2, the NCAEP, and input from a staff physician and psychologist in reaching its conclusion. She also credibly and persuasively explained why none of the

studies claimant's mother and SSP therapy's website reference support a different conclusion.

60. Claimant's mother's argument that NSP, Phase 2, includes emerging interventions within its definition of evidence-based practice is contrary to the evidence. The study's definition of evidence-based practice is based on a combination of the best research evidence, professional judgment, and the clients' values and preferences. Although the study concluded that a treatment provider should generally select an established intervention, it also recognized that there may be valid reasons for selecting an emerging intervention that should not be overlooked.

61. The study also concluded that the treating therapist should exercise their professional judgment when selecting an intervention, rather than blindly select an intervention simply because it is evidence-based. An established intervention that was previously correctly implemented may have proven ineffective, as "even Established interventions are not expected to produce favorable outcomes for all individuals with ASD." Alternatively, an intervention may be contraindicated by circumstances specific to the client, such as using physical prompts with a client triggered by being touched. Lastly, a therapist treating a client with ASD who has a co-morbid mood disorder may find it necessary to implement an evidence-based practice for treating the co-morbid mood disorder when such practice for ASD does not produce the desired effects because of the co-morbid mood disorder.

62. The study explained that the treating therapist must consider their client's values and preferences when selecting an intervention because an intervention previously used may have produced undesirable side effects, an intervention may be contrary to the client's values, or a client may have stated they do not want a specific intervention. Finally, the study recognized that not all established interventions are

accessible to everyone. Whether it is due to budget cuts, limited resources, too few qualified therapists, or some other reason, some clients will not have access to all established interventions.

63. Despite the study's acknowledgment of the limitations on evidence-based practices, it does not recognize emerging interventions as evidence-based practices as claimant's mother posited. Furthermore, the study identifies Music Theory as an emerging intervention only for people with ASD who are under 22 years of age. For those who are older, it identifies Music Theory as an unestablished intervention, or one for which "there is no reason to assume [it is] effective" and "there is no way to rule out the possibility [the] intervention[] [is] ineffective or harmful." Moreover, claimant produced no evidence of the existence of any of the reasons for selecting something other than an evidence-based practice the study mentions.

64. Lastly, claimant's mother's contention that the NCAEP designates Music-Mediated Intervention as evidenced-based is contrary to the evidence. The NCAEP's matrix of evidence-based practices, outcomes, and age categories ACRC produced at hearing indicates the absence of any studies correlating the use of Music-Mediated Intervention to treat people with ASD who are ages 22 years and older with improvement in the areas of academic/preacademic, adaptive/self-help, challenging/interfering behavior, cognitive, communication, joint attention, mental health, motor, play, school readiness, self-determination, social, and vocational. The matrix shows the same for Sensory Integration.

ACRC Must Purchase Services from Vendors

65. The Lanterman Act provides: "A regional center may, pursuant to vendorization or a contract, purchase services or supports for a consumer from an

individual or agency that the regional center and consumer . . . determines will best accomplish all or part of that consumer's program plan." (Welf. & Inst. Code, § 4648, subd. (a)(3).) It defines "vendorization" or "contracting" as "the process for identification, selection, and utilization of service vendors or contractors, based on the qualifications and other requirements necessary in order to provide the service." (*Id.* at subd. (a)(3)(A).)

66. A regulation implementing the Lanterman Act requires regional centers to obtain a purchase of service authorization "for all services purchased out of center funds." (Cal. Code Regs., tit. 17, § 50612, subd. (a).) Authorization generally "shall be in advance of the provision of service." (*Id.* at subd. (b).) "Service" is "the process by which the regional center, or service provider, delivers a service . . . ." (Cal. Code Regs., tit. 17, § 50602, subd. (n).) A "service provider" is "a person, program, or any other entity, or any other person connected therewith, vendored to provide services to regional center consumers." (*Id.* at subd. (o).)

67. It was uncontested that Ms. Soldano is not vendored to provide services to ACRC clients. Although there was evidence that she provides SSP therapy to some ACRC clients, it was only speculation that she does so through the SDP or while providing counseling services. (See *People v. Berryman* (1993) 6 Cal.4th 1048, 1081 ["But speculation is not evidence, less still substantial evidence"], overruled on different grounds by *People v. Hill* (1998) 17 Cal.4th 800, 823, fn. 1 [a showing of bad faith is not required to establish prosecutorial misconduct].)

