

**Harbor Regional Center
Board Planning Committee
May 25, 2018**

Ron Bergman, Chair.

Members: Lavelle Gates, Steve Goclowski, Patricia Jordan, Barry Finley, Erika Braxton-White, Nancy Spiegel

Diversity Initiatives

Harbor Regional Center Public Meetings were held as scheduled in March to present demographic and expenditure information, at the HRC Torrance and Long Beach locations. A Spanish language interpreter provided translation at both of these meetings. Staff also gave presentations on this information for support groups in Spanish, Chinese, Korean, and Japanese. In total 70 people were in attendance at these presentations combined. English and Spanish copies of the presentation are posted on our website at www.harborrc.org/about/performance/pos. The committee reviewed the areas of greatest disparity and some of the factors which contribute to differences in utilization of purchased services, which include the age of the client, where the client lives, availability of generic resources, and critical socio-economic barriers which may take precedence for the family, such as housing instability and food insecurity.

In addition to expenditure and demographic information, an important focus of these presentations was to provide information about current efforts and projects to reach out to clients that demonstrate the greatest under-utilization of purchase of services for identified needs, and address service barriers:

- The HRC **Parents as Partners Program**, funded for 2017-2018 employs bilingual Spanish speaking parents to assist other parents to access supports and reduce barriers, so they can more fully utilize HRC services. Since late 2017, the project has served and is continuing to work with more than 75 families. We are hearing very positive anecdotal information from the families, and look forward to having data very soon on how they have benefitted thus far from this extra support.
- With funds granted to HRC by DDS in 2018 for reducing disparities, HRC has hired Marta Huertas as a **Community Outreach Specialist** - A bilingual/ spanish-speaking position to provide ongoing outreach, training and support for clients and families, and to work with support groups and community organizations on behalf of our families.

- The committee viewed a **video** recently completed in Spanish, “Trabajando Juntos Para Anna” (“Working Together for Anna”). This video is being used at orientation and ‘Meet and Greet’ meetings with parents and is getting good feedback. Work is in progress currently on two additional videos, one in English, and one in Spanish, to update “Partners in Lifelong Support.”
- Other 2017-2018 funded projects either completed or nearing completion include training for staff and service providers on culturally responsive services, publication of booklets and fact sheets in Spanish, Khmer, Korean, Farsi, Chinese and Japanese.
- We are working together with two local Community Based Organizations, Pediatric Therapy Network, and the Carolyn Kordich Family Resource Center, who received DDS funding in 2018 to implement programs in the HRC area for increasing outreach, support, information and training for underserved communities. We will also be meeting with the Learning Rights Law Center which received funding to conduct community support groups throughout the county.

Harbor Regional Center Performance Plan

HRC has completed the Year-End Progress Report for our 2017 Performance Plan, which was reviewed with the committee, and is attached to these minutes.

We have continued to assist and support persons we serve to live in home settings in the community. We continued to make progress on desired outcomes. By the close of December 2017:

- 99.78% of HRC children and 82.72% of HRC adults live with families or in independent and supported living.
- 8 individuals or 0.06% of HRC clients were remaining in State Developmental Centers.
- Only 1.08% of HRC adults were remaining in large licensed settings serving 7 or more.
- No HRC children live in large settings serving 7 or more.

This year DDS has also included the data about expenditures by ethnicity and language in the Performance Plan outcomes progress report. This is a summary of the same data that HRC reported at public meetings in March.



Harbor Regional Center

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Spring 2018

Performance Report for Harbor Regional Center

Every year, the Department of Developmental Services (DDS) contracts with regional centers in California to serve clients and families. And, every year DDS looks at how well the regional centers are doing. The Department of Developmental Services (DDS) has established goals for all Regional Centers in California, to continuously improve outcomes for people with developmental disabilities. These goals are listed as Public Policy Outcomes in our annual Performance Plan.

Last year, at Harbor Regional Center (HRC) we served about 13,600 consumers. The charts on page two tell you about the people we serve. You'll also see how well we are doing in meeting our goals. At HRC, we want to improve every year, do better than the state average, and meet or exceed the DDS standard. The charts that follow show some of these key areas in which Harbor Regional Center has continued to improve outcomes for the people we serve.

We have continued to assist and support persons we serve to live in home settings in the community. 99.78% of HRC children and 82.72% of HRC adults live with families or in independent and supported living. By the close of December, 2017, only 8 individuals, or 0.06% of HRC clients were remaining in State Developmental Centers. Because we continue to work to assist adults in large health care settings, such as Skilled Nursing Care, to move to smaller more integrated home settings in the community, there are now only 1.08% of HRC adults remaining in large licensed settings serving 7 or more. No HRC children live in large settings serving 7 or more.

