

San Bernardino Regional Office



San Bernardino Regional Office

685 E. Carnegie Drive,

Suite 125

San Bernardino, CA 92408

Main Office: (909) 890-1259

Fax: (909) 890-1635

E-mail:

sanbernardino@scdd.ca.gov



ACTION:



INFORMATION:

**San Bernardino
Regional Advisory Committee (RAC)
NOTICE/AGENDA**

Posted on

<http://www.scdd.ca.gov/sanbernardino.htm>

THE PUBLIC MAY LISTEN IN BY CALLING:	1-800-839-9416
PARTICIPANT CODE:	3396705

DATE: Saturday, April 13, 2018

TIME: 09:00 a.m. – 2:00 p.m.*






() ending time for these meetings is approximate and is intended solely for the purpose of travel planning.*




**LOCATION: SCDD San Bernardino Regional Office
685. E Carnegie Drive, Suite 125
San Bernardino, CA 92408**

Pursuant to Government Code Section 11123.1 and 11125(f), individuals with disabilities who require accessible alternative formats of the agenda and related meeting materials and/or auxiliary aids/services to participate in the meeting, should contact Regional Office by phone: (909) 890-1259 or e-mail: sanbernardino@scdd.ca.gov at least 5 days prior to the meeting.

[Note: Breaks will be announced as needed. Agenda items may be taken out of order to meet the Advisory Committee and its guests' needs as necessary. Action may be taken under any agenda item]

AGENDA

	9:00 am– 9:01 am	Call to Order	D. Perkins, Chair
	9:01 am– 9:02 am	Establish Quorum	D. Perkins, Chair
	9:02 am – 9:15 am	Welcome/Introductions	D. Perkins, Chair
	9:15 am – 9:20 am	Approval of Minutes <ul style="list-style-type: none"> • Saturday, February 10th, 2019 	Members
	9:20 am – 9:25 am	Handouts Provided to Committee <ul style="list-style-type: none"> • RAC Membership Guide • Council Updates (March 12, 2019) <ul style="list-style-type: none"> • Executive Summary • DC Closure Update • QA Update • Bill Summary 	SCDD Staff
	9:25 am – 9:40 am	Membership Committee Updates <ul style="list-style-type: none"> • Vacant Seats • Recruitment Efforts 	D. Perkins/SCDD Staff
	9:40 am – 10:15 am	Presentation <ul style="list-style-type: none"> • State Council on Developmental Disabilities 	Tamica Fouts-Rachal, Regional Manager
	10:15 am – 10:45 am	Presentation <ul style="list-style-type: none"> • RAC Roles and Responsibilities • Goals 	Tamica Fouts-Rachal, Regional Manager
10:45 am – 11:00 am		Break	
	11:00 am – 11:45 am	Presentation <ul style="list-style-type: none"> • Roberts Rule Basics 101 	Shannon Meehan, CPS II

	11:45 – 12:00 pm	Deputy Director of Regional Office Operations Update <ul style="list-style-type: none"> • Portrait of Services • RAC input • Systemic Issue Reporting 	Vicki Smith, Deputy Director of Regional Office Operations
12:00 pm – 12:30 pm		Break	
	12:30 pm – 1:30 pm	Presentation <ul style="list-style-type: none"> • Safe Return Program 	Greg Jones, Deputy Sheriff San Bernardino County Sheriff's Department
	1:30 pm – 1:45 pm	Systemic Issue Roundtable and Updates (3-5 minutes each Region) <ul style="list-style-type: none"> • Inyo County • Mono County • Riverside County • San Bernardino County 	Advisory Committee
	1:45 pm – 2:00 pm	<p>Public comments on matters not on the agenda: This Section is for members of the public only; and is to provide the public an opportunity to comment and/or present information to the Advisory Committee on any matter <u>that is not on the agenda</u>.</p> <p>Each public member will be afforded up to five minutes to speak (unless, otherwise allowed by the Chair). Written requests, if any, will be considered first under this section. Additionally, the Advisory Committee will provide a public comment period not to exceed 5 minutes <u>total</u> for all public comments prior to Advisory Committee action on each item that is on the agenda.</p>	
		Adjourn	D. Perkins, Chair



San Bernardino

Regional Advisory Committee (RAC)

Minutes 02/09/2019

Location: SCDD, San Bernardino Regional Office
685 E. Carnegie Drive, Suite 125
San Bernardino, CA 92408

Location: Inyo/Mono Meeting Site (satellite location)
3627 Brookside Drive
Bishop, CA. 93514

Posted on

<http://www.scdd.ca.gov/sanbernardino.htm>

Members Present

Douglas Perkins, **Chair**
Ernie Saldana
Christina Christenson-Rockwell, (satellite location Inyo/Mono) **Vice Chair**
Julio Garnica
Carmela Garnica
Maia Pawooskar, **Secretary/Member-At-Large**

Members Absent

Chris Rogel
Jordan Wright
Jilska Chandrasena
Cindy Cox (satellite location Inyo/Mono)

SCDD Staff

Vicki Smith, Deputy Director Regional Office Operations
Shannon Meehan, CPS II


Public

Teresa Bui, Parent


Meeting called to order at 10:09 am

- Quorum Established
- Welcome/Introductions

Approval of Minutes

-  - Voting on the minutes – 10/13/2018 & 01/12/2019
 - Carmela Garnica Motion to approve the minutes, Ernie Saldana 2nd's Minutes approved

Systemic Concern to report to Council

- IRC Executive Director report 1/14/2019
 - Only 19 employees hired in January 2018, 7 of those hired where Case Managers.
 - Overall caseload ratio: 76:1
-  - Direct SCDD Staff to comprise a letter of follow-up questions to Inland Regional Center regarding the caseload ratios.
 - Carmela Garnica motioned, Maia Pawooskar 2nd. Motion Passed

Report 's Provided to Committee

- Update RAC Vacant Seat Report
 - Regional Advisory Committee Member (RAC) Attendance
 - San Bernardino RAC Members not meeting the 25% attendance requirement.
 - SCDD Staff to review attendance records with RAC Chair to confirm that attendance records are correct.
- State Council Meeting Summary
 - Councilmember Kimberly Risser – Resigned. Council is actively seeking a new appointment candidate to represent the Inyo, Mono, San Bernardino and Riverside area.
 - Two New swore in Councilmembers
 - Julie Neward, a family advocate from San Diego
 - Nicole Adler, a self-advocate from Redwood City
 - SCDD Program Performance Report was presented to Council
 - 2,682,914 Californians reached.
 - Presented Governor Newsom's 2019-2020 Proposed Budget.
 - SCDD welcomes New SCDD Public Information Officer:
 - Scott Yates
 - Conflict of Interest Wavier request for the following individuals:
 - GGRC Board Member David De Lira
 - Council approved the 2018 Program Performance Report
 - Council appointed Julie Austin parent advocate as the Chair of the LPPC Committee.
 - Next Council Meeting will be March 12, 2019
- SSAN Update – No Update

Systemic Issues Roundtable

- Inyo County
 - Access to Medical Care, & Transportation, Physical access to buildings - ongoing improvements.

- Social Security Office
 - 4 Self-Advocates mailed denial letter of benefits.
 - Scheduled phone conference with SSI.
- Mono County
 - None to report at this time
- San Bernardino County
 - None to report at this time.
- Riverside County
 - Palo Verde Valley Transit services provide transportation in Blythe, but it takes you only as far as Indio. From Indio individuals have to find additional transportation to Moreno Valley, Riverside to seek Medical care at the County Hospital.
 - Housing for the Disabled Individuals - Progressive and is being addressed.

Face-to-Face Meeting

- April 13, 2019, Site Location: San Bernardino Regional Office

Self-Determination Update

- Participant Selection
 - 10/1/2018 - 2,500 Self-Advocates were chosen.
 - Inland Regional Center - 256 self-advocates selected
 - Kern Regional Center - 95 self-advocates selected
- Train the Trainer Self-Determination
 - San Gabriel Pomona Regional Center on 02/25/2019
- Statewide Self-Determination Advisory Committee meeting will be held on February 21, 2019 in San Diego.

Public Comments on Matters Not on the Agenda

- Ernie Saldana suggested possibly - Starting an Annual Regional Advisory Committee Local Strategic Plan.

Future Items/Topics

- Robert's Rules
- Bagley Keene
- By Laws
- Purchase of Services (POS) Survey

Announcements

- None

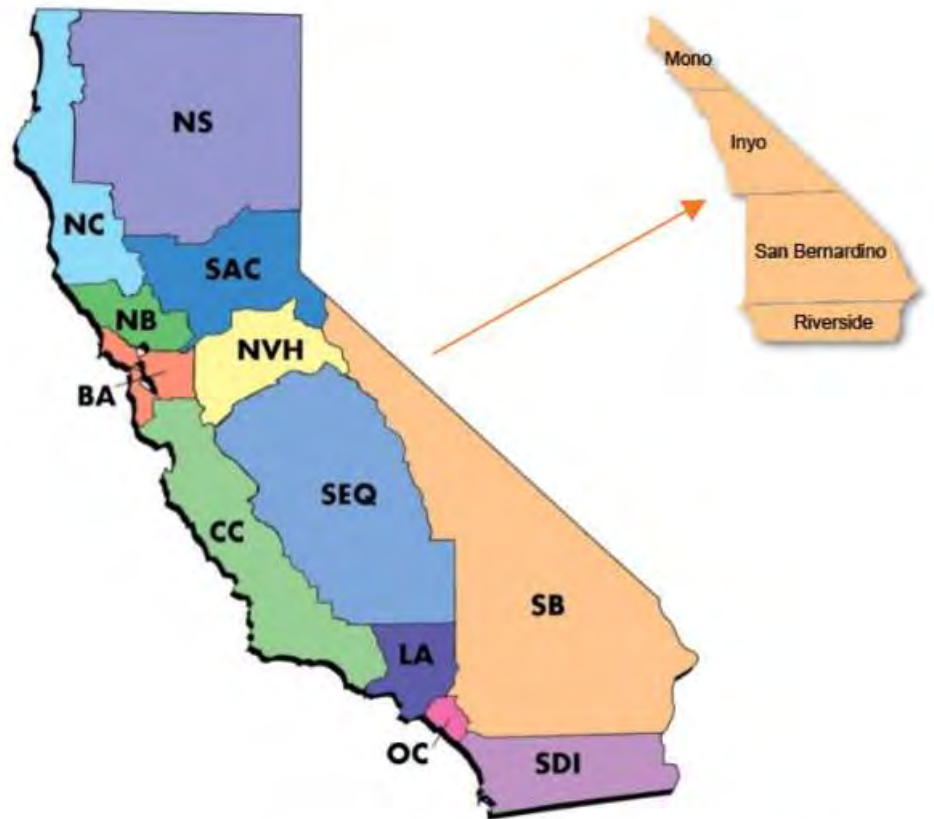
Next Meeting

- Face-to-Face meeting April 13, 2019 at SCDD San Bernardino Regional Office
 - Carmela Garnica Motion, Ernie Saldana 2nd Motion Passes.

Meeting adjourn

- 11:46am

REGIONAL OFFICE OVERVIEW



San Bernardino Regional Office 12



Our Federal Partners

University Centers for Excellence in Developmental Disabilities (UCEDD)

at USC, UCLA, and UC Davis serve communities through research, public policy analysis, information and training, continuing education, and demonstration models.

Disability Rights California (DRC)

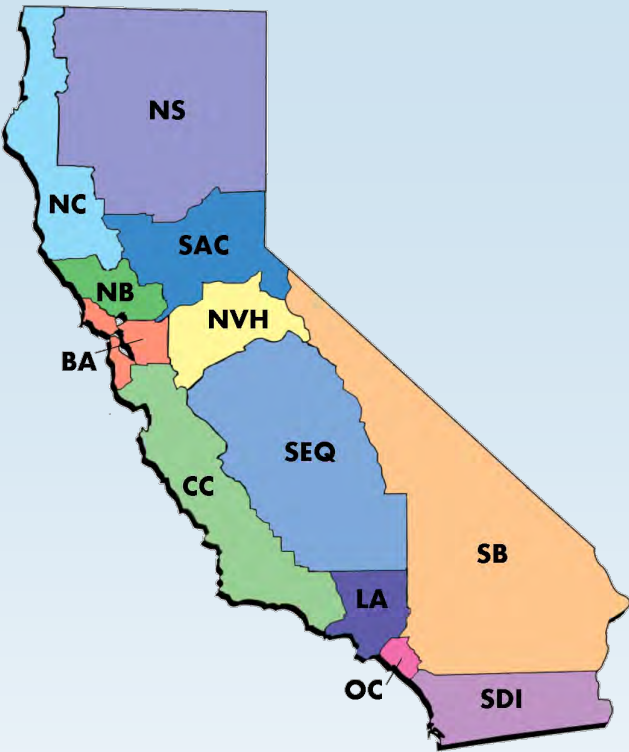
protects the personal and civil rights of people with disabilities through advocacy, litigation, training, and technical assistance.

Our Funding Source

The ***Administration on Intellectual and Developmental Disabilities (AIDD)*** supports work that shapes attitudes, raises expectations, changes systems and empowers people with disabilities to live the lives they imagine for themselves. AIDD provides support to State Councils in every state and territory in the United States.

Regional Offices

- NC North Coast** (707) 463-4700
Counties Served: Del Norte, Humboldt, Lake, Mendocino
- NS North State** (530) 895-4027
Counties Served: Butte, Glenn, Lassen, Modoc, Plumas, Tehama, Trinity, Shasta, Siskiyou
- SAC Sacramento** (916) 263-3085
Counties Served: Alpine, Colusa, El Dorado, Nevada, Placer, Sacramento, Sutter, Yolo, Yuba, Sierra
- NB North Bay** (707) 648-4073
Counties Served: Napa, Solano, Sonoma
- BA Bay Area** (510) 286-0439
Counties Served: Alameda, Contra Costa, Marin, San Francisco, San Mateo
- NVH North Valley Hills** (209) 473-6930
Counties Served: Amador, Calaveras, San Joaquin, Stanislaus, Tuolumne
- CC Central Coast** (408) 324-2106
Counties Served: Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Clara, Santa Cruz, Ventura
- SEQ Sequoia** (559) 222-2496
Counties Served: Fresno, Kern, Kings, Madera, Mariposa, Merced, Tulare
- LA Los Angeles** (818) 543-4631
County Served: Los Angeles
- OC Orange County** (714) 558-4404
County Served: Orange
- SB San Bernardino** (909) 890-1259
Counties Served: Inyo, Mono, Riverside, San Bernardino
- SDI San Diego and Imperial** (619) 688-3323
Counties Served: Imperial, San Diego



SCDD

*Helping Californians
with intellectual and
developmental disabilities
to achieve self-determination,
independence, productivity,
and inclusion*


Headquarters

**3831 North Freeway Blvd, Ste.125
Sacramento, CA 95831
(916) 322-8481 (866) 802-0514
TTY: (916) 324-8420
council@scdd.ca.gov
www.scdd.ca.gov**





What is the State Council on Developmental Disabilities?




The State Council on Developmental Disabilities (SCDD) is established by state and federal law as an independent state agency to ensure that people with developmental disabilities and their families receive the services and supports they need.

SCDD is made up of 31 people appointed by the Governor. Self-advocates and family members represent at least 60 percent of the Council, and the other members are representatives of agencies that are part of the service network for people with developmental disabilities. SCDD meets at least six times a year, and carries out its mission through staff and regional offices.

What Does the State Council Do?

People with disabilities and their families know best what they need. We support them through systems advocacy at the State, County and local levels. We provide training and information on rights and strategies for accessing the service system.

Always on the lookout for innovation, we work diligently to spread the best ideas in service provision throughout our state. Our aim is to provide people with the tools they need to be fully included in our communities and supported in living lives of their own choosing.



Areas of Focus

- ♦ Self-Advocacy
- ♦ Self-Determination
- ♦ Employment
- ♦ Inclusion
- ♦ Accessibility
- ♦ Community Outreach and Engagement
- ♦ Training
- ♦ System Change Advocacy
- ♦ Technical Assistance
- ♦ Interagency Collaboration and Coordination
- ♦ Citizen Participation

Community Program Development Grants

SCDD Community Program Development Grants have been awarded throughout the state to build and improve services for

Californians with intellectual and developmental disabilities and their families.

These grants support the development of new approaches in service delivery as a strategy for systemic change. Grants are awarded annually to address selected State Plan objectives. For more information on SCDD grants, visit www.scdd.ca.gov.