68. Claimant's mother admitted claimant receives regional center services and supports via the traditional services delivery model rather than the SDP, and only participants in the latter are exempt from using vendors (although providers of financial management services must be vendored). (Cf. Welf. & Inst. Code, § 4648,

subd. (a)(3) [vendored providers required under traditional service delivery model], with Welf. & Inst. Code, § 4685.8, subd. (t) [under the SDP, all providers are exempt from being vendored, except financial management services providers].) Additionally, Ms. Soldano's proposal clearly indicates she intends to provide SSP therapy as a form of treatment, rather than as part of counseling services with SSP therapy being a modality.

MS. SOLDANO'S SERVICES ARE NOT COST EFFECTIVE

69. The Lanterman Act requires "that the provision of services to consumers . . . reflect the cost-effective use of public resources." (Welf. & Inst. Code, § 4646, subd. (a); see also Welf. & Inst. Code § 4640.7, subd. (b).) As previously explained, SSP therapy is not an evidenced-based practice for treating anxiety and depression and returning balance to the ANS. Rather, the "gold standard" for treating those ailments is CBT or DBT. Additionally, the Committee concluded that Ms. Soldano's proposed frequency of treatment was twice that which ACRC typically allows for counseling services. The persuasive evidence established that SSP therapy is not a cost-effective treatment for claimant's anxiety and depression and returning balance to her ANS.

LEGAL CONCLUSIONS

Applicable Burden/Standard of Proof

1. Claimant has the burden of proving by a preponderance of the evidence that the Lanterman Act authorizes ACRC to fund SSP therapy to treat her anxiety and depression and returning balance to her ANS. (*Lindsay v. San Diego Retirement Bd.* (1964) 231 Cal.App.2d 156, 161 [party seeking government benefits has burden of

proving entitlement to such benefits]; Evid. Code, § 115 [standard of proof is preponderance of evidence, unless otherwise provided by law].) The preponderance of the evidence standard requires claimant to produce evidence of such weight that, when balanced against evidence to the contrary, is more persuasive. (*People ex rel. Brown v. Tri-Union Seafoods, LLC* (2009) 171 Cal.App.4th 1549, 1567.) In other words, she must prove it is more likely than not that ACRC is allowed to fund the service. (*Lillian F. v. Super. Ct.* (1984) 160 Cal.App.3d 314, 320.)

Applicable Law

2. Under the Lanterman Act, the State of California accepts responsibility for persons with developmental disabilities and pays for the majority of the "treatment and habilitation services and supports" to enable such persons to live "in the least restrictive environment." (Welf. & Inst. Code, § 4502, subd. (b)(1).) To determine how an individual consumer is to be served, regional centers are directed to conduct a planning process that results in an IPP designed to promote as normal a lifestyle as possible. (Welf. & Inst. Code, § 4646; *Assn. for Retarded Citizens v. Dept. of Developmental Services* (1985) 38 Cal.3d 384, 389.)

3. Among other things, the IPP must set forth goals and objectives for the consumer, contain provisions for the acquisition of services (which must be based upon the consumer's developmental needs), contain a statement of time-limited objectives for improving the consumer's situation, and reflect the consumer's particular desires and preferences. (Welf. & Inst. Code, §§ 4646, subd. (a)(1), (2), & (4); 4646.5, subd, (a); 4512, subd. (b); and 4648, subd. (a)(6)(E).) The regional center must "secure services and supports that meet the needs of the consumer" within the context of the IPP. (Welf. & Inst. Code, § 4648, subd. (a)(1).)

4. Regional centers are mandated to provide a wide range of services to facilitate implementation of a consumer's IPP, but they must do so in a cost-effective manner. (Welf. & Inst. Code, §§ 4640.7, subd. (b), 4646, subd. (a).) They must "identify and pursue all possible sources of funding for consumers receiving regional center services." (Welf. & Inst. Code, § 4659, subd. (a).) Regional centers are not required to provide all the services a consumer may require, but are required to "find innovative and economical methods of achieving the objectives" of the IPP. (Welf. & Inst. Code, § 4651.) They are specifically prohibited from funding services that are available through another publicly funded agency. (Welf. & Inst. Code, § 4659, subd. (c).) This prohibition is often referred to as "supplanting generic resources."

Conclusion

5. Claimant requested funding for SSP therapy to treat her anxiety and depression and return balance to her ANS. The persuasive evidence established that SSP therapy is not an evidenced-based practice for treating such ailments. Additionally, Ms. Soldano is not vendored to provide services to ACRC clients. For these reasons, as well as the gold standard treatment for claimant's ailments being available from ACRC vendors at a lower rate than Ms. Soldano's services, her providing such treatment would not be cost-effective. Consequently, ACRC properly denied claimant's request for funding, and her appeal must be denied.

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ORDER

Claimant's appeal from Alta California Regional Center's January 22, 2026 Notice of Action is DENIED.

DATE: April 28, 2026

COREN D. WONG

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.