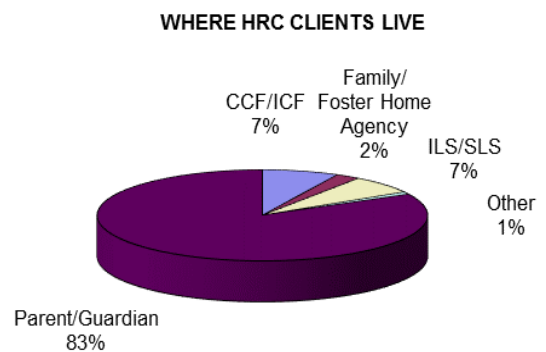
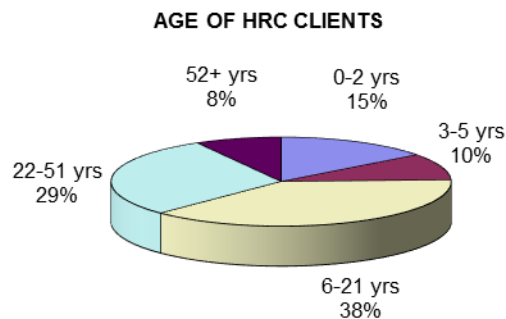
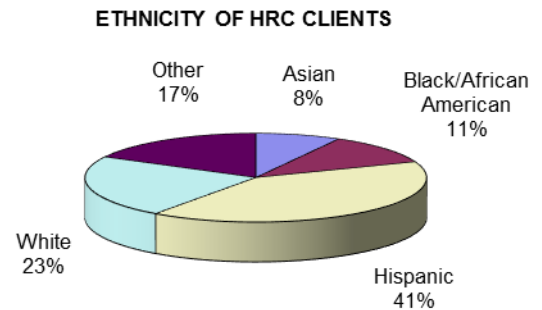
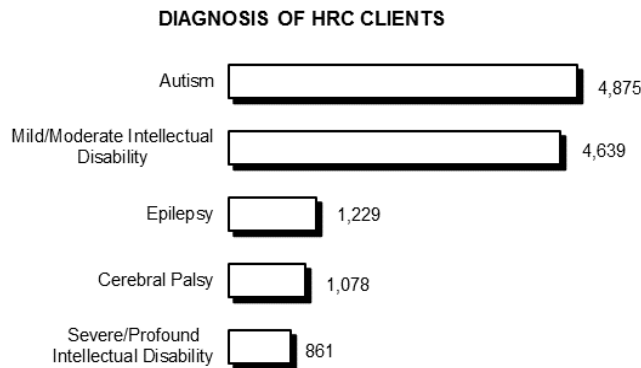
We continue to develop resources throughout our service area to promote community integration and inclusion, and to increase living options, opportunities for post-secondary education, employment preparation and support, and varied adult day options to meet a wide range of individual needs.

This report is a summary. To see the complete Performance Plan, go to: www.harborrc.org/about/performance, or contact Nancy Spiegel at (310) 543-0658.

Patricia Del Monico
Executive Director

Who uses HRC?

These charts tell you about who HRC clients are and where they live.



How well is HRC performing?

This chart tells you about five areas where DDS wants each regional center to keep improving.

The first column tells you how HRC was doing at the end of 2016, and the second column shows how HRC was doing at the end of 2017.

To see how HRC compares to the other regional centers in the state, compare the numbers to the state averages (in the shaded columns).

Regional Center Goals (based on Lanterman Act)	December 2016		December 2017	
	State Average	HRC	State Average	HRC
Fewer clients live in developmental centers	0.30%	0.10%	0.21%	0.06%
More children live with families	99.24%	99.78%	99.32%	99.78%
More adults live in home settings*	78.89%	81.90%	79.61%	82.72%
Fewer children live in large facilities (more than 6 people)	0.05%	0.00%	0.04%	0.00%
Fewer adults live in large facilities (more than 6 people)	2.60%	1.08%	2.47%	1.08%

Notes: 1) Clients can be included in more than one diagnosis category. 2) Residence Types: CCF/ICF is Community Care Facility/Intermediate Care Facility; ILS/SLS is Independent Living Services/Supported Living Services. 3) Home settings include independent living, supported living, Adult Family Home Agency homes, and family homes. 4) Green text indicates the RC remained the same or improved from the previous year, red indicates the RC did not improve.

Did HRC meet DDS standards?

Read below to see how well HRC did in meeting DDS compliance standards:

Areas Measured	Last Period	Current Period
Passes independent audit	Yes	Yes
Passes DDS audit	Yes	Yes
Audits vendors as required	Met	Met
Didn't overspend operations budget	Yes	Yes
Participates in the federal waiver	Yes	Yes
CDERs and ESRs are updated as required (CDER is the Client Development Evaluation Report and ESR is the Early Start Report. Both contain information about consumers, including diagnosis).	94.97%	98.49%
Intake/Assessment timelines for clients age 3 or older met	100%	100%
IPP (<i>Individual Program Plan</i>) requirements met	99.29%	99.57%
IFSP (<i>Individualized Family Service Plan</i>) requirements met	84.6%	83.9%

Notes: 1) The federal waiver refers to the Medicaid Home and Community-Based Services Waiver program that allows California to offer services not otherwise available through the Medi-Cal program to serve people (including individuals with developmental disabilities) in their own homes and communities. 2) The CDER and ESR currency percentages were weighted based on the RC's Status 1 and Status 2 caseloads to arrive at a composite score. 3) The IFSP calculation methodology was changed from composite to average in order to more accurately reflect the RC's performance by only including children reviewed during monitoring and not all Early Start consumers. 4) N/A indicates that the regional center was not reviewed for the measure during the current period.