Offices

SCDD has a headquarters in Sacramento and 12 Regional Offices throughout the State. These offices provide systemic advocacy to communities, contribute to capacity building, and identify problems of statewide significance.



www.scdd.ca.gov

Issue Advisory/Request Form

RAC Contact:	Regional Office:	Action/Request Question Information	Submission Date:
Relevant Goal Area:		Funds Requested:	Yes No
		Amount Requested:	
Collaborators: University Centers of Excellence DD Disability Rights California DDS			
Others (Please list):			
Attachments (Please describe):			Yes No
Legislation:	Assembly (AB)	Bill Number:	Author:
	Senate (SB)		
Narrative of Issue/Request/Question/Information or Description of Legislation:			
Recommended Outcome(s):			
Time-sensitive issue		Response needed by:	
Council/Staff Action:			
Area of Responsibility:	Personnel Routing:	Committee Routing:	

Attachments (cont.)

Narrative (cont.)

Recommended Outcome(s) (cont.):

Council/Staff Action (cont):

Per the CalHR [PML 2011-044](#), all business travel that is paid for by the state via transportation contract (e.g. car rental, airline) must also be documented on the [Travel Expense Claim \(STD. 262A\)](#) indicating the payment method as *department paid*.

AIR TRAVEL

Program Managers or their delegated authority are responsible for booking airfare via Concur using the *guest traveler* option or by contacting the CalTravelStore. Per the CalHR [PML 2011-044](#), all business travel that is paid for by the state via transportation contract (e.g. car rental, airline) must also be documented on the STD. 262A indicating the payment method as *department paid*.

NOTE: The least-costly option when parking at airports should be used. However, if a department determines that additional parking costs are in the best interest of the state, a justification explaining the business need must be submitted with the STD. 262A.

EXPENSE CLAIMS

The non-state employee is responsible for submitting a STD. 262A form with ***original itemized*** receipts in order to be reimbursed. All travel and business expenses are to be incurred as a result of conducting state business and are subject to review/verification by CDSS. Any expenses that are *department paid* should be clearly indicated on the claim. In addition, a current [Payee Data Record \(STD. 204\)](#) must be on file with ADB and should include the non-state employee's personal information for tax reporting purposes.

It is the Program Manager's responsibility to ensure that all expenses being claimed do not exceed the rates of non-represented employees and that "department paid" expenses are clearly indicated on the STD 262A.

RECEIPTS

The STD. 262A should be sent to the CDSS Policy Management Unit at M.S. 9-5-27 with ***original itemized receipts*** and receipts smaller than 8 ½ by 11 inches must be taped to an 8 ½ by 11 sheet of paper. The receipt must show the expense and no balance due. Receipts are required for:

- Street car, ferry, bridge and road tolls, transit, taxi, shuttle or hotel bus and non-continuous parking such as airport parking over \$10.00
- Airfare, lodging and rental cars
- Gasoline (prepayment receipts will not be accepted).

- All business expenses
 - Per CalHR Rule 599.616.1(d), business expenses consist of phone calls and telegrams; emergency clothing, equipment or supply purchases; and all other charges necessary to the completion of official business. Any emergency purchase shall be explained, and if over \$25 must be approved by the agency head, deputy, or chief administrative officer.

Important: Non-state employees are responsible for retaining receipts in the event of a personal tax audit.

IMPORTANT TRAVEL LINKS:

CDSS Travel Services Web Page (Internal)

<http://www.dss.ca.gov/dsssource/PG2228.htm>

For direct links and travel forms

California Department of Human Resources Travel Reimbursements

<http://www.calhr.ca.gov/employees/Pages/travel-reimbursements.aspx>

Department of General Services Renting a Vehicle

<http://www.dgs.ca.gov/travel/Home.aspx>

**Accounting Disbursements Bureau
Travel and Payroll Unit
744 P Street, MS 9-5-27
Sacramento, CA 95814
(916) 653-1862**

This brochure should be used as a guide only. Contact the Accounting Disbursements Bureau, Policy Management Unit for additional details.

CDSS POCKET GUIDE FOR NON-STATE EMPLOYEE TRAVEL

A Summary of the State of
California Policies and Rules
for Non-State Employee
Travel Administered by the
California Department of
Human Resources (CalHR)



December 2018

OVERVIEW

Non-state employees are individuals who are not state employees that bring an area of expertise to the state. The individual's service may be contracted or non-contracted. These individuals could be statutory or non-statutory Board members, salaried/non-salaried consultants, volunteers or attendants for disabled employees. Reimbursement for necessary travel should not exceed the rates established for non-represented employees (see [Personnel Management Liaisons \[PML\] MM 86-01](#) for further details).

If the trip is expected to last more than 30 days, please refer to the CDSS Pocket Guide for Long-Term Assignments (Non-State Employees).

PROCEDURE

Prior to the non-state employee traveling, the Program Manager is responsible for submitting the following required documents to the Accounting Disbursements Bureau (ADB) at M.S. 9-5-27:

- Memo from the Program's Bureau Chief to the ADB Chief includes the following:
 - Non-state employee name and address
 - Role of the non-state employee, including a specific explanation of the benefit to the Department
 - Estimate of total travel expenses
 - Funding source (program cost account)
- Copy of contract (if applicable)
- Method of travel cost comparison analysis on a word document (if applicable).
- [Excess Lodging Rate Request/Approval \(STD. 255C\)](#) and [Short-Term Vehicle Justification Form](#) (if applicable)
- Memo for 50-mile exception request per the [PML 2011-044](#) (if applicable)

Approval by ADB must be obtained before any travel cost is incurred.

Note: If there are non-travel related expenses that total more than \$1,000.00, a contract may be required.

Important: Program Managers or delegated authority must make all travel arrangements (airfare, hotel, car rental and rail) through the Department of General Services' (DGS) Statewide Travel Program (STP) using Concur or by contacting the CalTravelStore per the [DGS Management Memo #MM 14-03](#).

LODGING REIMBURSEMENT RATES (Maximum rate per night, plus tax)

County	Old rate	New rate (effective 4-1-17)
Alameda	\$125.00	\$140.00
Los Angeles	\$120.00	\$120.00
Marin	\$90	\$110.00
Monterey	\$125.00	\$125.00
Napa	\$95.00	\$95.00
Orange	\$120.00	\$120.00
Riverside	\$95.00	\$95.00
Sacramento	\$95.00	\$95.00
San Diego	\$125.00	\$125.00
San Francisco	\$150.00	\$250.00
San Mateo	\$125.00	\$140.00
Santa Clara	\$125.00	\$140.00
City of Santa Monica	\$150.00	\$150.00
Ventura	\$120.00	\$120.00
All others	\$90.00	\$90.00

Reimbursement will be for *actual expense, supported by a receipt, up to the maximum rate*. Refer to CalHR [PML 2016-010](#) for more information. Rates are subject to change.

EXCESS (HIGHER) LODGING

If the non-state employee is unable to obtain commercial lodging at the state rate, then the non-state employee can request an excess lodging rate approval prior to leaving for the trip. A STD. 255C must be submitted to ADB at MS 9-5-27 for final approval at least **10 business days prior** to the trip.

MEALS AND INCIDENTALS

Meals and Incidentals	Maximum Rate
Breakfast	\$ 7.00
Lunch	\$11.00
Dinner	\$23.00
Incidentals	\$ 5.00

TIME FRAMES

FRACTIONAL DAY: AFTER 24-HOURS OF TRAVEL

To Claim	Trip Begins	Trip Ends
Breakfast	at or before 6 am	at or after 8 am
Lunch	at or before 11 am	at or after 2 pm
Dinner	at or before 5 pm	at or after 7 pm

FRACTIONAL DAY: TRIP LESS THAN 24-HOURS

To Claim	Trip Begins	Trip Ends
Breakfast	at or before 6 am	at or after 9 am
Lunch	NOT ALLOWED	
Dinner	at or before 4 pm	at or after 7 pm

Reimbursement will be for *actual expense, supported by a receipt, up to the maximum rate* for each 24-hour period. Refer to CalHR [PML 2016-010](#) for more information. Full meals included in airfare, hotel or conference fees, or otherwise provided may not be claimed for reimbursement. Rates are subject to change

TRANSPORTATION

Reimbursement for transportation expenses will be only for the method of transportation that is in the best interest of the state considering both direct expense and the non-state employee's time. When a non-state employee chooses a method of transportation that is **not** considered to be in the best interest of the state, reimbursement will be at the lower amount. A cost comparison form on a word document will be required if the least expensive mode of transportation was not used.

MILEAGE REIMBURSEMENT RATES

A current [Authorization to Use Privately Owned Vehicles on State Business \(STD. 261\)](#) is required if the non-state employee uses a personal vehicle.

Mode of Transportation	Cents per Mile
Personal Automobile	
Effective January 1, 2018	\$0.545
Effective January 1, 2017	\$0.535
Bicycle	\$0.040
Motorcycle	NONE

RENTAL VEHICLES

Program Managers or delegated authority will be responsible for booking rental vehicles from Enterprise via Concur using the *guest traveler* option (a request must be submitted to the ADB to add this option to your Concur profile) or by contacting the CalTravelStore. The non-state employee is responsible for refueling the vehicle prior to returning it per the [Department of General Services Travel Bulletin #14-01](#). If the vehicle rental exceeds the short-term daily rate of \$33.96 or a refueling charge was incurred, a Short-Term Vehicle Justification Form must be submitted to ADB. Reimbursement will be based on validity of justification and discretion of the ADB.

Regional Offices and Regional Advisory Committee Information

California Welfare and Institution Code

WELFARE AND INSTITUTIONS CODE

SECTION 4543-4548

- 4543. (a) Because of the vast size, complexity, and diversity of the State of California, the Legislature finds that the planning activities of the State Council on Developmental Disabilities depend upon the direct involvement of local representatives familiar with the structure and operation of services and programs for persons with developmental disabilities. The Legislature further finds that the legal, civil, and service rights of persons with developmental disabilities cannot be adequately guaranteed throughout the state, and the state plan cannot be implemented, unless monitoring responsibility is established on a regional basis through regional office on developmental disabilities.

(b) For administrative purposes and to ensure compliance with federal and state laws, the regional office shall be attached to the state council.

- 4544. The regional office in existence as of January 1, 2003, shall continue to exist, within the same geographic regions of the state after January 1, 2003, but shall thereafter be constituted and shall operate according to this article.
- 4545. The State Council on Developmental Disabilities shall periodically conduct a thorough review of the geographic boundaries served by regional office to determine whether existing regional offices boundaries should be changed, or additional regional office should be established to more effectively implement this division. In conducting

Regional Offices and Regional Advisory Committee Information

this review, the state council shall seek input from regional office, persons with developmental disabilities, family members, service providers, advocates, and other interested parties. Prior to recommending the establishment of new geographic boundaries, the state council shall hold a public hearing within any existing regional offices geographic area affected by the proposed change. The state council shall submit to the Governor and the Legislature any recommendations for changes in regional offices boundaries or recommendations that additional regional office be established. Any regional offices established after January 1, 2003, shall nominate a member to be appointed by the Governor as a voting member of the state council pursuant to Section 4521.

- 4546. After January 1, 2003, regional office shall be comprised as follows:

(a) For areas consisting of one to four counties, the regional offices shall consist of a total of 12 voting members appointed by the governing bodies of the counties, each county appointing an equal number of voting members, and five voting members appointed by the Governor.

(b) For areas consisting of five to seven counties, the regional offices shall consist of two voting members appointed by the governing body of each county, and five voting members appointed by the Governor.

(c) For areas consisting of eight or more counties, the regional offices shall consist of one voting member appointed by the governing body of each county, and five members appointed by the Governor. Of the members first appointed, five shall serve for one year, five shall serve for two years, and the remaining members shall serve for three years. Subsequent members shall serve for three years. In counties

Regional Offices and Regional Advisory Committee Information

with a population of more than 100,000, no member shall serve more than two consecutive three-year terms.

(d) The governing bodies of the counties in each area shall select their appointees from among the following groups, and, to the extent feasible, in the following proportions:

(1) Sixty percent from persons with developmental disabilities or the immediate relatives, guardians, or conservators of these persons.

(2) Forty percent from representatives of the general public.

(e) The appointments made by the Governor shall meet the requirements of paragraph (1) of subdivision (b) of Section 4521.

(f) (1) Prior to making their appointments, the Governor and the governing bodies of counties shall request recommendations from professional organizations, from organizations within the area representing persons with developmental disabilities, and from organizations and agencies within the area that deliver services to these individuals.

(2) In making their appointments, the Governor and the governing bodies of counties shall appoint persons who have demonstrated interest and leadership in human service activities.

(g) (1) In order to prevent any potential conflicts of interest, voting members of regional office shall not be employees of a state, local, or private agency or facility that provides service to a person with a developmental disability, or be members of the governing board of any entity providing this service, when the service is funded in whole or in part with state funds.

Regional Offices and Regional Advisory Committee Information

(2) For purposes of this section "employees of a state, local, or private agency or facility that provides services to a person with a developmental disability" shall not be deemed to include any of the following:

(A) A parent, relative, guardian, or conservator who receives public funds expressly for the purpose of providing direct services to his or her child, relative, ward, or conservatee, respectively, who is a person with a developmental disability.

(B) A person with a developmental disability who receives employment services through a provider receiving state or federal funds.

(C) A person who serves as a member of the state council.

(h) The Governor shall give consideration to the relative populations of the counties within the area in selecting appointees to the regional office.

(i) A member may continue to serve following the expiration of his or her term until the Governor or appointing body of the county appoints that member's successor. The state council shall notify the Governor or the appointing body of the county regarding membership requirements of the regional office and shall notify the Governor or the appointing body of the county at least 60 days before a member's term expires, and when a vacancy on an regional offices remains unfilled for more than 60 days.

(j) All members of the regional offices shall be residents of the area.

(k) The members of an regional offices shall serve without compensation, but shall be reimbursed for any actual and necessary

Regional Offices and Regional Advisory Committee Information

expenses incurred in connection with the performance of their duties as members of the board or of committees established by the board.

- 4547. (a) Each regional offices shall meet at least quarterly, and on call of the board chairperson, as often as necessary to fulfill its duties. All meetings and records of the regional offices shall be open to the public.

(b) (1) Each regional offices shall, by majority vote of the voting members, elect its own chairperson from among the appointed members who are persons with developmental disabilities, or parents, immediate relatives, guardians, or conservators of these persons, and shall establish any committees it deems necessary or desirable. The board chairperson shall appoint all members of committees of the regional offices.

(2) A regional office may call upon representatives of all agencies receiving state funds, for assistance and information, and shall invite persons with developmental disabilities, their parents, immediate relatives, guardians, or conservators, professionals, or members of the general public to participate on regional offices committees.

(3) When convening any task force or advisory group, the regional offices shall make its best effort to ensure representation by consumers and family members representing the community's multicultural diversity.

- 4548. (a) Regional office shall locally assist the state council with the implementation of subtitles A and B of Title I of Public Law 106-402 (42 U.S.C. Sec. 15001 et seq.).

Regional Offices and Regional Advisory Committee Information

(b) Regional office shall protect and advocate the rights of all persons in the area with developmental disabilities.

(c) Regional office shall conduct capacity building activities and provide advocacy for systemic change.

(d) (1) The regional offices shall have the authority to pursue legal, administrative, and other appropriate remedies to ensure the protection of the legal, civil, and service rights of persons who require services or who are receiving services in the area. In carrying out this responsibility, regional office may appoint a representative to assist the person in expressing his or her desires and in making decisions and advocating his or her needs, preferences, and choices, where the person with developmental disabilities has no parent, guardian, or conservator legally authorized to represent him or her and the person has either requested the appointment of a representative or the rights or interests of the person, as determined by the regional offices, will not be properly protected or advocated without the appointment of a representative.

(2) Where there is no guardian or conservator, the person's choice, if expressed, including the right to reject the assistance of a representative, shall be honored. If the person does not express a preference, the order of preference for selection of the representative shall be the person's parent, involved family member, or a volunteer selected by the regional offices. In establishing these preferences, it is the intent of the Legislature that parents or involved family members shall not be required to be appointed guardian or conservator in order to be selected. Unless the consumer expresses otherwise, or good cause otherwise exists, the request of the parents or involved family members to be appointed the representative shall be honored.

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(3) Where appropriate pursuant to this section, the regional offices shall appoint a representative to advocate the rights and protect the interests of a person residing in a developmental center for whom community placement is proposed pursuant to Section 4803.

(4) The regional offices shall identify any evidence of the denial of these rights, shall inform the appropriate local, state, or federal officials of their findings, and shall assist these officials in eliminating all forms of discrimination against persons with developmental disabilities in housing, recreation, education, health and mental health care, employment, and other service programs available to the general population.

(e) Regional office shall conduct, or cause to be conducted, public information programs for consumers, families, professional groups, and for the general public, to increase professional and public awareness of prevention and habilitation programs, and to eliminate barriers to social integration, employment, and participation of persons with developmental disabilities in all community activities.

(f) Regional office shall encourage and assist in the establishment or strengthening of self-advocacy organizations led by individuals with developmental disabilities.