Harbor Regional Center continued to meet compliance measures, such as passing audits by DDS and independent auditors, completing required audits of HRC service providers, and managing within our allotted Operations budget. 100% of HRC intakes were completed in a timely manner, within required timelines or sooner. We strive to provide timely, individualized, person-centered service planning and coordination for the people we serve and their families, and are engaged in initiatives to provide culturally responsive services.

How well is HRC doing at reducing disparities and improving equity?

These tables show you how well the regional center is doing at providing services equally for all consumers.

Percent of Expenditures and Clients by Age Group and Ethnicity/Race Fiscal Years 2015-16 and 2016-17															
Age Group	Measure	American Indian or Alaska Native		Asian		Black/African American		Hispanic		Native Hawaiian or Other Pacific Islander		White		Other Ethnicity or Race	
		2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017
Birth to 2 years	Clients	0%	0.1%	10%	9%	10%	7%	45%	44%	0%	0.1%	16%	16%	20%	24%
	Expenditures	0%	0.0%	12%	12%	9%	5%	44%	43%	0%	0.1%	17%	17%	18%	23%
3 to 21 years	Clients	0%	0.1%	13%	13%	10%	10%	45%	46%	0%	0.5%	18%	17%	13%	13%
	Expenditures	0%	0.2%	15%	17%	12%	11%	35%	34%	0%	0.3%	21%	23%	17%	15%
22 years and older	Clients	0%	0.2%	12%	13%	15%	15%	32%	32%	1%	0.7%	35%	34%	5%	6%
	Expenditures	0%	0.2%	12%	12%	13%	13%	23%	23%	0%	0.5%	48%	46%	4%	5%

Percentage of Authorizations and Clients by Age Group and Ethnicity/Race Fiscal Year 2016 -17								
Age Group	Measure	American Indians or Alaska Native	Asian	Black/African Americans	Hispanics	Native Hawaiian or Other Pacific Islanders	White	Other Ethnicity or Race
		2017	2017	2017	2017	2017	2017	2017
Birth to 2 Years	Clients	0.1%	9%	7%	44%	0.1%	16%	24%
	Authorizations	0.0%	12%	6%	44%	0.1%	17%	22%
3 to 21 Years	Clients	0.1%	13%	10%	46%	0.2%	17%	13%
	Authorizations	0.1%	17%	11%	36%	0.0%	22%	14%
22 years and older	Clients	0.2%	13%	15%	32%	0.4%	34%	6%
	Authorizations	0.2%	13%	13%	24%	0.3%	45%	5%

Percent of Clients and Total Expenditures by Language Fiscal Years 2015-16 and 2016-17				
Language	2016		2017	
	Percent of Clients	Percent of Expenditures	Percent of Clients	Percent of Expenditures
English	78%	85%	78%	82%
Spanish	18%	9%	17%	9%
Farsi (Persian)	1%	1%	1%	1%
Korean	1%	1%	1%	1%
Cambodian	1%	0.4%	1%	0.4%
Tagalog	0%	1%	0%	1%
Japanese	0%	0.4%	0%	0.4%

Note: Languages that fewer than 30 clients chose as their primary language are not included in this table.

Want more information?

We hope this report helps you to learn more about HRC.

To see the complete Performance Plan, go to: www.harborrc.org/about/performance,
or contact Nancy Spiegel at **(310) 543-0658**.

Harbor Regional Center

Client Advisory Committee

May 19, 2019

Meeting Minutes

Members Present:Deaka Mc Clain-CAC Co-Chairperson; Rita Teodoro; Debbie Howard; Michelle Roach; Tom Basch; Wesley Dale; Kelly Sutton; Danielle Short

HRC Staff Present: Brent Fryhoff; Kris Zerhusen

Life Steps Staff Present: Janelle Reyes

Call to Order & Minutes Approved

Deaka called the meeting to order at 1:02 p.m.

The minutes were unanimously approved by all committee members.

Q & A by Nancy Spiegel for film crew

CAC members were each asked individually by Nancy the following questions: How does your HRC Service Coordinator help you and why are you a member of the HRC Client Advisory Committee? Everyone who was present at the meeting answered these questions honestly while being filmed and let Nancy know the importance of advocating for themselves and all of the other clients at Harbor Regional Center who might not have a voice. Nancy explained that the interviews will be used in an upcoming new HRC video. Nancy also let the group know that it had been a very long time since the CAC had been filmed and the previous videos were quite outdated. HRC is updating their information in order to be more current with the constant changing times.