(g) (1) To the extent that resources are available, regional office shall review the policies and practices of publicly funded agencies that serve or may serve persons with developmental disabilities, to determine if the programs are meeting their obligations under local, state, and federal laws. A regional center may notify the regional offices when the regional center believes a publicly funded program is failing to meet its obligations in serving persons with developmental disabilities. The regional center may provide the regional offices with a

Regional Offices and Regional Advisory Committee Information

comprehensive summary of the issues and the statute or regulation alleged to be violated. If the regional offices finds that the agency is not meeting its obligations, the regional offices shall inform the director and the managing board of the noncomplying agency, in writing, of its findings.

(2) Within 15 days, the agency shall respond, in writing, to the regional offices findings. Following receipt of the agency's response, if the regional office continues to find that the agency is not meeting its obligations, the regional offices shall pursue informal efforts to resolve the issue.

(3) If, within 30 days of implementing informal efforts to resolve the issue, the regional office continues to find that the agency is not meeting its obligations under local, state, or federal statutes, the regional offices shall conduct a public hearing to receive testimony on its findings.

(4) If the problem has not been resolved within 30 days following the public hearing, the regional offices may provide the state council with its findings and may request authorization to initiate legal action. An regional offices shall not initiate legal action without prior authorization from the state council. However, the regional offices may assist any other person, agency, or organization that may pursue litigation related to the regional offices findings.

(5) The executive director of the state council shall review the findings developed pursuant to this subdivision and may conduct additional fact-finding investigations. The executive director shall report his or her findings to the state council within 30 days and shall recommend a course of action to be pursued by the council, the regional offices, or other state administrative or legislative officials.

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(6) The state council shall review the report of the executive director and shall take any action it deems necessary to resolve the problem. If the state council authorizes the regional offices to initiate legal action, the state council shall make legal assistance available to the regional offices pursuant to the legal services provisions of Public Law 106-402 (42 U.S.C. Sec. 15001 et seq.).

(h) Regional office shall encourage the development of needed services and supports of good quality that do not result in duplication, fragmentation of services, and unnecessary expenditures. Prior to providing additional funds for major expansion of existing programs, creation of new programs, or establishment of pilot projects to test new methodologies of service delivery for persons with developmental disabilities within an regional offices catchment area, the department or regional center, as appropriate, shall consult with the regional offices regarding the appropriateness of those program developments.

(i) In carrying out their review functions, regional office shall solicit the advice of knowledgeable professionals, consumers, and consumer representatives about problems within the service delivery system in the region. In enacting this article, it is the intent of the Legislature that the regional office may not duplicate the functions assigned to other agencies that are routinely responsible for monitoring, regulating, or licensing programs for persons with developmental disabilities. Regional office may call upon these agencies for information and assistance in order to carry out their responsibilities more effectively. Unless otherwise prohibited by law, these agencies shall provide information requested by the regional office, and shall cooperate fully in complying with all reasonable requests for assistance.

(j) (1) Regional office shall remain informed about the quality of services in the area, and shall inform appropriate state and local

Regional Offices and Regional Advisory Committee Information

licensing agencies of alleged fire, safety, health, or other violations of legally established standards, in any facility providing service to persons with developmental disabilities, that may be brought to the attention of the regional offices.

(2) If a regional offices receives evidence of criminal misconduct by an individual or agency funded in whole or in part with state funds under this division, the regional offices shall immediately inform appropriate public safety agencies about the alleged misconduct.

(k) (1) Regional office shall cooperate with county coordinating councils on developmental disabilities, other regional planning bodies, and consumer organizations in the area. Regional office shall comply with the reasonable requests of these groups and may request the assistance of the groups in carrying out regional offices responsibilities.

(2) The governing body of any county within the area may request that the regional offices study or investigate programs in the county for persons with developmental disabilities. The regional offices shall cooperate with county governments to the fullest extent possible within the limitations of the resources of the board.

(l) Each regional office shall submit to the state council a summary of its activities and accomplishments in the previous year. The state council, in consultation with regional office, shall determine the timing of, and format for, this summary.

(m) It is the intent of the Legislature that regional office shall maintain local discretion in conducting their advocacy activities. The state council shall not direct the advocacy activities of the regional office, except when specifically authorized by law, or when necessary to ensure compliance with federal requirements.



ADMINISTRATION ON
INTELLECTUAL AND
DEVELOPMENTAL
DISABILITIES



Administration for Community Living, U.S. Department of Health and Human Services
<http://transition.acf.hhs.gov/programs/aidd>

Fact Sheet: State Councils on Developmental Disabilities

State Councils on Developmental Disabilities (Councils) are federally funded, self-governing organizations charged with identifying the most pressing needs of people with developmental disabilities in their state or territory. Councils are committed to advancing public policy and systems change that help these individuals gain more control over their lives.

The 56 Councils across the United States and its territories work to address identified needs by conducting advocacy, systems change, and capacity building efforts that promote self-determination, integration, and inclusion. Key activities include conducting outreach, providing training and technical assistance, removing barriers, developing coalitions, encouraging citizen participation, and keeping policymakers informed about disability issues.

Diverse Council Membership

Council members are appointed by a state's governor; by law, more than 60 percent of a Council's membership must consist of individuals with developmental disabilities or their family members. Advocates and state agency representatives also serve as members. This diversity enables Councils to better analyze and improve systems and services within a state and ensure that the voices of people with developmental disabilities and their families are heard.

In FY 2011, Councils reported that:

- *26,063 students received education and support needed to reach their educational goals*
- *2,122 adults obtained jobs of their choice*

FY 2012 appropriations provided \$74,774,000 to support Councils.

Empowerment through Self-Advocacy

Councils focus on empowering individuals through activities that teach self-advocacy skills and support self-determination. By empowering individuals and their families to both advocate for themselves and seek long-term solutions through systems change, Councils are creating an environment of self-sufficiency, self-determination, inclusion, and acceptance. Councils also play a critical role in quality assurance and as innovators in the development of person-centered systems.

State-Level Planning and Goal Implementation

To serve their communities, Councils design 5-year state plans that address new ways of improving service delivery. To implement the state plans, Councils work with different groups in many ways, including educating communities to welcome people with developmental disabilities, funding projects to show new ways that people with disabilities can work, play, and learn, and seeking information from the public and from state and national sources.



Disability Federal Definition

The current definition under the DD Act (adopted in 2000) defines “developmental disability” as a **severe, chronic disability of an individual that:**

“(i) is attributable to a mental or physical impairment or combination of mental and physical impairments;

(ii) is manifested before the individual attains age 22;

(iii) is likely to continue indefinitely;

(iv) results in substantial functional limitations in 3 or more of the following areas of major life activity:

- (I) Self-care.
- (II) Receptive and expressive language.
- (III) Learning.
- (IV) Mobility.
- (V) Self-direction.
- (VI) Capacity for independent living.
- (VII) Economic self-sufficiency; and

(v) reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.”

Glossary of Terms, Phrases & Acronyms Used in the California Disability Services Systems

Provided by

**The Senate Select Committee on Autism
& Related Disorders**



DARRELL STEINBERG
CHAIR

MEMBERS

ELAINE K. ALQUIST
TOM BERRYHILL
ELLEN CORBETT
LOU CORREA
KEVIN DE LEÓN
MARK DESAULNIER
BOB DUTTON
BILL EMMERSON
NOREEN EVANS
JEAN FULLER
TED GAINES
ED HERNANDEZ
MARK LENO
CAROL LIU
ALEX PADILLA
FRAN PAVLEY
CURREN D. PRICE, JR.
JUAN VARGAS
LOIS WOLK

STATE CAPITOL
ROOM 415
SACRAMENTO, CA 95814
TEL (916) 651-4189
FAX (916) 327-8867

LOUIS A. VISMARA, MD
POLICY CONSULTANT

MARK A. TEEMER, JR.
ASSISTANT

WWW.SENATE.CA.GOV/AUTISM

California Legislature
Senate Select Committee
on
Autism & Related Disorders



FOREWORD

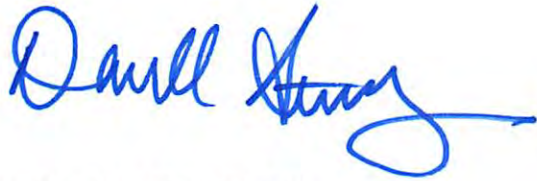
Individuals with autism and other developmental disabilities are served by a complex and wide array of services and programs. At times, the terminology and jargon associated with these supports can be rather mystifying. Therefore, The Senate Select Committee on Autism & Related Disorders is pleased to provide an overview of the terms, phrases, and acronyms that are frequently used in discussing systems of care for autism and other developmental disabilities.

This compendium is dedicated to the numerous individuals with autism and their families who have contributed to the efforts of the Senate Select Committee on Autism & Related Disorders. Their tireless efforts and advocacy have inspired and truly energized the work of this committee. On behalf of all of my fellow Senators, please accept our deepest appreciation and admiration.

I want to thank all of the Regional Autism Taskforce members who have supported the work of our committee during the past three years. I am grateful to Dr. Janis White, Dr. Richard Rosenberg, Ms. Linda O'Neal and Ms. Sandi Soliday who spearheaded this project. With deep appreciation, I also acknowledge the important contributions of the members of the Autism Employment Ad-Hoc Workgroup, the Alameda County Developmental Disabilities Planning and Advisory Council, and the staff support of special assistant to the committee Mr. Mark Teemer Jr.

Please know that the Senate Select Committee is dedicated to improving the lives of individuals with autism and related disorders. Additional information about the committee and its members is available at www.senate.ca.gov/autism . Do not hesitate to contact us if we can provide future assistance.

Sincerely,

A handwritten signature in blue ink, appearing to read "Darrell Steinberg", with a stylized, flowing script.

DARRELL STEINBERG

President pro Tempore

Chairman, Senate Select Committee on Autism & Related Disorders

A Glossary of Terms and Phrases

Abilify – The brand name for aripiprazole, an antipsychotic medication approved by the FDA in 2009 for treatment of irritability, mood disturbance, and aggression in children 6-17 years old with autism spectrum disorder. Also used for treatment of bipolar disorder and schizophrenia.

Accessibility - An architectural feature, which allows people who use wheelchairs to get in and around buildings. A building that is accessible is free of architectural barriers.

Accreditation - The process of assessing a service provider for compliance with a set of written quality standards for services that have been established by a recognized independent, non-profit organization whose goals are to enhance and ensure the quality of services in given service-delivery areas.

Accreditation Council on Services for People with Disabilities (The Accreditation Council) - A national organization that establishes standards to be met in the provision of services for individuals with developmental disabilities.

Adaptive Behavior - The ability of an individual to successfully function in his environment with responsibility and independence as expected by his age and cultural group.

Adderall - A medication made up of a combination of stimulants which is commonly used as part of a total treatment program to control Attention Deficit Hyperactivity Disorder (ADHD). Brand name for *amphetamine-dextroamphetamine*.

Adult Development Center - A day program that serves people who need assistance to learn basic self-help, communication and socialization skills for movement toward vocational independence. In practice, these programs are often segregated but need not to be.

Advocacy - Helping to represent the interests of another as if they were one's own. People who do this are known as advocates.

Age Appropriate - Consideration of the chronological age of the person in the use of activities, instructional locations and techniques.

Akathisia - Restlessness and possibly increased motor activity (which can be hard to judge in those who are already hyperactive); among the extrapyramidal side effects sometimes resulting from use of conventional antipsychotic medications.

Ambulatory - A person who can move about independently without mechanical assistance is a person who is ambulatory.

Americans with Disabilities Act (ADA) - This statute, enacted in 1992, gives civil rights protections to individuals with disabilities that are like those provided to individuals on the basis of race, sex, national origin, and religion. It guarantees equal opportunity for individuals with disabilities in employment, public accommodations, transportation, State and local government services and telecommunications.

Amphetamine-Dextroamphetamine - A medication made up of a combination of stimulants which is commonly used as part of a total treatment program to control Attention Deficit Hyperactivity Disorder (ADHD). Generic name for Adderall.

A Normalization and Development Instrument (A.N.D.I.) – A tool designed by the Department of Developmental Services to screen and evaluate the effectiveness and basic quality of day and residential programs according to normalization standards.

Anticonvulsants - Medications used to control seizures, which are defined as the physical results of abnormal electrical discharges in the brain and can include convulsions, sensory disturbances, or loss of consciousness. Some of these medications are also used to stabilize mood.

Antioxidant - Any substance that reduces oxidative damage. Such damage occurs when molecules in the body that do not have a balanced number of protons and electrons -- called free radicals--"steal" an electron from another molecule to achieve balance and stability in what becomes a damaging chain reaction. Antioxidants, such as Vitamins C and E, help by "donating" electrons to molecules that lack one in a non-damaging way that stops the chain-reaction.

Antipsychotic Medications - Psychiatric medications that are sometimes used in the treatment of autism spectrum disorders to help minimize irritability, aggression, and mood swings. There are two basic types of antipsychotic medications: atypical and conventional.

Applied Behavior Analysis (ABA) – Behavior analysis is a scientific approach to understanding behavior and how it is affected by the environment. "Behavior" refers to all kinds of actions and skills (not just misbehavior) and "environment" includes all sorts of physical and social events that might change or be changed by one's behavior. The science of behavior analysis focuses on principles (that is, general laws) about how behavior works, or how learning takes place. When a behavior is followed by something that is valued (a "reward"), that behavior is likely to be repeated. Through decades of research, the field of behavior analysis has developed many techniques for increasing useful behaviors and reducing those that may be harmful or that interfere with learning. Applied behavior analysis (ABA) is the use of those techniques and principles to address important problems, and to bring about meaningful behavior change. ABA is a common therapy for individuals with autism.

Architectural Barrier - A feature of a setting that prevents or impedes people with disabilities from using it. When these barriers are removed, the setting is said to be "barrier free" and implies full accessibility.

Area Boards - The Area Board is a Federally and State funded organization that provides, among other things, advocacy supports to families who have children receiving special education services and supports from school districts as well as those who

receive services from the regional center system. The 13 local area boards are an integral part of the State Council on Developmental Disabilities, assisting families and individuals with advocacy, training, coordination and implementation of a local Strategic Plan as well as the Council's State Plan.

Area Work Incentive Coordinator (AWIC) - Social Security Administration District Office Management Staff who provide information and services related to SSA's employment support programs. They also facilitate solutions to work incentive related problems with local SSA Offices.

Aromatherapy - A holistic treatment which involves caring for the body with pleasant smelling botanical oils.

Asperger's Syndrome - This is diagnosed in school-aged children who have social and behavioral symptoms of autism without the language delay. Measured intelligence is in the average to above average range. Frequently these children show an almost obsessive interest that is unusual in intensity and focus.

Aspie - Slang term for a person with Asperger's Syndrome (AS); sometimes used by people with AS to refer to themselves, but may be considered offensive when used by others.

Assessment - The process used to determine if a person is eligible for regional center services and to identify treatment needs.

Assistive Technology (AT) - Any item, piece of equipment, product, or system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of persons with disabilities.

Atomoxetine - Generic name for Strattera; a non-stimulant medication approved by the FDA for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in children, adolescents, and adults.

Attention-Deficit Disorder (ADD) - A frequently used term to refer to symptoms of attention-deficit/hyperactivity disorder involving a lesser or nonexistent component of hyperactivity.

Attention-Deficit/Hyperactivity Disorder (AD/HD) - The central feature of attention-deficit/hyperactivity disorder is a persistent pattern of inattention, hyperactivity, and/or impulsivity to a higher degree than is typical in individuals at a similar level of development. Some children diagnosed with an autism spectrum disorder also may be diagnosed with attention-deficit/hyperactivity disorder.

At-Risk: - Term used for children who have, or could have, developmental problems that may affect later ability to learn.

Auditory Integration Training (AIT) - A therapy based on a theory that the small internal organs of the ear can be exercised and that this can lead to modification of sound perception and behavior. Musical sounds are washed through a filtering apparatus that alters them, emphasizing some tones and reducing the intensity of others. The treatment is modified to suit individual needs as determined by special auditory testing. The

American Academy of Pediatrics and three other professional organizations consider it an experimental procedure.

Augmentative and Alternative Communication (AAC) - Non-speech methods of communication, including specialized gestures and sign language, charts, and electronic devices that can speak in response to keyboard entry.

Autie - Slang term for a person with autism. Sometimes used by people with autism to refer to themselves, but may be considered offensive when used by others.

Autism: Autism is a complex developmental disability that typically appears during the first three years of life. The result of a neurological disorder that affects the functioning of the brain, autism impacts the normal development of the brain in the areas of social interaction and communication skills. Children and adults with autism typically have difficulties in verbal and non-verbal communication, social interactions, and leisure or play activities.

Autism Diagnostic Interview – Revised - Semi-structured interview for a clinician to use with a child's parent. It focuses on the three key areas defining autism: (1) reciprocal social interaction; (2) communication and language; and (3) repetitive, stereotyped behaviors.

Autism Diagnostic Observational Schedule – Generic - A semi-structured assessment of communication, social interaction, and play for individuals suspected of having autism or another pervasive developmental disorder (PDD). It involves direct observation of a person's behavior by an examiner who is taking careful note of traits and behaviors central to the diagnosis of autism.

Autism Screening Questionnaire - The former name for the autism screening instrument now known as the Social Communication Questionnaire.

Autism Spectrum Disorders (ASDs) – An umbrella term used to refer to a group of similar developmental disabilities, including Autistic Disorder, Asperger's Syndrome (AS), Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS), Childhood Disintegrative Disorder (CDD), and Rett's Disorder, as defined by the psychiatric manual, DSM-IV (*Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*). The hallmark of all of these conditions is a marked impairment in social interaction and language/communication skills, as well as the presence of restricted, repetitive behaviors and interests.

Autoimmune - Any process or disorder in which the immune system, in addition to attacking viruses or other harmful intruders, attacks healthy body tissues. Some scientists believe autoimmune processes may be involved in autism.

Autosomal Dominance - A pattern of inheritance characteristic of some genetic diseases. "Autosomal" means that the gene in question is located on one of the numbered, or non-sex, chromosomes. "Dominant" means that a single copy of the disease-associated mutation is enough to cause the disease. This is in contrast to a recessive disorder, where two copies of the mutation are needed to cause the disease. Huntington's disease is a common example of an autosomal dominant genetic disorder.

Aversive Treatment - In psychology, aversives are unpleasant stimuli that induce changes in behavior through punishment; by applying an aversive immediately following a behavior, the likelihood of the behavior occurring in the future is reduced. A potentially harmful procedure used in an attempt to reduce certain negative behaviors. Aversives can vary from being slightly unpleasant or irritating (such as a disliked color) to physically damaging (such as an electric shock).

Behavior Intervention – Acceptable interventions include positive behavioral support strategies that do not cause pain or trauma, and that which respect the person's individual needs and dignity.

Behavior Modification - A way to help people acquire behaviors by structuring the person's environment to reinforce or reward positive behaviors.

Behavior Management Program - A time-limited day program that serves adults with a severe behavior disorder and or dual diagnosis (mental retardation and mental illness) who, because of their behavior problems are not eligible for, or acceptable in any other day program.

Behavioral Summarized Evaluation (BSE) – A rating scale which was designed to measure behavior changes in autistic children and adolescents. The BSE is usually completed by someone having daily contact with the child, such as a parent or teacher. It has often been used as a measure of a child's behavior over time, especially in the context of intervention studies.

Benadryl - Brand name for diphenhydramine; a medication that blocks histamine, a substance the body makes during an allergic reaction. Also sometimes used to treat dystonic reactions, (i. e. prolonged contractions of muscles that may result from the use of conventional antipsychotic medications.)

Bipolar Disorder - In this psychiatric disorder, formerly called manic depression, periods of sadness and low energy alternate with periods of elevated, silly, or irritable mood, sometimes combined with inflated self-esteem, a decreased need for sleep, racing thoughts, or out-of-control risk-taking behavior. Some children diagnosed with an autism spectrum disorder also may be diagnosed with bipolar disorder.

Board and Care - Residential facilities licensed by the State Department of Social Services, Community Care Licensing Division. These licensing categories include three types of facilities: 1) ADULT RESIDENTIAL FACILITY: serves adults with developmental or mentally disabled, ages 18-59 years; 2) GROUP HOME: serves individuals birth through 17 years old with a structured environment with services provided by staff employed by the licensee; 3) SMALL FAMILY HOME: serves persons with developmental disabilities, mental disorders or physical handicaps aged birth through 17 years old with care provided in the licensee's family residence.

Braided Funding – Weaving together of more than one fund source to support needed services.

Broad Autism Phenotype - Abbreviated BAP, this refers to the finding that relatives of people with autism often have mild autism-like characteristics including difficulty reading social cues, social anxiety, or obsessive-compulsive traits. The fact that autism-like

features appear in members of the same family supports the notion that there is a genetic basis for autism.

Brushing Technique - A form of Sensory Integration Therapy in which firmly stroking a soft surgical brush on the back, arms, and legs is used to reduce over- or under-sensitivity to touch.

California Children's Services (CCS) – A statewide program that assists children under the age of 21 who have a serious medical condition and require specialty medical care.

California Master Plan - A plan to help provide services for students with disabilities in the California School System. It describes who is disabled and what types of services are available and how they will be offered.

Carbamazepine - A drug used to prevent and control seizures; may also be used to treat certain mental/mood conditions (e.g. Bipolar Disorder, Schizophrenia) and certain types of nerve pain. Generic name for Tegretol.

Care Provider - A health care provider is an individual or an institution that provides preventive, curative, promotional or rehabilitative health care services in a systematic way to individuals, families or communities. Also, an operator of a licensed community care facility. (CCF)

C.A.R.F. - An international, non-profit organization to provide accreditation standards and surveyors for organizations working in the human services field worldwide. Among the many areas of practice represented in the CARF standards are aging services; behavioral health, which includes psychosocial rehabilitation and assertive community treatment; child and youth services; employment and community services; medical rehabilitation; and opioid treatment programs. Also, a survey conducted by the Commission on the Accreditation of Rehabilitation Facilities, designed to evaluate the effectiveness of various types of employment programs and pre-employment programs and services.

Cartooning - A technique in which cartoon sketches are used to enhance social understanding by making thoughts, perspectives, and verbalizations visible. For example, two characters in a social situation will appear along with "bubbles" which contain what each character was saying, thinking, or feeling.

Casein-Free Diet - A special diet that limits intake of casein, a protein found in milk and products containing milk.

Catapres - A medication used primarily to treat high blood pressure, but which may also be used to treat migraine headaches and Attention Deficit Hyperactivity Disorder (ADHD). Brand name for clonidine.

Celiac Disease - An inherited autoimmune disorder that usually affects several organs in the body before diagnosis and treatment. When a person with celiac disease consumes any food, beverage, or medication containing wheat, barley, rye, and sometimes oats, their immune system is "triggered" and responds by damaging the lining of the intestinal tract.

Cerebral Palsy (CP) – A condition that is characterized by problems with muscle control and coordination as a result of trauma to parts of the brain at birth or during early life.

Chelation - The process of removing a heavy metal such as lead or mercury from the body via the bloodstream using a medication that binds to the metal, allowing the body to excrete it through urine or stool. See also clathration.

Childhood Autism Rating Scale – A test which aids in evaluating a child's body movements, adaptation to change, listening response, verbal communication, and relationship to people. The child's behavior is rated on a scale based on deviation from the typical behavior of children of the same age.

Childhood Disintegrative Disorder (CDD) - A rare condition occurring in 3 to 4 year olds who, having developed normally until age 2, experience a marked deterioration in intellectual, social, and language functioning. Children with CDD come to resemble children with autism, but only after a relatively prolonged period of normal development.

Chlorpromazine - The generic name for Thorazine; one of the conventional antipsychotic medications, which were developed in the 1950s, '60s, and '70s and commonly caused extrapyramidal side effects.

Citizen Advocacy - A program designed to foster a close voluntary friendship between a person whose rights may be in danger and another who is informed about the person's rights and is willing to advocate for them.

Clathration - The process of removing a heavy metal from the body by giving a substance orally which then binds with the heavy metals until they are eliminated from the body. See also chelation.

Client Developmental Evaluation Report (CDER) - A diagnostic and evaluation instrument used by regional centers. All regional center clients are evaluated with C.D.E.R.

Client Program Coordinator (CPC) (Also called Case Manager) - A person responsible for the overall planning, coordination and implementation of an Individual Program Plan. Regional Centers employ Client Program Coordinators.

Client Rights Advocate - A specific staff member designated to assist individuals with special developmental needs to exercise all rights guaranteed by law.

Clonidine - A medication used primarily to treat high blood pressure, but which may also be used to treat migraine headaches and Attention Deficit Hyperactivity Disorder (ADHD). Generic name for Catapres.

Clozapine – The generic name for Clozaril; an atypical antipsychotic medication used to treat psychiatric disorders, such as schizophrenia. This medication helps restore the balance of neurotransmitters in the brain. When used in the treatment of autism spectrum disorder, clozapine can ease nervousness.

Clozaril – The brand name for clozapine; an atypical antipsychotic medication used to treat psychiatric disorders, such as schizophrenia. This medication helps restore the

balance of neurotransmitters in the brain. Also, has been prescribed to reduce anxiety in the treatment of autism spectrum disorders.

Cognitive Behavioral Therapy (CBT) – The term that refers to psychotherapeutic method which attempts to decrease or eliminate problem behaviors and painful emotions by modifying the distorted attitudes, thoughts, and beliefs that trigger them. The concept of CBT is that a change in the interpretation of a situation or relationship, will also change the emotions, feelings, and/or perceptions that are associated with that situation or relationship.

Cognitive Disability – Also called “intellectual disability”, cognitive disability is a preferred term to describe the condition formerly referred to as mental retardation.

Comic Strip Conversations - A social skills training tool that involves "drawing" conversations to help children with ASD learn the social rules that others learn more naturally.

Community Advisory Committee (CAC) – A group of individuals who are appointed to advise the SELPA on various aspects of the Local Plan.

Communicatively Disabled (CD) – This term refers to individuals who are deaf, hard of hearing, aphasic, severely language impaired, or have other speech and/or communication disorders.

Community-Based Day Programs - Programs which are located in the community rather than at a State Developmental Center (DC) and which provide service to regional center clients on an hourly or daily, but less than 24 hour basis. The following programs are examples of community-based day programs: Activity Center, Adult Development Centers, Behavior Management Programs, Independent Living Programs, Infant Early Intervention Programs and Social Recreation Programs.

Community Based Program (provider definition) - A program where the vast majority of classes and activities for participants occur in the participant's local natural environment and not in a segregated setting.

Community Care Facility (CCF) - Facilities (majority with six beds or less) that provide residential services (room and board) along with varying degrees of supervision.

Community Care Licensing (CCL) – The division of California's Department of Social Services that is responsible for licensing a broad range of facilities, including group homes for adults with developmental disabilities. CCL is also responsible for investigating and taking action on complaints about the facilities it licenses.

Community Integration - Presence, participation and interaction in natural environments.

Community Colleges (C.C.S) - Two-year higher education schools that serve students both with and without disabilities and which currently provide prevocational, vocational and academic training for persons with disabilities.

Community Placement Plan (CPP) - A yearly plan developed by each regional center for placement of persons out of state developmental centers.

Community Supported Living Arrangement (CSLA) - Community Supported Living Arrangements (CSLA) provide individuals with the support necessary to enable them to live in their own homes, apartments, family homes, or rental units with: No more than two other non-related recipients of these services; or Members of the same family regardless of the family size. Community Supported Living Arrangements provide full range of community based support, including friends and neighbors, for the delivery of supervision and other necessary interventions.

Community Work Incentive Coordinator (CWIC) - Social Security Administration trained staff with specialized knowledge of disability benefits and work incentives. They provide individualized benefits counseling and on-going benefits management

Comorbid - Two or more diseases or disorders which, although separate and unique, are occurring at the same time in the same person. For example, ADHD and autism are often comorbid conditions.

Conservatorship - A legal process by which an individual is appointed by the court to care for the personal welfare and/or financial welfare of an adult who is unable to adequately care for himself/herself or manage his/her behavior.

Consumer - A person (Primary Consumer) or relative of a person (Secondary Consumer) who uses developmental services.

Copy Number Variation (CNVs) - A form of structural variation (abnormal changes) in the human chromosomes (genome) that results in the cell having an abnormal number of copies of one or more sections of the DNA. CNVs correspond to relatively large regions of the genome that have been deleted (fewer than the normal number) or duplicated (more than the normal number) on certain chromosomes. This variation accounts for roughly 12% of human genomic DNA. CNVs may be either inherited or occur as new (spontaneous) mutations.

Cortisol - Produced by the adrenal glands, cortisol is a key hormone involved in regulating the human body's stress response. Recent studies of stress exposure shortly before or during pregnancy, resulting in higher cortisol levels crossing into the placenta, have failed to show a link between this hormone and the later probability that the child will be diagnosed with ASD.

County Council - Local boards empowered by county boards of supervisors and given the responsibilities to plan, advocate and monitor services to persons with developmental disabilities within a county. These councils are very active in some parts of California; in others, they are non-existent.

Dairy-Free Diet - A special diet that eliminates milk and any products containing milk.

Day Nursery: - A nonresidential facility for children to aid them in developing pre-academic skills. Such a facility is also known as a preschool nursery or school.

Day Training and Activity Center (DTAC) - Focuses on people whose needs include both prevocational and pre-independent living skills. In practice, these programs are often segregated, but need not be.

Day Service Provider - A person or persons who provide training and education for persons with developmental disabilities. This may be in a day training and activity center, community college, sheltered employment, etc.

De Novo Mutation - A genetic difference that is not inherited but arises spontaneously due to a gene alteration that appears in one family member as a result of a mutation in an egg or a sperm of one of the parents, or in the fertilized egg itself. The mutation is not part of the parent's overall genetic code. See also copy number variation and mutation.

Deinstitutionalization - A practice or goal of reducing the number of people living in congregated and segregated institutional settings. When implemented appropriately, this practice is based on the concepts of normalization and least restrictive environment.

Depakene - An anti-epileptic, anti-convulsant medication. Brand name for valproate (valproic acid).

Depakote - A medication used to treat seizure disorders, certain psychiatric conditions, and to prevent migraine headaches. Brand name for divalproex sodium.

Department of Developmental Services (DDS) - The agency through which the State of California provides services and supports to individuals with developmental disabilities. These disabilities include mental retardation, cerebral palsy, epilepsy, autism and related conditions. Services are provided through state-operated developmental centers and community facilities, and contracts with 21 nonprofit regional centers. The regional centers serve as a local resource to help find and access the services and supports available to individuals with developmental disabilities and their families. In addition, the Department sets policy, determines rates, and advocates for people through its various departmental divisions. They are also the lead agency for Early Start through IDEA-Part C.

Department of Education (also California Department of Education or CDE) - This is the California agency that oversees public education. The department oversees funding and testing, and holds local educational agencies accountable for student achievement. Its stated mission is to provide leadership, assistance, oversight, and resources (via teaching and teaching material) so that every Californian has access to a good education. The State Board of Education is the governing and policy-making body, and the State Superintendent of Public Instruction is the nonpartisan elected executive officer. Superintendents serve four-year terms. The Superintendent serves as the state's chief spokesperson for public schools, and provides education policy and direction to local school districts. He also serves as an ex officio member of governing boards of the state's higher education system.

Department of Health Services (DOH) – The state agency that provides a number of health services to all people. Also operates California Children's Service, a therapy and medical treatment program for children with physical disabilities and health problems through age 21.

Department of Rehabilitation (DOR or DR) – The state agency whose mandate is to assist residents of California with disabilities to become gainfully employed. They serve a broad spectrum of persons with disabilities. They are responsible for all initial supported employment services such as assessment, job placement and initial job coaching through stabilization. Funding is generally for time limited intensive services.

Department of Social Services (DSS) - The state agency that provides licenses and monitors community care facilities such as residential and day services. Also funds In-Home-Support-Services (IHSS) for people who live at home but may need help in self-care.

Developmental - Pertaining to successive changes during the process of natural growth.

Developmental Center - Synonymous with state hospital.

Developmental Delay - A delay in one or more of the four developmental areas: cognitive, physical, psychosocial or self-help skills.

Developmental Disability (DD) - California defines a person with a developmental disability as anyone who has acquired mental retardation, autism, pervasive developmental disorder not otherwise specified, epilepsy or cerebral palsy before age 18 and is likely to need special services throughout life. The Federal definition uses age 22 and looks at a person's range of abilities instead of diagnostic categories.

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition - Published by the American Psychiatric Association; a comprehensive listing of mental health disorders and the criteria for diagnosing them. This book is considered the "bible" for mental health professionals making psychiatric diagnoses in the United States as well as in many other countries. The diagnostic categories in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*, are also used by insurance companies to determine coverage and reimbursement for mental health issues.

Disability: - A physical or mental condition, which limits, or will limit if not corrected, a person's functioning.

Divalproex Sodium - A medication used to treat seizure disorders, certain psychiatric conditions, and to prevent migraine headaches. Generic name for Depakote.

Down Syndrome: - A condition associated with a chromosome abnormality, usually trisomy (addition of a third chromosome to a pair) of chromosome 21, resulting in moderate to severe mental retardation, and frequently accompanied by physical anomalies.

Dual Diagnosis: - In terms of developmental disabilities, an individual who is both developmentally disabled and mentally ill.