DDS CAC Update

Deaka shared with the CAC members that her next meeting with DDS will be in person on June 11th in Sacramento. She will meet with all 21 Regional Center CAC representatives and get updates at that time. Deaka shared that she is still planning on doing the “End of Life” training in November that DDS would like her to do for the local HRC CAC group. She will also be conducting a training today on “Planning and Decision making” that is directly from the DDS website. Deaka will review the minutes of the June DDS CAC meeting at the next meeting in August and will give more current updates then.

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Client Services & Self Determination update

Deaka reminded the CAC group that the HRC Self-Determination meetings are open to the public and that all CAC members are encouraged to attend these meetings. The next Self-Determination Meeting will be held Wednesday June 13th from 6 p.m. to 8 p.m. in conference room A-4. Self Determination meetings typically take place on the 2nd Wednesday of the month and are open to the public. To RSVP, please call Sandra Fortino at (310) 543-0659 or email to sandra.fortino@harborrc.org . Deaka let everyone know that attendance at an SDP Informational Meeting (provided by a regional center or a community organization), is required before an individual can be added to the statewide candidate list from which the California Department of Developmental Services will randomly select the first 2500 participants. Deaka also shared that recently re-submitted Self-Determination Program waiver application has a proposed list of services and their definitions. A final version of services and definitions will be posted when the waiver is approved by the Centers for Medicare and Medicaid services. If you would like to see a copy of the re-submitted wavier application, please see the Implementation Update dated March 13, 2018. This can be found at <https://www.dds.ca.gov/SDP/SDPUpdates.cfm>.

Deaka shared with the CAC group that their input is important when it comes to client services. Deaka asked the group if there was anything they wanted to discuss regarding improving client services; however the group said they could not think of anything at this time. Rita wanted to know if this meeting was open to the public as well and Deaka said she would find out and let the group know.

Community Outreach

The CAC group participated in the recent Social Recreation and Fitness Fair on March 10th. The members who participated shared that this was a great event to attend and learned about many resources in their local communities. The next community outreach event will be held California State University Long Beach on June 10th at 9:00 a.m. The group will be “fans in the stands” at the Southern California Special Olympic Summer Games cheering on the basketball athletes alongside HRC service provider 24 Hour Home Care. Kelly will send a reminder blast out to clients with details of meeting location.

HRC Update

Brent and Kris shared that HRC still has an Employment 1st policy and that SC’s are encouraged to offer supported employment as an option to their clients if they have a desire and ability to work. Brent gave updates to CAC members on the new CIE and PIP programs that DDS has implemented to assist our supported employment agencies with job the job search process.

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Brent shared that HRC has had 90 clients get placed in competitive employment in the last 6 months and a lot of this success stems from the new CIE and PIP programs. More and more clients are finding types of jobs that they are truly interested in because agencies have now implemented better job development techniques and are working individually with the clients and working closely as a team to find the right job.

Brent also gave updates on the developmental center and that HRC is now down to 1 client residing at Fairview DC. HRC hopes to be down to 0 by the end of this month. Brent shared that HRC is down to 28 clients currently residing at skilled nursing homes and that when HRC started the initiative to get people out of these facilities there were 72 clients residing in skilled nursing homes. It continues to be a priority of HRC to support clients with living in the least restrictive type of living arrangement.

Brent updated the CAC group on the CMS. (**Centers for Medicare & Medicaid Services**) California is in the initial approval phase on their CMS plan. Regional Centers are meeting at least quarterly to discuss CMS roll-out.

- Harbor Regional Center will be rolling out Person Center Planning training to staff and then to service providers.
- DDS is stating more news to follow regarding the self-evaluations and pilot.
- CCL has taken the position that this is a Regional Center roll out.
- No changes will occur within title 22 regulations although client choice information will need to be documented in IPP's and ISP's.
- Rose Samaniego is the HRC designated CMS program evaluator working along with myself and Rick.

Brent shared that the new CMS ruling is a federal mandate that will require our service providers to have more choices for our clients and more opportunities for community integration. Any service that is segregated will have to close once CMS is implemented and up and running. This would include the sheltered workshops. Brent shared that ARC Long Beach was awarded a CMS grant and now has two job developers who are actively finding clients in the workshop paid internships in the community. The primary goal of these job developers is to transition all of the remaining clients in the workshop into competitive integrated employment in the community. They have already placed a handful of clients into paid internships that hopefully will turn into jobs.

Kris shared that HRC is in the middle of a DDS fiscal audit and that this audit will continue for the next several weeks. She also shared that case management is focusing a lot on person center planning and the importance of knowing what the role of your service coordinator is and how to

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access services through your SC. There is a new booklet “Your HRC Service Coordinator” that was passed out to CAC clients. Kris explained that this booklet will answer your questions to help ensure that you and your family have a strong connection with Harbor Regional Center and with your primary partner here who should be your Service Coordinator.