Dyslexia: - a very broad term defining a learning disability that impairs a person's fluency or comprehension accuracy in being able to read, and can manifest itself as a difficulty with phonological awareness, phonological decoding, orthographic coding, auditory short-term memory, or rapid naming. Dyslexia is separate and distinct from reading difficulties resulting from other causes, such as a non-neurological deficiency with vision or hearing,

or from poor or inadequate reading instruction. It is believed that dyslexia can affect between 5 to 10 percent of the population.

Dystonic Reactions - Prolonged contractions of muscles, including any muscles such as those in the neck or arms, or even the muscles around the eye (in which case the individual seems to have a fixed gaze upward); among the extrapyramidal side effects sometimes resulting from use of conventional antipsychotic medications.

Ear Hitting - The act of hitting one's ears with one's hands; one of the repetitive and possibly self-stimulating behaviors associated with individuals having an autism spectrum disorder. Ear hitting may sometimes be the result of a person hitting their ears to block out sounds to which they are so sensitive, the sounds are experienced as painful.

Early Intervention: - Early intervention is a system of coordinated services that promotes the child's growth and development and supports families during the critical early years. Early intervention services to eligible children and families are federally mandated through the Individuals with Disabilities Education Act. These services often involved medical, educational, and psychosocial professionals. Infant intervention programs also provide emotional support, guidance and information to parents. The Education of the Handicapped Act Amendments of 1986, Part H of Public Law (P.L.) 99-457, provides for discretionary funds to assist states in establishing statewide, comprehensive systems of early intervention services for infants and toddlers with developmental delays who are at risk, and their families. It was reauthorized as IDEA Part C in 2004. The California Department of Developmental Services is designed as the lead agency for this program.

Echolalia - The immediate and involuntary repetition (echoing) of words or phrases just spoken by others. Echolalia is often cited as a symptom of autism.

Education for All Handicapped Children Act of 1975 (Public Law 94-142 or I.D.E.A.)

The Individuals with Disabilities Education Act is a federal law which mandates the following for students with disabilities: A free and appropriate public education in the least restrictive environment; priorities for service; procedural safeguards; definitions of disabilities; and the Individualized Education Plan Program (I.E.P.).

Electroencephalogram - The study of electrical current within the brain. Electrodes are attached to the scalp and wires attach these electrodes to a machine which records the electrical impulses. Results are either printed out or displayed on a computer screen.

Eligibility – In the context of individuals with developmental disabilities, the determination about whether a person meets the requirements set by the State of California to have services and supports paid for by the regional center. There are different eligibility requirements for Lanterman Act services and Early Start services and Prevention services through Regional Centers.

Emotional Disturbance (ED) – Persons who exhibit one or more characteristics of a severe emotional disturbance specified by law and whose condition has existed for a long period of time and to a marked degree.

Employment Development Department (EDD) – The state agency that provides job referral services, benefits, and some training for persons who are looking for work.

Encopresis - Involuntary defecation, especially if not due to a physical defect or illness; sometimes associated with a neurological disorder, especially in children if they are past the age where bowel control is usually achieved.

Enuresis - Lack of control of urination, especially during sleep; bedwetting. Sometimes associated with a neurological disorder, especially in children if they have reached the age past which toilet training is usually achieved.

Assessment, Environmental - An evaluation of the physical setting in which a child lives or learns (e.g. home or classroom) intended to identify ways to improve a child's functioning or behavior. For example, an environmental assessment of a classroom might reveal that noise level or flickering lights are contributing to the meltdowns of a child with an autism spectrum disorder; adjustments can then be made to improve the learning environment.

Environmental Stressor - An external factor a person encounters, such as a pesticide, virus, or medication. A person with a genetic vulnerability has one or more genes which may turn "on" or "off" or otherwise be changed due to the action of an environmental stressor. This interaction may be associated with some ASD characteristics.

Epidemiology - The study of the distribution of diseases in populations and of factors that influence the occurrence of disease. To say there is an interest in the epidemiology of autism is to say scientists are trying to find out how many people have it, where they are located, and what genetic, geographic, and environmental factors they share.

Epilepsy – A medical condition that produces seizures affecting a variety of mental and physical functions. A seizure happens when a brief, strong surge of electrical activity affects part or all of the brain. One in 10 adults will have a seizure sometime during their life. Seizures can last from a few seconds to a few minutes. They can have many symptoms, from convulsions and loss of consciousness to some that are not always recognized as seizures by the person experiencing them or by health care professionals: blank staring, lip smacking, or jerking movements of arms and legs.

Essential Fatty Acids - Necessary fats that humans need for growth and development. These cannot be made by the body, and must be obtained in the diet. Examples include Omega 3 Fatty Acids and Omega 6 Fatty Acids.

Etiology - The cause or origin of a disease or disabling condition.

Evidence-Based Practice (EPB)- This entails making decisions about how to promote health or provide care by integrating the best available evidence with practitioner expertise and other resources, and with the characteristics, state, needs, values and preferences of those who will be affected. This is done in a manner that is compatible with the environmental and organizational context. Evidence is comprised of research findings derived from the systematic collection of data through observation and experiment and the formulation of questions and testing of hypotheses. The gold standard for an "evidence-based" therapeutic intervention is often considered to be the randomized, double-blind, placebo-controlled trial.

Executive Function - The ability to coordinate and apply one's own mental capacity. It is what permits us to initiate goal-directed action, decide not to take inappropriate action,

screen out unwanted sensory stimuli, think abstractly, and choose alternate action as roadblocks arise. It is not intelligence, per se, but Mission Control. Many people with ASD appear to have impaired executive function, especially in regards to planning, organization, and mental flexibility.

Expressive Language - A person's ability to use language to make evident their thoughts, wants, and needs.

Externalizing Symptoms - This term refers to symptoms involving acting-out behaviors such as aggression or impulsivity.

Extrapyramidal Side Effects – A term that refers to the side effects, including rigidity, persistent muscle spasms, tremors, and restlessness, frequently associated with the use of conventional antipsychotic medication. The more recently developed atypical antipsychotics rarely produce these side effects.

Eye Gaze - A form of nonverbal communication. Very young children, even before they can talk, begin to initiate social interaction with their parents and others around them. Eventually, children will share their interest in something by pointing at it and alternating their gaze from their parent to the object and then back again, one of the behaviors of joint attention. Infants on the autism spectrum lack the overriding interest typically developing infants show for human faces and tend not to engage in this important social behavior.

Facilitated Communication - A method by which a facilitator supports the hand or arm of a communicatively impaired individual while using a keyboard or other devices with the aim of helping the individual to develop pointing skills and to communicate. The procedure is controversial, since most peer reviewed scientific studies conclude that the typed language output attributed to the clients is directed or systematically determined by the therapists who provide facilitated assistance.

Facilitation Services - Services whereby an individual aids a member of a policy-making board to perform the essential functions of his/her position.

Fair Hearing - A procedure used by people who wish to question the decision of an agency regarding the type or amount of service they receive.

Fetal Testosterone - Prenatally produced testosterone, a male hormone associated with development of physical and cognitive gender characteristics. One theory holds that high levels of fetal testosterone may contribute to later development of autistic characteristics in children (though not necessarily the development of a diagnosed autism spectrum disorder).

Fine Motor Skills - Skills, usually mastered in early childhood, that involve your ability to effectively use small muscles to carry out precise motor movements. Examples include actions like picking up a cracker or writing with a pencil.

Finger Flapping - The act of moving one's fingers sharply up and down or back and forth; one of the repetitive and possibly self-stimulating behaviors associated with individuals having an autism spectrum disorder.

First-Generation Antipsychotics - Antipsychotic medications, such as Thorazine, that were developed in the 1950s, '60s, and '70s. They commonly caused extrapyramidal side effects, which are much less characteristic of the atypical antipsychotics in wide use since the '90s.

Floortime Therapy - This is a specific therapeutic technique based on the Developmental Individual Difference Relationship Model (DIR) developed in the 1980s by Dr. Stanley Greenspan. The premise of Floortime is that an adult can help a child expand his circles of communication by meeting him at his developmental level and building on his strengths. Therapy is often incorporated into play activities -- on the floor. The goal of Floortime is to help the child reach the following six developmental milestones: Self-regulation and interest in the world; intimacy; two-way communication; complex communication; emotional ideas; emotional thinking.

Fragile X Syndrome - A genetic disorder caused by a defective gene on the X-chromosome. Fragile X, which affects as many as one in 2000 males and one in 4000 females, is one of the most common causes of inherited mental impairment and the most common known cause of autism and autism-like conditions. Characteristic features of Fragile X Syndrome in boys include a long face, prominent or long ears, delayed speech and language development, large testes, hyperactivity, tactile defensiveness, gross motor delays, and autistic-like behaviors. Girls are much more mildly affected.

Free Appropriate Public Education (FAPE) - Each public school system is responsible for ensuring that each child with disabilities is served appropriately, at no expense to the parent.

Functional/Critical Skills - Those skills that enable an individual to communicate, interact with others and to perform tasks that have practical utility and meaning at home, in the community, or on the job.

Functional Assessment - The process of determining the relationship between events in a person's environment and the occurrence of challenging behaviors. This process involves: identifying and defining the challenging behavior; identifying the events and circumstances regularly associated with the occurrence and the nonoccurrence of the challenging behavior; determining the social function or the purpose of the challenging behavior.

Functional Communication Training (FCT) - FCT involves replacing challenging behavior with more desirable behavior that will achieve the same goals for the child. For example, a parent might teach a child who has a meltdown whenever he becomes overly hungry to use his words to request a snack.

Generalized Anxiety Disorder - Individuals with generalized anxiety disorder experience excessive anxiety and worry for more days than not for at least six months. This anxiety, which concerns a number of events or activities and does not result from other disorders, such as panic disorder, may be accompanied by restlessness, fatigue, lack of concentration, irritability, and other symptoms. Some children diagnosed with an autism spectrum disorder, as well as members of their family, also experience anxiety symptoms or may be diagnosed with anxiety disorders.

Generic Services - Services available to all persons residing within a given area (e.g., city, county, or state) without additional qualifications or requirements, such as public education, mental health services, and parks and recreation programs.

Goals - Broad or general statements which describe what needs to be learned by the consumer/student.

Genes - A gene is a unit of heredity in a living organism. It normally resides on a stretch of DNA that codes for a type of protein or for an RNA chain that has a function in the organism. All living things depend on genes, as they specify all proteins and functional RNA chains. Genes hold the information to build and maintain an organism's cells and pass genetic traits to offspring, although some organelles (e.g. mitochondria) are self-replicating and are not coded for by the organism's DNA. Genes, which are made up of DNA, carry the instructions for hereditary traits in organisms. Humans have about 30,000 genes on their chromosomes; usually each person has two copies of each gene, one inherited from each parent. See copy number variation for an exception.

Genetic Vulnerability - An underlying inherited susceptibility. In the case of ASD, a predisposition to autistic behaviors may be common in the general population, but this predisposition may not be apparent in an individual unless it is "triggered," or influenced, by environmental factors.

Genotype - The genetic makeup, as distinguished from the physical appearance (phenotype), of an organism or a group of organisms; the DNA material that was passed to the organism by its parents at the organism's conception.

Geodon - Brand name for ziprasidone; an atypical antipsychotic medication used to treat psychiatric disorders, such as schizophrenia, and symptoms associated with bipolar disorder. This medication helps restore the balance of neurotransmitters in the brain. When used in the treatment of autism spectrum disorder, Geodon can ease nervousness and help improve concentration.

Gluten-Free Diet - A diet that involves the avoidance of gluten, a protein contained in wheat, barley, and rye, and a similar protein in oats.

Gross Motor Skills - Skills, usually mastered in early childhood, that involve the ability to effectively use large muscles. Examples include: lifting your head, sitting up, and riding a bike.

Guardianship - A judicial process whereby the legal decision-making power from one individual is transferred to another who has been appointed to serve, assist, and protect the person by helping the individual make decisions or by making the decisions for him/her. This applies to persons under the age of 18 years.

Habilitation – The assistance that is provided to an individual with achieving developmental skills when impairments have caused delaying or blocking of initial acquisition of the skills. Habilitation can include cognitive, social, fine motor, gross motor, or other skills that contribute to mobility, communication, and performance of activities of daily living and enhance quality of life. The purpose is to prepare and maintain consumers at their highest level of vocational functioning and/or prepare them for referral

to vocational rehabilitation services. Habilitation services were provided by the Department of Rehabilitation until July 1, 2004 when they were transferred to the Department of Developmental Services.

Haldol – The brand name for haloperidol; one of the conventional antipsychotic medications, which were developed in the 1950s, '60s, and '70s and commonly caused extrapyramidal side effects.

Haloperidol – The generic name for Haldol; one of the conventional antipsychotic medications, which were developed in the 1950s, '60s, and '70s and commonly caused extrapyramidal side effects.

Hand Flapping - Wagging one's hands sharply up and down from the wrist; one of the repetitive and possibly self-stimulating behaviors associated with individuals having an autism spectrum or other mental disorder.

Head Banging - Banging one's head against a surface; one of the repetitive and possibly self-stimulating behaviors associated with individuals having an autism spectrum or other mental disorder. It has been theorized that in some cases this behavior could be related to hypersensitivity to certain stimuli in the environment. For example, if a sound bothers an individual, he/she may react by hitting his/her head or ears.

Health and Welfare Agency - The state agency which coordinates the work of the Department of Developmental Services, Department of Rehabilitation, Employment Development Department, Department of Social Services, Department of Health Services and the Department of Mental Health.

High-Functioning Autism (HFA) - An informal term applied to autistic people who are deemed to be "higher functioning" than other autistic people, by one or more metrics.[1] There is no consensus as to the definition.[1] HFA is not yet a recognized diagnosis in the DSM-IV-TR or the ICD-10.

The amount of overlap between HFA and Asperger syndrome is disputed. Some researchers argue that the two are distinct diagnostic entities, others argue that they are indistinguishable.

Holding Therapy - A therapy in which parents hold a child even if the child is resisting. The parent also tries to establish eye-contact.

Hyperlexia - A trait in which a child reads single words very early. Often, hyperlexic children will have a precocious ability to read but will learn to speak only by rote and heavy repetition, and may also have difficulty learning the rules of language from examples or from trial and error, which may result in social problems. Their language may develop using echolalia, often repeating words and sentences. Often, the child has a large vocabulary and can identify many objects and pictures, but cannot put their language skills to good use. The social skills of a child with hyperlexia often lag tremendously. Hyperlexic children often have far less interest in playing with other children than do their peers.

Hypersensitive - Extremely sensitive to various stimuli, such as touch, sound, or light. Many individuals with an autism spectrum disorder are hypersensitive, finding many stimuli that are common in the everyday world so intense as to be painful. For example, what most people would perceive as an acceptable level of noise in a classroom or a grocery store may be experienced as deafening and distressing.

Hypersomnia - Characterized by sleeping much more than usual during the daytime; one of the symptoms of clinical depression as defined by the *Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV)*.

Hyposensitive - Being far less sensitive to various stimuli than most people. This occurs with some individuals with autism spectrum disorders, especially in the realm of touch. For example, they may seek out heavy pressure, feeling calmed by being wrapped in a heavy blanket or otherwise “squeezed.”

Idiopathic - Describing a disease of unknown or uncertain cause.

Inclusion - The use and participation by individuals with disabilities and their families of the generic services that are used by and are available to other individuals.

Incompetent - A person is incompetent if s/he is either too young or unable to manage his/her own affairs because of an impairment.

Independent Educational Assessment (IEA) - A parent has the right to obtain, at public expense, an independent educational assessment of the pupil from qualified specialists if the parent disagrees with an assessment obtained by the independent educational assessment of the public education agency. The public agency may initiate a due process hearing to show that its assessment is appropriate.

Independent Living Skill Training or Independent Living Program - Provides training and support of people who want to live semi-independently or independently. Includes skill development in home care, cooking, money management, consumer shopping, etc.

Individuals with Disabilities Education Act (IDEA) - The Individuals with Disabilities Education Act (IDEA) is the federal law which, in the United States, guarantees a Free Appropriate Public Education (FAPE) is made available to eligible children. Protections under the law apply only to children with specific disabilities, including mental retardation, deafness, blindness, and autism.

Individualized Education Plan Program (IEP) - Required by Public Law 94-142, this plan is developed for individuals who are school-aged by a team of people such as parents, teachers and psychologists. The IEP describes the direction a student with special needs will be going in the future and how to get there.

Individualized Family Service Plan (IFSP) – A written plan for providing early intervention services to an eligible child and the child’s family from birth up to the third birthday. The IFSP addresses developmental needs in at least one of the following areas: physical development, cognitive development, communication development, social or emotional development or adaptive development.

Individualized Program Plan (IPP) - This written plan is similar to an Individualized Education Program (IEP). It outlines special services, goals and objectives for a person who needs individualized help because of a developmental disability. The Regional Center and the Consumer develop the IPP. Individualized Family Service Plan (IFSP) is developed by Regional Center and the family of an infant (up to age 3).

Infant Intervention (Also called Infant Stimulation or Infant Development Programs)

- Refers to programs designed to provide early education for children (under age three) with developmental disabilities and training and support for their parents.

Inherited trait - A genetic trait passed on from parent to child.

In-Home Supportive Services (IHSS) - Chore helpers who work with people who have disabilities who live at home. The Public Authority for In Home Support Services provides a registry of names of persons who have been approved to provide In Home Support Services

Insomnia – A condition that is characterized by difficulty sleeping for a prolonged period of time; one of the symptoms of clinical depression as defined by the *Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV)*.

Intake and Assessment - A process used by agencies to determine whether or not people are eligible for their services and what services are needed.

Integrated Setting: - Environments in which people with and without disabilities can live and work. Examples of integrated settings include residential neighborhoods, accessible social venues such as movies, nightclubs, or restaurants, churches and public transportation.

Intellectual Disabilities (ID) The term “intellectual disability” (ID) is used in place of “mental retardation” (MR) in response to the growing commitments to avoid using the latter term because of the stigma associated with that label. In addition, some people may have the diagnosis of a developmental disability, due to other functional limitations, but be without any cognitive impairment.

Interdisciplinary Team (IDT) - A group of people (parents, teachers, psychologists, social workers, and others) who are involved with a consumer in helping him/her get the services he/she needs by developing the IEP, IPP or IHP. Some individuals are mandated to be part of the team; others are by invitation of the consumer.

Intermediate Care Facility/Developmental Disability (ICF/DD) - A type of health facility (50 or more residents) that provides habilitation and developmental services, supportive medical and personal care, and occasional skilled nursing care to persons with developmental disabilities, who require less than 24-hour per day nursing care.

Intermediate Care Facility/Developmental Disability-Habilitative (ICF/DD-H) - A licensed residential health facility which has as primary purpose the furnishing of 24-hour personal care, developmental training, habilitative and supportive health services in a facility with 15 beds or less to residents with developmental disabilities.

Intermediate Care Facility/Developmental Disability - Nursing (ICF/DD-N) - A type of health facility (six or less residents) which serves people with developmental disabilities who have medical conditions which require more intensive nursing and/or medical care and treatment than those residing in ICF/DD-H facilities.

Intermittent Explosive Disorder - A psychiatric diagnosis characterized by discrete episodes of failure to resist aggressive impulses resulting in serious assaults or destruction of property. The degree of aggressiveness displayed during an episode is totally out of proportion to the situation at hand. Individuals with ASD may have similar "rage attacks" but would likely not receive this diagnosis because it is only given when such behavior is not accounted for by another condition.

Internalizing Symptoms - When psychologists refer to "internalizing symptoms," they are talking about the kind of symptoms that are associated with anxiety and depression. Examples include: being anxious or afraid, worrying about the future, feeling self-conscious, being nervous, or feeling sad. Some studies suggest internalizing symptoms may be more common in children and teenagers with ASD. In contrast are "externalizing symptoms" (i.e. aggression or impulsivity.)

Job Site Training - A component of supported employment services that involves direct and systematic instruction of job tasks and related vocational skills provided by a job trainer to a worker with a disability at a competitive job site.

Job Training Partnership Act (JTPA) (Public Law 97-300) - A government-funded program, which helps train people for work.

Joint Attention - The interaction involving two or more individuals as the result of a stimulus such as eye-gazing, finger-pointing or other verbal or non-verbal indication. The ability to follow another's gaze and share the experience of looking at an object or activity.

Lanterman Developmental Disabilities Act of 1976 - This California State law provides basic service rights to persons with developmental disabilities. It put in place the Department of Developmental Services, Regional Centers, the State Council on Developmental Disabilities and Area Boards to establish needed services and monitor their delivery.

Learning Disability (LD) A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations.

Least Restrictive Environment (LRE) - A mandate established by federal and state laws and the courts that states that all people, regardless of disability, have the right to be served in ways and in places that allow a person to be as independent as possible with the least amount of supervision necessary.

Level of Care (LOC) - A term, used in the staffing standards for the developmental centers, which refers to staff who provide direct care, training, or supervision to clients.

Limited Conservatorship - A form of general conservatorship that applies only to adults with developmental disabilities who are, or could be, clients of California regional centers.

This protective legal arrangement is “limited” because the adult with a developmental disability retains the power to care for his/herself commensurate with his/her ability to do so.

Local Education Agency (LEA) Any local school district or Office of County Superintendent that has responsibility to provide special education services to eligible students.

Long Term Care (LTC) - A range of diagnostic, therapeutic, rehabilitative, supportive, and maintenance services to address the health, social, and personal needs of people who have restricted self-care capabilities. Services may be continuous or intermittent, but it is generally understood that they will be provided over a long period of time.

Lovaas Method - A time-intensive behavioral intervention developed by Dr. Ivar Lovaas that focuses on modifying behavior through a system of rewards and corrections; a form of Applied Behavior Analysis (ABA).

Low-Functioning Autism - Term used to refer to those on the autism spectrum who suffer relatively more impairment due to their disability compared to others. Individuals who are labeled as having a severe autism with cognitive impairment are individuals who have greater difficulty with social skills, and academic performance. These individuals may easily exhibit challenging behaviors, such as self-injury and aggression. This may be because they simply have not learned a better way of reacting or coping with the demands of daily stressors, or may have no better means for communicating with others. Children with severe autism may also engage in more sensory-related activities such as hand flapping, spinning, or rocking.

Low Incidence Disability – A severe, disabling condition with an expected incidence rate of less than one percent of the total enrollment. The conditions are hearing impairments, vision impairments, severe orthopedic impairments, or combination thereof.

Magnetic Resonance Imaging (MRI) - A non-invasive procedure that uses powerful magnets and radio waves to construct pictures of the body.

Mainstreaming - In educational settings, mainstreaming describes a way of working with students who have special needs on the same premises with regular students. It takes the help of support people like resource teachers and gives everyone a better chance at a regular education. There are various degrees of mainstreaming including integration (kids with disabilities participate in some of the regular classes) and full-inclusion (kids with disabilities are included in all classes with proper support and adaptations in their own neighborhood school).

Manic Depression - See Bipolar Disorder.

Melatonin - A natural substance produced by the body that regulates sleep. Melatonin supplements are often taken by people with insomnia.

Meltdown - A term for the loss of control experienced by a person with an autism spectrum disorder who is overwhelmed by social, emotional, sensory, or other stressful stimuli. May include screaming, kicking, hitting, throwing objects, biting, banging head into the wall or floor, collapsing to the floor, etc.; a tantrum.

Mental Retardation - Mental retardation is a condition diagnosed before age 18 that includes below-average general intellectual function, and a lack of the skills necessary for daily living. Mental retardation affects about 1 - 3% of the population. There are many causes of mental retardation, but doctors find a specific reason in only 25% of cases. Mental retardation may also be referenced as “cognitive impairment” or “intellectual disability.”

Mild Autism - Term used to refer to those on the autism spectrum who suffer less impairment due to their disability compared to others.

Mind-Blindness - The condition of being unable to intuit others' plans, thoughts, and points of view; to have difficulty understanding other people's beliefs, attitudes, perspectives, and emotions.

Movement Therapy - Psychotherapeutic use of movement and/or dance to further emotional, social, cognitive, and physical integration of the individual.

Multiplex - A term used to refer to families that include more than one person with a certain disease or disorder. When autism researchers say they are studying *multiplex* families, they mean they are studying families that have more than one child with autism.

Multiply Handicapped - Having more than one disability requiring special services.

Music Therapy - The psychotherapeutic use of music to address an individual's physical, emotional, cognitive, and social needs.

Natural Environment - Places and social contexts commonly used by individuals without developmental disabilities.

Neurotypical - A newly developed term for those with a normally developed brain; non-disabled or non-autistic.

Negative Reinforcement - Negative reinforcement strengthens a behavior by reducing or removing something that is undesirable. For example, if taking an aspirin for a headache relieves the pain, an individual is more likely to take an aspirin in the future to relieve headache pain.

Neurodiversity - The notion, originally arising in the context of the autism community, that neurological differences should be viewed as gender or race are viewed - as examples of human variation. According to this perspective, autism should be thought of not as a disorder, but as a different way of being that should be accepted, and perhaps even celebrated; the idea that individuals should be valued, socially accepted, and have access to equal opportunity whether or not their brains are "typically" wired.

Neuroleptics - An alternate term for antipsychotic medications.

Neurologist - A physician is trained to investigate, or diagnose and treat disorders related to the human nervous system. The nervous system encompasses the brain, spinal cord, and peripheral nerves. Neurologists sometimes treat children with autism, especially those suffering with epilepsy (that is, seizures).

Neuropsychologist - A professional specializing in both neurology and psychology who is knowledgeable about brain structure, chemistry, and processing and how these impact human psychology and behavior; a brain-behavior specialist.

Neurotransmitter - A chemical that is released from a nerve cell; these chemicals transmit impulses from a nerve cell to another nerve, muscle, organ, or other tissue. Irregular neurotransmitter activity is often involved in mental illness, and many medications prescribed to treat conditions such as Depression or Bipolar Disorder alter the availability of one or more types of neurotransmitters. Neurotransmitters include dopamine, serotonin, and norepinephrine.

Noncontingent Reinforcement - A procedure that decreases the frequency of a behavior by both reinforcing alternative behaviors and extinguishing the undesired behavior. Since the alternative behaviors are reinforced, they increase in frequency and therefore compete for time with the undesired behavior.

Nondiscriminatory Evaluation - Refers to evaluating for disabilities in such a way as to not discriminate on the basis of race or culture. This is one of the requirements of the Individuals with Disabilities Education Act and is designed to minimize the potential for inaccuracies in evaluations to result in incorrect placement in educational programs.

Nonpublic Agency (NPA) - usually an individual or group certified by the State, to provide a specific special education service but who is not an employee of the public school system.

Nonpublic School (NPS) - A school which meets state standards to allow private placement of students for whom there is no appropriate public school placement available.

The Principle Of Normalization – This is a social concept originating in Scandinavia and developed by Wolf Wolfensberger in the United States. In practice, those services, which integrate people with special needs into everyday community life to enjoy all that we value for ourselves.

Obsessive Compulsive Disorder (OCD) - A psychiatric disorder characterized by recurrent obsessions or compulsions that are severe enough to consume more than one hour per day of a person's time or cause significant distress or impairment. Some children diagnosed with an autism spectrum disorder, or their family members, also may be diagnosed with obsessive compulsive disorder.

Occupational Therapist - A professional who uses productive or creative activity to maximize the functioning of physically or emotionally disabled people. Occupational therapists help an individual develop mental or physical skills that aid in daily living activities. They assess fine motor skills, age appropriate self-help skills (like dressing), and sensory issues (like hypersensitivity to touch).

Occupational Therapy (OT) - A discipline that aims to promote health by enabling people to perform meaningful and purposeful activities. Occupational therapists work with individuals who suffer from a mentally, physically, developmentally, and/or emotionally disabling condition by utilizing treatments that develop, recover, or maintain clients' activities of daily living. The therapist helps clients not only to improve their basic motor

functions and reasoning abilities, but also to compensate for permanent loss of function. The goal of occupational therapy is to help clients have independent, productive, and satisfying lives.

Olanzapine - Generic name for Zyprexa -- an antipsychotic medication prescribed for treatment of Bipolar Disorder and Schizophrenia. It is also sometimes used "off label" to treat the irritability, mood disturbance, and aggression associated with autism spectrum disorders.

One-on-One Aide - An alternate term for personal assistant.

Operant Conditioning - A type of learning in which voluntary behavior is strengthened if followed by a pleasurable consequence or lessened if followed by a negative consequence. In the case of operant conditioning, the learner associates his or her own actions with the consequences.

Orthopedically Handicapped (OH) Persons with specific orthopedic or physical needs which adversely affect their independence or capabilities.

Other Health Impaired (OHI) a person with a chronic medical impairment, such as asthma that significantly impacts their daily life and may hamper their functioning in the community.

Oxytocin - A hormone associated with social memory and attachment, maternal behavior, and human bonding. Researchers are looking into whether this hormone also may be associated with ASD.

Parkinsonism, medication-induced - A stiff gait and a tremor caused by medication; among the extrapyramidal side effects sometimes resulting from use of conventional antipsychotic medications.

Pass Cadre/Specialist - Individual who assists with the development of a PASS (Plan for Achieving Self Support). This social Security Administration specialist also approves submitted plans, monitors and modifies the plans as needed.

Peer Modeling - A technique in which children with an Autism Spectrum Disorder are grouped together with "typical" children in the hope that they will learn to imitate their peers' behaviors and social skills.

Peer Review - Pre-publication evaluation of a researcher's results and claims by a committee of others in the same field who are checking for scientific merit and accuracy. Peer review is generally required by academic and scientific journals.

People First - A self-advocacy organization with chapters across the state designed to promote empowerment of people with developmental disabilities.

People First Language – When speaking about people with a disability, use the practice of saying the word "people" first before referring to the disability, i.e., people or individuals with disabilities; a person with a developmental disability, etc.

Perseveration - In psychology, the uncontrollable repetition of a particular response, such as a word, phrase, or gesture, despite the absence or cessation of a stimulus. Examples in children with autism spectrum disorder include stacking or lining objects up for hours, or becoming fixated on a certain topic, such as trains or baseball statistics.

Person Outside the System (POS) – An individual with needs who does not qualify for services. (POS may also refer to “purchase of services”)

Personal Assistant - One of the educational supports, called "supplementary aids and services" in the Individuals with Disabilities Education Act, designed to help maximize the potential of children with disabilities to be mainstreamed with children without disabilities.

Pervasive Developmental Disorder (PDD) Children with this diagnosis typically have many features of autism, such as severe and pervasive difficulties in social and communication behaviors, but do not meet the full criteria for Autistic Disorder. They may not have symptoms in each of the three categories or their symptoms may be milder.

Pervasive Developmental Disorder - Not Otherwise Specified - A diagnosis given when there is severe impairment in social interaction and verbal and nonverbal communication skills, or when stereotyped behavior, interests and activities are present, but symptoms do not meet the criteria for other autistic disorders.

Phenotype - Class to which an organism belongs as determined by the description of its physical and behavioral characteristics; in autism, this refers to the fact that the disorder is diagnosed based upon observable behavior rather than upon some biological marker or gene. Contrast to genotype.

Physical Therapist - A professional trained to treat disease, injury, and developmental delays using methods such as therapeutic exercise, heat, light and massage.

Physical Therapy (P.T.) - A health care profession that is concerned with identifying and maximizing quality of life and movement potential within the spheres of promotion, prevention, diagnosis, treatment/intervention, and rehabilitation. This encompasses physical, psychological, emotional, and social wellbeing.

Physically Handicapped or Physically Disabled (PH or PD) - - Students with specific orthopedic needs which adversely affect their educational participation or performance.

Pica - A behavior; compulsive eating of non-food items

Picture Exchange Communication System (PECS) - An augmented communication program intended to help children and adults with autism to acquire functional communication skills. It uses ABA-based methods to teach children to exchange a picture for something they want - an item or activity.

Pitocin - An artificial form of the hormone oxytocin, which can be used to induce labor and strengthen contractions.

Pivotal Response Training - Employs behavioral techniques to target core --or pivotal-- skills. The hope is that gains will be made in many areas if a child improves in a core

area such as becoming more motivated to connect socially, and to imitate. It is also hoped that these gains will generalize, that is, the child will demonstrate new behaviors and coping not just with the person teaching the skill, but at home, at play, and in all contexts.

Placebo - An inactive substance given to one group in a research study, while another group receives a new medication which is being tested; if the new medication is more effective than the placebo, its worth is proven. Alternately, a placebo is a substance containing no medication and prescribed or given to reinforce a patient's expectation to get well.

Placement - A service available to clients who would benefit from an out-of-home living arrangement and for those who are unable to live independently.

Positive Behavior Support Support that is specified in a behavior intervention plan that is developed by an IPP team to help a person with serious behavior problems change patterns of undesirable behaviors that interfere with learning. These supports are respectful of a person's dignity, and are successful in promoting a person's capabilities and opportunities. The support includes a reliance on data obtained from a functional analysis assessment.

Positive Reinforcement - Positive reinforcement strengthens a behavior by presenting a consequence that is desirable, such as food or praise. See negative reinforcement.

Prader-Willi Syndrome (PWS) - A genetic developmental disability in which infants are first characterized by poor muscle tone and feeding difficulties. As toddlers, the second phase of the syndrome is characterized by voracious appetites. Mental retardation, medical complications, and behavior problems are common.

Pragmatic Language - Refers to the "art of conversation": taking turns speaking, staying on a topic for a polite number of turns (even if it's not your favorite topic), showing interest in someone else's comments, etc. Individuals with ASDs, and particularly those with Asperger's Syndrome, are known to have difficulty with pragmatic language. Helping them to learn pragmatic language skills is often a part of speech therapy.