Adjournment

Deaka adjourned the meeting at 3:06 p.m.

Next CAC Meeting

The next Client Advisory Meeting will be held on Saturday, August 18th, 2018 at HRC Torrance office.

Respite Service Review Summary

May 22nd 2018

Torrance – Long Beach

Attendance:

There were a total of 21 individuals who participated in this service review, including Board members, parents, service providers and HRC staff.

Presentation Summary:

LaWanna Blair, Director of Early Childhood facilitated the review session. After introductions were made she provided an overview of the objectives for the three respite sessions including a brief review of the service review protocol.

What to expect in the next 3 session:

- First meeting, overview of HRC respite policy and the policies of other Regional Centers, written materials and respite assessment tools.
- Second meeting dedicated to presentations from three
- Third meeting will provide an opportunity to share and review material, allow for further discussion and obtain participant feedback

Mrs. Blair began the presentation with a definition of *respite* which is defined as “an intermittent relief or rest from the additional demands that may be placed on a family caring for a son or daughter with a disability. “*Intermittent relief*” mean that the break from caregiving is intended to be periodic, as opposed to continuous and that it is time limited. She also referenced the WIC code: 4646(a) which specifies, “the individual program plan and provisions of services and supports by the regional center system is centered on the individual and the family of the individual with developmental disabilities....”.

Mrs. Blair explained that in 2009 during the recession the Legislature put caps in place on the purchase of respite services. In 2017, The Legislature took action to lift the cap by repealing WIC Code 4685.5. Effective January 2018 there was no longer a cap on respite and regional centers are now able to provide respite based on the assess needs of the family. Mrs. Blair shared that DDS required regional centers to revise/modify their current respite purchase of service policies and many regional centers have already modified their policies and are waiting on the final approval from DDS. Mrs. Blair also explained that families choosing to access respite services are subjected to the Family Cost Participation Program (FCPP). This program does not apply to all families but would require parents affected by this program to share responsibility with the regional center.

Mrs. Blair clarified some common questions that often come up about how respite can be utilized and the level of experience of respite workers. She also shared that we will hear from some of our respite providers at the next meeting on June 26th.

Mrs. Blair spent some time talking about the different types of respite as indicated below:

- ***Self-directed***: provided by an unlicensed person who has been referred by the family to the agency and is hired by the agency specifically to care for their son or daughter. The individual has to complete the standard job application process including passing a background check and appropriate training.
- ***Agency Respite***: provided by an unlicensed staff who is employed by a respite agency. These individuals have already been hired by one of regional centers' respite service providers.
- ***Medical respite***: provided by a license nurse usually LVN or RN, they may do a nursing assessment to determine the hours of respite needed.
- ***Out of home respite***: the client moves from the family home to a licensed home for twenty four hour care for a brief period of time.
- ***Camp respite***: some families may have a need to utilize camp as their respite, in these cases families should consult with their service coordinator. Camp continues to be a suspended service.

Mrs. Blair introduced Judy Wada, Chief Financial Officer. Mrs. Wada shared some data specific to January 2018. Some of the information she shared includes:

- Demographics:
 - Total HRC clients receiving respite 16%
 - Gender: Female 32% and Male 68%
 - Age: the average age for of respite use is 23.4, the oldest client receiving respite is 85 yrs. old
 - 29% of HRC clients who are 6-10 yrs. old receive respite
 - Ethnicity : 45% Hispanic, White 21%, Asian 12%, African America 12%, Other 11%
 - Language: English 73%, Spanish 21%, Other 6%
- Respite breakdown by city:
 - Long Beach has a higher usage of respite (33%) in comparison to other cities
- Respite rates:
 - Agency: \$24.70 per client/per hour
 - Self-directed: \$16.46 per client/per hour
 - Medical: \$ 29.41 per client/per hour
 - Out of home depends on the type of home (Level 3 \$190.19 per client/per day)

Mrs. Wada shared that in January 2018 HRC converted to a quarterly system which allows families to utilize their respite hours at their discretion in a given quarter. She also shared that when a family's income is above the 400% poverty level they have to share the cost.

After the break, Mrs. Blair spent some time talking specifically about the form HRC respite policy and assessment tool. She share a draft of the new HRC respite assessment tool and spoke at length about the assessment process, including why and what information is used when assessing a family's need for respite. She provided detail on the following:

- Governing laws
- Service requests should be facilitated through the IPP process
- If the person with a developmental disability has behavior challenges or special needs that exceeds those of people the same age without a disability
- Consideration of natural supports
- Consideration of exceptional circumstances

Mrs. Blair talked about some HRC future plans including creating a Saturday Center Based Respite program, an out-of-home option for individuals with medical needs and revising the HRC respite assessment policy, guidelines and tool. She invited participants to provide input during the third respite review session.

Handouts:

The following documents were handed out to those in attendance:

- Service Review Protocol
- Service Review Session Schedule
- Applicable Welfare & Institution Codes
- HRC – “Former” Respite Policy
- HRC – General Standards Policy
- HRC – Family Respite Needs Assessment Guidelines
- HRC – Family Needs Assessment Summary Sheet
- HRC – *Draft* Respite Service Assessment Guidelines
- HRC – *Draft* Respite Needs Assessment Tool
- HRC – Making it Happen Booklet: Let's Talk About Respite
- Westside Regional Center – Draft Respite Guidelines
- San Gabriel Pomona Regional Center – Respite Policy
- South Central Los Angeles Regional Center – Respite Policy
- Lanterman Regional Center – Respite Policy/Standards
- North Los Angeles Regional Center – Respite Policy/Standards
- East Los Angeles Regional Center – Respite Policy & Assessment Tool

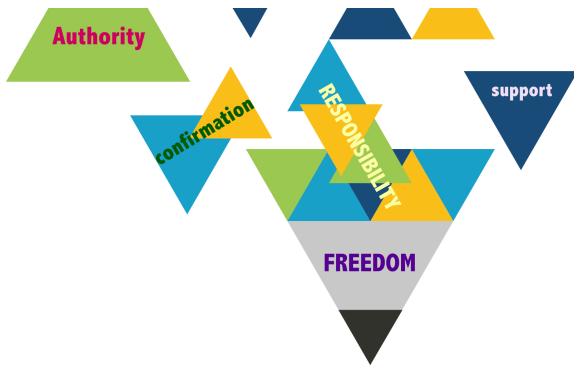
Questions/Comments:

Participants asked a lot of questions and made comments related to the data presented, specifically: the range of data presented (wanting to view data greater than one month), how the

quarterly system works and the concern that the number of hours allotted are not sufficient to meet out of home respite needs. Other areas of concerns are as follows:

- There were some questions related to how HRC monitor respite providers and the process for addressing concerns with the providers
- The participants were interested in knowing how we use the respite assessment tool and how the draft tool is different from the tool currently used by the service coordinators
- The participants were interested in knowing about out of home respite providers and how the family would benefit from this support.

Mrs. Blair advised that the next session is scheduled on June 26th from 6:00-8:00pm in the HRC Long Beach office, Conference room LB1. She shared that we will hear from three of our respite service providers, including Oxford Homecare, 24 Hour Home Care and Cambrian Homecare.



Harbor Regional Center Self-Determination Advisory Committee Minutes, May 9, 2018

Roll call: Miriam Kang, Linda Chan Rapp, Rosalinda Garcia, Deaka McClain, Mariano Sanz, Sandy Farah, Christofer Arroyo, Mary Hernandez, Liz Cohen-Zeboulon

6:13 pm - Quorum established, introductions given of committee and guests; meeting called to order.

I. Harbor Regional Center (HRC) Update – Mary Hernandez

A. What will the roll out of the Self Determination Program (SDP) actually look like? – Will it be just 1/3 of allotted HRC slots, or will it be 100% of the 98 total HRC participants? It still isn't clear, but since roll out has been so long in coming, maybe if there is a large enough representative sample we will start with all slots filled. We don't really know yet.

B. Informational Meeting sign-ups

1. On May 8, thirty-eight clients signed up for the participants lottery, and an Arabic interpreter was provided. Looking at the 141+ names HRC itself has submitted, both the numbers and the demographic requirements have been met. HRC will continue to hold informational meetings, and names will continue to be submitted till the Department of Developmental Services says "Stop" – so far no cut off date has been specified. The ten SDP service coordinators are ready regardless whether their SDP caseload will be 3 or 10 participants.

2. Mary H. along with Judy Taimi and Diana Sandoval (for Hispanic language outreach), are willing to go to any meeting and stay after to talk to interested clients/parents about the pros & cons of SDP.

3. Question: How will replacements be selected if there are those in the initial randomized selection who go through orientation but do not opt for SDP after all? Not clear yet.

C. The Waiver is expected to be approved on June 11, 2018. So far the Centers for Medicare and Medicaid Services (CMS) has raised one question about the waiver and it was addressed satisfactorily without stalling the approval process.

D. Service Coordinator as Facilitator questions:

1. If an SDP participant chooses to ask his/her service coordinator to serve as Facilitator: What will this mean given service coordinator caseloads and the need for resource-locating and negotiating?

2. How will operations absorb Person-Centered Planning costs and keep SDP funding cost-neutral?

E. Funding and Services

1. Financial Management Service (FMS) provider monthly fee is not tied to budget size but rather to the nature and number of services.