Prevalence - The total number of cases of a disease in a given community or population at a given time.

Private Industry Council (P.I.C.) - Local boards responsible for developing jobs and job training opportunities for persons with disabilities. Funds are provided through the JTPA (Job Training Partnership Act).

Probiotics - A supplement of live microorganisms that may beneficially affect the host upon ingestion.

Program Analysis Of Service Systems (P.A.S.S.) - A way of evaluating the quality of services for people who are at risk of being devalued and are dependent upon organizational services. A team of people use the tool to ask a series of questions about a service program. The answers provide direction for making services more normalized.

Program Development Funds (P.D.F.) - A combination of parental fees and money from the State Council on Developmental Disabilities available each year for starting new, innovative or expanded services.

Programming/Instruction - An organized process that leads an individual to develop the skills necessary for residential, social and vocational integration into the community.

Pronoun Reversal - A speech peculiarity that occurs when a person uses the pronoun for the second ("you") or third ("he/she") person when they actually mean the *first* person ("I" or "me"). For example, a child might say, "He wants juice" instead of "I want juice" when he's trying to get a caregiver to give him a drink. Children with autism often use pronoun reversal in their speech.

Proprioception - A sense, beyond the typical five (sight, smell, hearing, taste, touch), which involves knowing what your muscles and joints are doing and where you are in space; often discussed in the context of Occupational Therapy or Sensory Integration Therapy.

Prosody - Refers to how one speaks: tone, volume, and speed. Individuals with ASDs may have trouble imitating others' way of speaking so that they sound odd to "typical" people's ears. For example, they may speak in a monotone, or very fast, or as if they are delivering a lecture.

Protection and Advocacy, Inc. (PAI) - Federally funded under Public Law 95-602, PAI provides advocacy services for people with developmental disabilities. This service often includes the involvement of the legislature and the courts to ensure basic rights.

Prozac - A Selective Serotonin Reuptake Inhibitor (SSRI) often used to treat Depression, Obsessive-Compulsive Disorder, and other conditions. Brand name for fluoxetine.

Psychiatrist - A medical doctor (M.D.) who specializes in the prevention, diagnosis, and treatment of mental illness. They can prescribe medication, which psychologists cannot do.

Psychoactive Medication - Drugs that exert significant effects on mental functioning or behavior by altering the chemical makeup of the central nervous system.

Psychologist - A professional specializing in diagnosing and treating diseases of the brain, emotional disturbance, and behavior problems. Psychologists can only use talk therapy as treatment; a patient must see a psychiatrist or other medical doctor to be treated with medication.

Psychomotor Agitation - A restlessness evident to others; one of the symptoms of clinical depression as defined by the *Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV)*.

Psychomotor Retardation - A feeling of slowing down, with signs that others can observe; one of the symptoms of clinical depression as defined by the *Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV)*.

Psychosocial - Refers to both psychological and social aspects of behavior.

Purchase of Service Agreement (POS) - Refers to the agreement between an agency and a vendor that allows the vendor to provide a service for a person with a developmental disability for pay.

Quality Assurance (QA) - A set of requirements that cover the major areas of client care and existence, including: programming focus and hours, client rights, community integration, health, the physical plant and safety, client records, staff training, and qualifications and administration.

Quetiapine – This is a generic name for Seroquel; an atypical antipsychotic medication that helps restore the balance of neurotransmitters in the brain. This medication, sometimes used to treat bipolar disorder or schizophrenia, can be used in autism spectrum disorder to improve concentration, minimize severity and frequency of mood swings, and ease nervousness.

Random Sample – This term refers to a group of people to be used in a research testing situation in which every person had an equal chance of being included in the sample. If a study or research project is not using a random sample, bias is introduced, which casts doubt on results.

Randomized - Refers to an experimental design in which a researcher does *not* control who gets put in the group receiving a new treatment and who is placed in the group receiving a placebo or standard treatment (also called a "control group"). Participants are assigned to whichever group by chance in order to eliminate bias.

Rapid Prompting Method – This is a behavioral intervention that uses a Teach-Ask paradigm for eliciting responses through intensive verbal, auditory, visual, and/or tactile prompts.

Reasonable Accommodation: - An adaptation or modification of the environment or materials which make it possible for a person with a disability to fully participate in an activity.

Receptive Language – This term refers to the ability to understand spoken language.

Recreational therapy - A therapy that uses treatment, education and recreation services to help people with illnesses, disabilities and other conditions to develop and use their leisure in ways that enhance their health, functional abilities, independence and quality of life.

Refrigerator Mother - Derogatory term based on the now debunked theory of psychologist Bruno Bettelheim who argued that autism was caused when a child withdrew from the unbearable rejection of a cold, unresponsive mother.

Regional Centers (RCs) - Regional centers are nonprofit private corporations that contract with the Department of Developmental Services to provide or coordinate services and supports for individuals with developmental disabilities. They have offices throughout California to provide a local resource to help find and access the many services available to individuals and their families. Regional centers provide diagnosis and assessment of eligibility and help plan, access, coordinate and monitor the services and supports that are needed because of a developmental disability. There is no charge for the diagnosis

and eligibility assessment. Regional Centers are contracted by the Department of Developmental Services. Twenty-one centers provide people with residential, day, transportation, and social, independent living, and respite, medical, psychological, preschool and other services.

Regression - Returning to a pattern of behavior or level of skill characteristic of a younger age. For example, a three-year-old child would be said to “regress” if he had begun to speak, and then lost that ability.

Rehabilitation Act of 1973 (Public Law 93-112) - A federal law that expands rehabilitation services to persons with severe disabilities. Section 504 of this law prohibits discrimination on the basis of handicap and mandates accessibility in all federally assisted programs and is considered, therefore, the federal “civil rights” act for people with disabilities.

Reinforcement - A consequence that causes a behavior to occur with greater frequency. For example, giving a child a break from work when he or she becomes disruptive may inadvertently increase the likelihood that the disruptive behavior will recur in the future.

Relationship Development Intervention - A program designed to help individuals with Autism Spectrum Disorders acquire "dynamic intelligence," that is, the ongoing, spontaneous ability to integrate many levels of experience and meaning to interact socially and to adapt to changing circumstances.

Repetitive Behaviors - Actions that one carries out over and over again, such as repeatedly spinning the wheel of a toy car around.

Residential Service Provider - A person or persons who provide a place to live and varying degrees of supervision for persons with developmental disabilities in community living arrangements such as staffed apartments, family homes, group homes, board and care homes, etc.

Respite - Temporary care of people who have developmental disabilities and are living at home. The period of rest provided to family members is a critical aspect of the home environment. This term also covers out-of-home respite.

Rett Syndrome - Rett Syndrome is a childhood neurodevelopmental disorder characterized by normal early development followed by loss of purposeful use of the hands, distinctive hand movements, slowed brain and head growth, gait abnormalities, seizures, and mental retardation. It affects females almost exclusively. Individuals with Rett Syndrome often exhibit autistic-like behaviors.

Risperdal - Brand name for risperidone --an anti-psychotic drug used to treat problem behaviors associated with autism such as irritability, aggression, temper tantrums, self-injury, and quickly changing moods. It was approved by the U.S. Food and Drug Administration (FDA) for use in children and adolescents with autism in October, 2006.

Risperidone - Generic name for Risperdal --an anti-psychotic drug used to treat problem behaviors associated with autism such as irritability, aggression, temper tantrums, self-injury, and quickly changing moods. It was approved by the U.S. Food and Drug Administration (FDA) for use in children and adolescents with autism in October, 2006.

Rocking - The act of rhythmically moving one's body back and forth or side to side; one of the repetitive and possibly self-stimulating behaviors associated with individuals having an autism spectrum disorder.

Savant - A person who, although developmentally or mentally handicapped, possesses extraordinary skills in a certain area such as calculation, memory, music, or art.

Savant Syndrome – This is a condition in which a person, though developmentally or mentally handicapped, possesses extraordinary abilities in one specific area such as calculation, memory, music, or art. Savant Syndrome is often associated with autism.

Schizophrenia - A psychiatric disorder characterized by marked social or occupational dysfunction. Symptoms can include delusions, hallucinations, and disorganized speech.

Second-Generation Antipsychotics - The newest antipsychotic medications, such as Risperdal; most have been widely used since the 1990s and generally do not cause the extrapyramidal side effects common with the use of conventional antipsychotics. However, second-generation antipsychotics are associated with other possible side effects such as increased appetite and weight gain.

Section 504 - The section of the U.S. Rehabilitation Act of 1973 designed to protect the rights of individuals with disabilities in programs and activities that receive federal funds from the U.S. Department of Education. Section 504 requires a school district to provide a "free appropriate public education" (FAPE) to each qualified student with a disability who is in the school district's jurisdiction, regardless of the nature or severity of the disability. Although valuable, this protection is less than that afforded to an individual whose disability is covered under the Individuals with Disabilities Education Act (IDEA).

Segregation - The congregation of people with special needs in daytime programs and/or living situations where there is little or no interaction with people who do not have disabilities and are not paid to be there. This is the opposite of integration.

Seizure - The physical results of abnormal electrical discharges in the brain, which can include convulsions, sensory disturbances, or loss of consciousness.

Self Advocacy - The awareness, motivation, and ability of an individual to represent and communicate his or her own interests, to exercise personal choice, to exert control over his or her environment and to avoid exploitation and abuse.

Self-Care - Providing for or meeting one's physical and personal needs such as dressing, grooming and hygiene, without being dependent on others.

Self-Injurious Behavior – This refers to any behavior that can cause self-inflicted physical damage, such as bruises, redness, and open wounds. Some common forms of these behaviors are head-banging, hand-biting, and excessive scratching or rubbing.

Self-Selecting - Participants in research are considered to be "self-selecting" when they volunteer to participate in a study.

Sensory Integration Therapy - A treatment used to help children, including those with Autism Spectrum Disorders, who have motor, sensory, and perceptual difficulties. It is

based on the belief that you can change the brain by changing experience. If a person has poor sensory integration—which then impacts the ability to function and learn—you can provide sensory experiences that will improve not only sensory integration itself, but overall functioning. Providers of Sensory Integration Therapy are most often Occupational Therapists.

Seriously Emotionally Disturbed (SED) - An individual who has severe problems relating to others; who is unable to learn for reasons other than intellectual functioning, who is severely aggressive or extremely withdrawn.

Seroquel – This is a brand name for quetiapine; an atypical antipsychotic medication that helps restore the balance of neurotransmitters in the brain. This medication, sometimes used to treat bipolar disorder or schizophrenia, can be used in autism spectrum disorder to improve concentration, minimize severity and frequency of mood swings, and ease nervousness.

Sertraline - A Selective Serotonin Reuptake Inhibitor (SSRI) often used to treat Depression, Obsessive-Compulsive Disorder, and other conditions. Generic name for Zoloft.

Service Coordination – Locating and coordinating support, information and service choices for a consumer and the family to feel secure, knowledgeable, responsible and empowered. Also known as Case Management.

Service Provider - An individual, group or agency approved by the State Department of Developmental Services to supply a service for a fee to a regional center client.

Severe Autism - Term used to refer to those on the autism spectrum who suffer relatively more impairment due to their disability compared to others.

Sheltered Employment - A program offering long-term employment to people who are exempt from federal wage and hour laws because of disability. By Department of Labor standards, “sheltered workers” must receive pay based on productivity relative to typical workers doing the same job. These programs are usually segregated, but need not be.

Short-Term Objective - Included on the student's IEP/IPP as a means of measuring progress toward a goal. It includes a series of intermediate steps or training activities that will take the student/consumer from his or her current level of functioning to the accomplishment of annual goals.

Simplex - A family with only one child with a certain disease or disorder. When autism researchers say they are looking only at *simplex* families, for example, they mean they want to study only families that have one child with autism rather than more than one.

Single Photon Emission Computed Tomography – An imaging system which generates three-dimensional images of a person's particular organ or body system. SPECT detects the course of a radioactive substance that is injected, ingested, or inhaled. In neurology, a SPECT scan is often used to visualize the brain's cerebral blood flow and thereby, indicate metabolic activity patterns in the brain.

Site-Based Program - A program where the majority of classes and activities occur in a site (building) as opposed to occurring in the community.

Skilled Nursing Facility (SNF) - A health facility or a distinct part of a hospital which provides nursing care and supportive care to patients whose primary need is for skilled nursing care on an extended basis. It provides 24-hour inpatient care and as a minimum, includes medical, nursing, dietary and pharmaceutical services, and an activity program. (The acronym is sometimes pronounced "sniff.")

Social Anxiety Disorder/Social Phobia - An individual with this psychiatric disorder has a persistent fear of social or performance situations to such a marked degree that it interferes with his or her daily life. Most often, the individual avoids the situation, or endures it with a feeling of dread. Symptoms may include tremors, sweating, muscle tension, blushing, and other signs of anxiety.

Social/Recreation Program - Programs that train people to participate in social and recreational activities on their own.

Social Reciprocity - The give-and-take of social interaction; social reciprocity depends upon one's ability to read the cues, intentions, feelings, and perspectives of others. A key feature of autism spectrum disorders is a lack of ability to read such cues and intentions leading to a deficit in social reciprocity.

Social Scripts - A social skills training technique to teach individuals with ASDs "scripts" for common social situations. The individual initially uses a support, such as a reminder card with the script available to read, and then gradually lessens reliance on the support until he or she can use the scripted question or phrase spontaneously.

Social Security Administration (SSA) - The federal agency that administers both the Supplemental Security Income (SSI) Program and the Social Security Disability Insurance Program.

Social Security Disability Insurance (SSDI) - Benefits paid to insured workers under the Social Security program who have become disabled.

Social Skills Group - These groups use a variety of social skills training techniques and offer an opportunity for individuals with ASDs to practice social skills with each other and/or typical peers on a regular basis during group meetings.

Social Skills Training - Encompasses different approaches to teaching the building blocks of social behavior and interaction. Strategies for addressing the social deficits that characterize autism are varied, ranging from role-playing desirable and undesirable social behavior, to social stories, to social skills groups including children with ASD and typical peers.

Social Stories - A social skills training tool for children with autism spectrum disorders; social stories break a social situation down into understandable parts and make clear social cues and expectations that children with ASDs cannot pick up naturally due to the nature of their disability.

Special Education - People and practices helping to provide individualized learning experiences for students with special needs.

Special Education Local Planning Area (SELPA) - The local unit responsible for administering the comprehensive special education plan in that area.

Special Incident Report (SIR) – An SIR is a formal report that is filed with the regional center whenever a person served by the regional center is involved in an unusual event, such as a crime or injury. There are detailed and specific rules about SIRs that service providers and regional centers must follow.

Special Services - Residential facilities where extra funds have been provided to offer extra services for the people who live there. These services include behavior modification, vocational training and independent living.

Speech and Language Therapy - A planned program for people who have problems with speech or language to help them communicate with others by voice or symbol systems.

Speech-Language Pathologist (SLP) - A professional who is trained to assess and treat issues in communication. These may include articulation (pronunciation of sounds), receptive language (understanding and processing what is communicated by others), expressive language (the ability to communicate to others), fluency (including stuttering), voice problems (including pitch and intonation), and pragmatics (the social use of language).

Speech Therapist - An older term for a Speech-Language Pathologist --a professional who is trained to assess and treat issues in communication. These may include articulation (pronunciation of sounds), receptive language (understanding and processing what is communicated by others), expressive language (the ability to communicate to others), fluency (including stuttering), voice problems (including pitch and intonation), and pragmatics (the social use of language).

Squeeze Machine - A device created by Temple Grandin, a high functioning person and author with autism, which exerts deep pressure all along the body; it is said to calm anxiety.

Staffing Ratio - The numerical relation of the number of direct care staff on duty to the number of clients in attendance.

State Council on Developmental Disabilities - Under the Developmental Disabilities Assistance and Bill of Rights Act (Public Law 95-602) and the Lanterman Developmental Disabilities Services Act of 1976, the State Council has a responsibility to plan and coordinate resources to protect the legal, civil and service rights of persons with developmental disabilities. The Council is made up of consumers, parents and state agency administrators.

Stereotypic Behaviors - Constant repetition of certain apparently meaningless movements or gestures, e.g., rocking or head banging.

Stimming - Short for "self-stimulation", a term for behaviors which stimulate one's own senses, such as rocking, spinning, or hand-flapping.

Strattera - Brand name for atomoxetine; a non-stimulant medication approved by the FDA for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in children, adolescents, and adults.

Substantial Gainful Activity - "Substantial" work activity means the performance of significant physical and/or mental duties, which are productive. "Gainful" activity is work for pay or profit or intended for profit.

Suicidal Ideation - Having thoughts of suicide or of taking action to end one's own life. Suicidal ideation includes all thoughts of suicide, both when the thoughts include a plan to commit suicide and when they do not include a plan. Antidepressants, sometimes used in the treatment of autism, have been linked to potential suicidality in teens and young adults.