2. It needs to be paid every month even if services are not accessed for a given month.

3. Services budgeted need to confirm with Home and Community-Based Services (HCBS) community integrated settings rule.
4. A standardized form is needed for contracts for SDP service providers who are not vendorized. Note: parents of minors **cannot** be paid.
5. Department of Developmental Services will assign two or three staff to coordinate background checks.
6. Budget development – Verification is needed that the amount of money in the budget would have been spent for this client/child under traditional regional center services. Note: Budget is based on Need that is tied to the participant’s developmental disability, not on his/her bank account or income. Example: van conversions are a one shot budget item and circumstances change. Question: On the year following a \$25K conversion, what would be spent on that client? Budget amount would probably need to be verified.
 - Deaka M.: Who determines need? How do you determine your need?
 - Mary H.: There are many tools such as Learning Center (Michael Small), Sherry Beamer,
 - Linda CR: ...HRC’s *Planning Your Future* can be used to start opening up discussion...
 - Chris A.: **Don’t get hung up on tools. Focus on what the goals are and how to get there.**
7. Seven regional centers are testing the electronic billing modules for SDP

F. Committee vacancies

1. Ray Ceragioli has had to step down from our Self-Determination Advisory Committee because of health reasons, so we now have two vacancies.
2. Chris A.: Applications from individuals wishing to serve on this committee, are being reviewed, and the State Council on Developmental Disabilities (SCDD) committee that will decide will meet in eleven days to fill these slots.

G. Transition Fair

On April 25, Liz Cohen-Zeboulon, Deaka McClain, and Linda Chan Rapp worked a Self-Determination information table for a well-attended Transition Fair at HRC. Liz organized the table, and materials on SDP were available, including schedules for upcoming informational meetings. Also a SDP summary handout from SCDD that was available in Spanish as well as English (From Chris A. via Linda C.R.). Several referrals to upcoming HRC SDP informational meetings were made.

H. Person-Centered Trainings for HRC staff

1. All staff will be trained in person-centered planning; in fact managers will all be certified by June 2018.
2. Shalia Jones will be leading 4 hour training sessions on Person-Centered Planning.

Comment: Miriam Kang mentioned the fact that attitudes toward SDP varies. For example, one vendored provider she knows was quite negative even after she tried to dialog with her re: SDP.

- I. There will be a Managers meeting June 7-9, and Jim Knight from DDS is expected to be there. Since Waiver approval is expected 6/11/18, hopefully concrete news will be announced there.

- J. Approximately there are 3 new service coordinators added to HRC per month. New staff trainings on SDP are held monthly.

III. State Council on Developmental Disabilities Update – Chris Arroyo

A. The Los Angeles SCDD office is now fully staffed and in training. Sophie Cervantes will fill his old job.

B. Upcoming trainings being planned

1. Facilitator training – in English and Spanish, modest fee \$40. This training is not a “Facilitator Certificate” seminar, although participants will get a certificate of attendance.

2. Vendor conference – especially for smaller companies to help them get up to speed. Even though the pilot has been working for 20 years still a lot of questions are coming up that suggests there are information gaps that need to be addressed

Comments: Mary H. - I would love to be able to pick the brain of the service coordinators at East Los Angeles Regional Center who have been working with the Self-Determination pilot...

Chris A.: In 20 years of the pilot *there has been only one fair hearing and it was resolved in mediation.*

- C. Qualifications for Facilitators training coming – June; DDS still has not finalized the orientation curriculum.

Addendum: June 16, SCDD is hosting a PCP and Facilitator training in South Gate presented by Chris Arroyo, and here is a link to the flyer:

<https://drive.google.com/file/d/1fsE69XECNndFBAz0mWz5GkfZJsPjIEn4/view?usp=sharing>

IV. Person-Centered Planning: What it is and How to Do It Now – Chris Arroyo

A. Handouts:

PowerPoint notes

What is Person Centered Planning? (article)

Look Back, Look Forward: Person-Centered Planning Practice Guidelines (article)

Sample Tools:

My Plan

Relationship Map

What's Working/What's Not Working

PATH Strategic Planning

Needs and Wants

Action Plan

- B. (Note: The minutes here do not strictly duplicate the PowerPoints content but rather complement it by reflecting on the discussion and applications of the materials.) **The fundamental difference between the traditional service model and self-determination is that the traditional one is based on planning to address deficits; whereas SDP focuses on what you like, want to achieve in life, can do, preferred futures – and then focuses on and problem solves re: what things do I need to get there?**

Comments: Rosalinda G.- How do you address the need to plan for the future when parents are gone, if the client is not interested in planning?

Chris A.: You could take a job approach, and find a job relating to his passion, or work on a trajectory.

E.g., if the client wants to go to Paris, what is it that you need to do to go there? How are you going to get the money to get there? Take what the client says she likes and build from there.

Mary H.: e.g., What is it about [x] that you like so much?

- C. The team is critical – and should only include those people the SDP participant wants to be there. If not, they're out.

D. PCP basics

1. Lanterman Act says PCP is needed for self-determination and individualized person-centered planning
2. Note: PCP is a separate document from IPP (i.e., PCP always has a goal and a trajectory to that goal). A good PCP can be a powerful tool. The mood is one of celebration; and the individual identifies his goals, while the team creates a plan to make it happen. The service coordinator becomes a collaborator, and the individual defines what kind of life he wants to have and his decision making is

supported (with 2nd opinions, options, etc.)

3. PCP ≠ IPP ≠ IEP

4. In the SD Pilot, it took from 4-10 hours to work out a PCP

5. For those who need more support, looking at what she can do well can be helpful... or looking at *How do I want to spend my day?* and *How am I going to get there?*

6. Sample tools described:

Personal Futures Planning; MAPS (Making Action Plans); Essential Lifestyle Planning; Personal Passport; plus resources are given at the end

Comment: Mary H. is encouraging staff to use Person-Centered thinking at individualized person-centered plans.

V. Announcements and Public comment

Michael Kirk, sibling: Thank you – we got a lot more information.

Deaka M. will not be able to attend the June meeting (Disabled Resource Center conflict). But (finally) she has decided to put her name on the Self-Determination list for the lottery!

June 16, SCDD is hosting a PCP and Facilitator training in South Gate presented by **Chris Arroyo**, and here is a link to the flyer:

<https://drive.google.com/file/d/1fsE69XECNndFBAz0mWz5GkfZJsPjEn4/view?usp=sharing>

Next meeting: June 13, 2018, 6pm at HRC Torrance office 21231 Hawthorne Blvd.

Meeting Adjourned: 7:50 pm

Abbreviations

CMS	Centers for Medicare and Medicaid Services
DDS	Department of Developmental Services
FMS	Financial (Fiscal) Management Service
IEP	Individualized Education Plan
IPP	Individualized Person-Centered Plan
HRC	Harbor Regional Center
PCP	Person-Centered Plan
SD	Self-determination
SDP	Self-determination Program

submitted by Linda Chan Rapp

Harbor Regional Center
Service Provider Advisory Committee
June 5, 2018, 10:04 am

Members Present:

Member Name	Organization
Paul Quiroz, Chairperson	Cambrian Homecare
Brian Lockhart	Aacres
Jamie Briseno	Ability First
Harry Van Loon	ARC – Long Beach
Brandon Whitfield	Autism Spectrum Therapies
Robert Haupt	Autism Spectrum Therapies
Rhiannon Acree	Cambrian Home Health
Pam Ryan	Canyon Verde
Jazmin Zinnerman	Dungarvin
Dee Prescott	Easter Seal Southern CA
Kristine Engels	Life Steps Foundation
Patricia Flores	Life Steps Foundation
Steve Goclawski	Mentor Network
Juan Sanchez for Glenda Lang	Options for Birth and Family Services
Patty Solorzano	Oxford Services
Terri Nishimura	Pediatric Therapy Network
Angie Rodriguez	Social Vocational Services
Clare Grey	South Bay Vocational
Jessica Kalia Williams	South Bay Vocational

HRC Staff Present:

Staff Name	Title
Claudia Villegas-Avalos, Liaison	Director of Community Services
Kaye Quintero	Controller
Tes Castillo	Accounting Supervisor
Gail Parker-Yamamoto	Department Assistant, Community Services

Call to Order

Mr. Paul Quiroz called the meeting to order at 10:04 a.m.

Ms. Claudia Villegas-Avalos announced she will be leaving Harbor Regional Center. Her last day will be Friday June 15.

Presentation on HRC Resource Center

Ms. Maria Elena Walsh, Assistant Manager of the Family Resource Center encouraged members to purchase annual membership for \$25. This gives full access to all resource center materials. She presented various materials available at the HRC Family Resource Center on the topics of voter registration, low cost California identification applications, WIC benefit information, and housing rights. A new booklet regarding the Service Coordinator role is now available in multiple languages, as well as booklets on person centered planning, sign language, and cultural diversity. Members encouraged to visit the resource center.

DDS Updates

Ms. Dee Prescott shared information she has received from ARCA regarding possible reestablishment of social recreation and camp programs. Ms. Prescott reported the Holden Bill providing bridge funding of \$25M has been approved while the rate study is being conducted. She also shared the various proposals for the FY 18-19 budget, including restoration of the uniform holiday schedule.

DDS Rate Study

Ms. Kaye Quintero presented an overview of the rate study being conducted by Burns and Associates for DDS. Members were encouraged to complete the survey sent out by Burns and Associates on May 25. The deadline to submit the completed survey is July 6. Harbor Regional Center will provide informational meetings to assist providers with completing this survey, tentatively scheduled for June 13 and June 15. Additional information regarding the survey and the meetings is available on the HRC website.

Budget Update

Ms. Claudia Villegas-Avalos reported our current fiscal year projected \$6M deficit has been covered by the recent contract allocation received from DDS. The new FY 18-19 preliminary allocation figures have also been received from DDS.

Service Provider Updates

Service provider members in attendance shared events and other information regarding their respective programs.

Next committee meeting is scheduled for August 7, 2018.

Meeting adjourned at 11:52 a.m.