Supplemental Security Income (SSI) - Money that comes from the federal government to people who, because of their disabilities, don't earn enough to support themselves.

Support Services - Those services designed to meet the total needs of the individual that are not traditionally met in a residential or day program (e.g., physical, speech, occupational therapy).

Supported Employment - A term used to describe a system of support for people with disabilities in regards to ongoing employment in integrated settings. Supported employment provides assistance such as job coaches, job development, job retention, transportation, assistive technology, specialized job training, and individually tailored supervision. Supported Employment often refers to both the development of employment opportunities and on-going support for those individuals to maintain employment.

Supported Living - Services and supports provided by an agency to enable an individual with developmental disabilities to live in their own home in the community. Most often, these supports are more intensive than that of independent living services.

Surrogate Parent - A person who is appointed by the District or SELPA to act as a child's parent in all matters related to special education. A surrogate is appointed when a child is a dependent or ward of the court, and the court has limited the rights of the parent/guardian to make educational decisions, or when a parent cannot be identified or located

Susceptibility Gene - A gene that predisposes a person to having a certain condition. There are some autism researchers who are trying to find out if there might be one or more autism susceptibility genes.

Systemizing – A theory that classifies people on the basis of their scores along two dimensions: empathizing (E) and systemizing (S). E-S theory was developed by British psychologist Simon Baron-Cohen as a major reconceptualization of cognitive sex differences in the general population; and in an effort to understand why the cognitive difficulties in autism appeared to lie in domains in which on average females

outperformed males and why cognitive strengths in autism appeared to lie in domains in which on average males outperformed females.

Tegretol - A drug used to prevent and control seizures; may also be used to treat certain mental/mood conditions (e.g. Bipolar Disorder, Schizophrenia) and certain types of nerve pain. Generic name for Carbamazepine.

Thalidomide - Once given to treat morning sickness, Thalidomide was banned in pregnant women because it led to birth defects. Recently, it also has been associated with autism.

Theory of Mind - Refers to the notion that many autistic individuals do not understand other people have their own desires, thoughts, and points of view. To lack a “theory of mind” is to suffer from “mind-blindness.”

Therapeutic Recreation - A therapy that uses treatment, education and recreation services to help people with illnesses, disabilities and other conditions to develop and use their leisure in ways that enhance their health, functional abilities, independence and quality of life.

Therapy - Improving, developing or restoring functions impaired or lost through illness, injury or deprivation. Therapy may address a variety of functions (e.g., physical, speech, and occupational therapy) and may take a variety of forms (e.g., art, dance, music therapy).

Thorazine - Brand name for chlorpromazine; one of the conventional antipsychotic medications, which were developed in the 1950s, '60s, and '70s and commonly caused extrapyramidal side effects.

Title 17 - A portion of the California Code of Regulations that contains the Department of Developmental Services' regulations as well as other regulations. These regulations, starting with Section 50201, cover parental fees, conflict of interest, rules for conducting research, clients rights, fiscal audits and appeals, fair hearings, vendorization procedures, regional center administrative practices and procedures, standards and rate-setting procedures for community-based programs and in-home respite services, residential facility care and supported living services.

Title 22 - A portion of the California Code of Regulations that contains the state licensing regulations for community care facilities and health facilities, as well as other regulations.

Toe-walking - Describes a gait pattern of toe-to-toe rather than normal heel-to-toe walking; common in children with autism.

Tourette's Disorder - A disorder in which a person develops multiple motor tics and one or more vocal tics. Motor tics are involuntary, sudden, repetitive movements such as eye-blinking, nose twitching, or stamping. Vocal tics often accompany motor tics. They are also involuntary, and include things like grunting, throat clearing, or chirping. These movements should be distinguished from the type of repetitive, stereotyped behaviors common to those with an Autism Spectrum Disorder (ASD), although it is possible for a person to have both ASD and Tourette's Disorder.

Traumatic Brain Injury (TBI) – an acquired injury to the brain caused by an external physical event resulting in total or partial functional disability or psychosocial impairment that adversely affects a person's abilities.

Transition – This term refers to the passage from one program, setting or environment to another, i.e., graduation from a high school program into a work environment or other significant changes.

Trichotillomania - An impulse-control disorder in which a person will, especially when anxious, pull hair from their head, eyebrows, eyelashes, or body. Some people with trichotillomania report feeling soothed by the activity, and are usually unable to stop it without therapy, medication, or both.

Tuberous Sclerosis - A genetic disorder caused by mutations in one of two genes, causes benign tumors and lesions to form in many different organs of the body, including the brain, skin, eyes, heart, kidneys, and lungs. The impact it has on those who have it is extremely variable. Some are so mildly affected, they go undiagnosed. Others suffer severe impairments which may include seizures, mental retardation, and autism.

Typical Peers - Essentially refers to "typically developing peers," a term perhaps more meaningful than "normal peers."

Valproate - An anti-epileptic, anti-convulsant medication. Generic name for depakene.

Vendor/Provider - A person, program or facility, which has been vendorized (authorized) by a regional center to provide a particular services to regional center clients.

Vendorization - The process used to verify that an applicant meets all of the requirements and standards pursuant to the regulations prior to the provision of services to clients.

Verbal Behavior (VB) - An intervention, often seen as an adjunct to Applied Behavioral Analysis, which is directed towards helping children on the autism spectrum develop language. Verbal Behavior attempts to capture a child's motivation to develop a connection between the value of a word and the word itself. This may be an improvement over traditional ABA which focuses on labeling objects rather than spontaneous use of language.

Vestibular - Refers to a sense, in addition to the typical five (sight, hearing, smell, taste, touch), which is related to the inner-ear and involves your awareness of movement, head position, and balance; often discussed in the context of Occupational Therapy or Sensory Integration Therapy.

Video Modeling - A technique in which videos of real people and situations are used to model behavior sequences, interpersonal relationships, friendship behaviors, and perspective-taking to children with autism.

Visual Schedule - A tool used to help organize individuals with autism by presenting the abstract concept of time in a concrete form according to age and understanding. Pictures or photos showing a toothbrush (for brushing teeth), clothes (for getting dressed), and a backpack (for getting ready to go to school) are examples of items that would appear on a

schedule helping to organize morning routine for a child not yet able to read. For older children, the schedule may appear in written form.

Visually Handicapped or Visually Impaired (VH or VI) - A visual impairment which, even with correction, adversely affects a student's educational performance. The term includes both partial sightedness and blindness.

Vitamin A - An antioxidant vitamin; beta-carotene and retinol are both forms of Vitamin A.

Vitamin B6 - A water-soluble vitamin that is important for metabolism and the immune system.

Vitamin C - An antioxidant vitamin.

Vocational Rehabilitation (VR) - Helps people prepare for and find employment. Also sometimes synonymously used as Department of Rehabilitation.

Vocational Services - Services, including education and training that enable each individual to develop a capacity to work and progress as far as possible from vocational functions to affordable employment in the community. Such services include vocational evaluation, counseling, activity services, work adjustment, occupational skill, training and job placement.

Weighted Blanket - A blanket made to be extra heavy in order to provide deep pressure; used for Sensory Integration Therapy.

Weighted Vest - A vest made to be extra heavy in order to provide deep pressure; used for Sensory Integration Therapy.

Work Activity Program (WAP) - Regional Centers Department of Rehabilitation (Habilitation Section) fund and monitor those programs for people who have acquired basic vocational and independent living skills and need a work-oriented setting to prepare for a vocation. In practice, these programs are usually segregated but need not be. Work Activity Program (WAP) services through the Department of Rehabilitation include paid work, work adjustment and supportive habilitation services in a sheltered work shop setting. WAPs provide paid work in accordance with Federal and State Fair Labor Standards. Work adjustment services may include developing good work safety practices, money management skills, and appropriate work habits. Supportive habilitation services may include social skill and community resource training as long as the services are necessary to achieve vocational objectives.

Work Incentives - Policies or procedures created to address barriers to employment caused be benefits eligibility and promote self-sufficiency

Work Incentives Planning & Assistance Project (WIPA) - These projects operate in a variety of locations throughout the country. They provide community presentation on Social Security Administration Work Incentives and Benefits Planning. Additional they provide individualized benefits counseling and on-going benefits management/

Yeast Free Diet - Diet that eliminates yeast; these often exclude natural and refined sugars (including fruit) and fermented foods such as bread, vinegar, alcohol, cheese, soy sauce, coffee, and processed meats.

Zero Exclusion - An entry criteria philosophy that states that no one should be denied services in the particular program, regardless of the level and degree of disability, or the number of secondary disabilities.

Ziprasidone - Generic name for Geodon; an atypical antipsychotic medication used to treat psychiatric disorders, such as schizophrenia, and symptoms associated with bipolar disorder. This medication helps restore the balance of neurotransmitters in the brain. When used in the treatment of autism spectrum disorder, ziprasidone can ease nervousness and help improve concentration.

Zoloft - A Selective Serotonin Reuptake Inhibitor (SSRI) often used to treat Depression, Obsessive-Compulsive Disorder, and other conditions. Brand name for sertraline.

Zyprexa - Brand name for Olanzapine, an antipsychotic medication prescribed for treatment of Bipolar Disorder and Schizophrenia. It is also sometimes used "off label" to treat the irritability, mood disturbance, and aggression associated with autism spectrum disorders.

A Glossary of Acronyms

AAC	Augmentative and Alternative Communication
AAMR	American Association on Mental Retardation
AB	Area Board
AB	Assembly Bill
ABA	Applied Behavior Analysis
ACA	Assembly Constitutional Amendment
ACDD	Accreditation Council on Services to Persons with Developmental Disabilities
ACR	Assembly Concurrent Resolution
ADA	Americans with Disabilities Act
ADA	Average Daily Attendance
ADC	Adult Development Center
ADD	Administration on Developmental Disabilities
ADD	Attention Deficit Disorder
ADHC	Adult Day Health Care
AD/HD	Attention Deficit/Hyperactivity Disorder
ADOS-G	Autism Diagnostic Observational Schedule - Generic
AFDC	Aid to Families With Dependent Children
AIT	Auditory Integration Training
AJR	Assembly Joint Resolution
ANDI	A Normalization and Development Instrument
AOR	Assembly Office of Research
ARC	Association for Retarded Citizens (Arc also)

ARCA	Association of Regional Centers
ARC - C	Association for Retarded Citizens - California
Arc	The Arc (San Francisco and The Arc - National) Formerly titled ARC
AS	Asperger's Syndrome
ASDs	Autism Spectrum Disorders
AWIC	Area Work Incentive Coordinator
B&C	Board and Care
BAP	Broad Autism Phenotype
BCP	Budget Channel Proposal
BPAO	Benefits Planning & Outreach Program or Specialist
BSE	Behavioral Summarized Evaluation
CAC	California Adult Council
CAC	Community Advisory Committee
CAHF	California Association of Health Facilities
CAHSEE	California High School Exit Exam
CAL-SAC	California Society for Autistic Children
CAL-TRANS	California Department of Transportation
CANHC	California Association for Neurologically Handicapped Children
CAPH	California Association of Physically Handicapped
CAPSES	California Association of Private Special Education Schools
CARCH	California Association of Residential Facilities
CARF	Commission on the Accreditation of Rehabilitation Facilities
CARH	Community Assistance for the Retarded and Handicapped
CARR	California Association of Residential Resources
CARS	Childhood Autism Rating Scale
CASH-PCR	California Association of State Hospital Parent Councils for the Retarded
CASP	California Association of Service Providers
CBI	Community Based Instruction
CBT	Cognitive Behavioral Therapy
CC	Community College
CCA	Community Action Agency
CCF	Community Care Facility
CCS	California Children's Services (formerly Crippled Children's Services)
CDD	Childhood Disintegrative Disorder
CDER	Client Development Evaluation Report
CEC	Council on Exceptional Children
CES	California Epilepsy Society
CF	Cystic Fibrosis
CFC	Combined Federal Campaign
CFR	Code of Federal Regulations
CHAD	Combined Health Agencies Drive
CHDP	Child Health and Disability Prevention
CHP	Comprehensive Health Planning
CIL	Center for Independent Living
COLA	Cost of Living Adjustment
CP	Cerebral Palsy
CPC	Client Program Coordinator

CPEC	California Postsecondary Education Commission
CPP	Community Placement Plan
CPS	Community Program Specialist
CRA	California Rehabilitation Association
CRA	Clients Rights Advocate
CSLA	Community Supported Living Arrangement
CWIC	Community Work Incentive Coordinator
DCH	Developmental Centers for the Handicapped
DD	Developmental Disabilities
DDS	Department of Developmental Services
DHH	Deaf and Hard of Hearing (HOH)
DHS	Department of Human Services
DME	Durable Medical Equipment
DOE	Department of Education
DOF	Department of Finance
DOH	Department of Health Services
DOR/DR	Department of Rehabilitation
DREDF	Disability Rights Education Defense Fund
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
DSP&S	Disabled Students Program and Services
DSS	Department of Social Services
DSS	Disabled Student Services
DTAC	Day Training and Activity Center
ED	Emotional Disability/Disturbance
EDD	Employment Development Department
EEG	Electroencephalogram
EI	Early Intervention
EPSDT	Early Periodic Screening Treatment and Diagnosis
FAPE	Free Appropriate Public Education
FBA	Functional Behavioral Assessment
FC	Facilitated Communication
FCT	Functional Communication Training
FRC	Family Resource Center
FY	Fiscal Year
GA	General Assistance
GA	Governmental Affairs
GAC	Governmental Affairs Committee
GSA	General Services Administration
HFA	High Functioning Autism
HHS	Health and Human Services
HR	House Resolution
HSP	Habilitation Services Program
HSP&S	Handicapped Student Program and Services
HUD	Housing and Urban Development
HWA	Health and Welfare Agency
ICE	Integrated Competitive Employment
ICF/DD-H/N	Intermediate Care Facility/Developmentally Disabled - Habilitative/Nursing
ICF/MR	Intermediate Care Facility - Mentally Retarded

IDEA	Individuals with Disabilities Education Act
IDT	Interdisciplinary Team
IEP	Individualized Education Program
IFSP	Individual Family Service Plan
IHP	Individualized Habilitation Plan
IHSS	In-Home Support Services
ILC	Independent Living Center
ILP	Independent Living Program
ILSP	Independent Living Services Program
IPP	Individualized Program Plan
IQ	Intelligence Quotient
IRWE	Impairment Related Work Expense
ITP	Individualized Transition Plan
JAN	Job Accommodation Network
JTPA	Job Training Partnership Act
LAC	Legislative Advisory Committee
LAO	Legislative Analysts Office
LEA	Local Education Agency
LD	Learning Disability
LMU	Local Member Unit
LOC	Level of Care
LPS	Lanterman-Petris-Short
LRE	Least Restrictive Environment
LTC	Long Term Care
LTCF	Long Term Care Facility
MCH	Maternal and Child Health
MD	Muscular Dystrophy or Medical Doctor
MH	Multiply Handicapped or Mentally Handicapped
MHAB	Mental Health Advisory Board
MI	Mental Illness
MIS	Management Information System
MR	Mental Retardation
MRI	Magnetic Resonance Imaging
MS	Multiple Sclerosis
NADD	National Association for the Dually Diagnosed
NADDC	National Association of Developmental Disabilities Councils
NASMRPD	National Association of State Mental Retardation Program Directors
NEARC	National Conference of Executives of Associations for Retarded Citizens
NHA	National Health Agency
NISH	National Industries for the Severely Handicapped
NIH	National Institutes of Health
NIMBY	"Not in my back yard"
NISH	National Industries for the Severely Handicapped
NPA	Non Public Agency
NPS	Non Public School
NT	Neurotypical
O & M	Orientation and Mobility
OAB	Organization of Area Boards
OAHA	Office of Administrative Hearings

OAL	Office of Administrative Law
OCD	Obsessive Compulsive Disorder
ODEP	Office of Disability Employment Policies
OEO	Office of Economic Opportunity
OH	Office of the Handicapped
OHDS	Office of Human Development Services
OJT	On the Job Training
OSE	Office of Special Education
OSERS	Office of Special Education and Rehabilitation Services
OSHA	Occupational Safety and Health Administration
OT	Occupational Therapy
OT/PT	Occupational Therapy/Physical Therapy
PAI/P&A	Protection and Advocacy, Inc.
PAC	Political Action Committee
PASS	Program Analysis of Service Systems
PASS	Plan for Achieving Self-Sufficiency
PCMR	President's Committee on Mental Retardation
PDD	Pervasive Developmental Disorder
PDD-NOS	Pervasive Developmental Disorder Not Otherwise Specified
PDF	Program Development Fund
PECS	Picture Exchange Communication System
PIC	Private Industry Council
PKU	Phenylketonuria
PL	Public Law
PL-ADOS	Pre-Linguistic Autism Diagnostic Observation Schedule
POS	Person Outside the System
POS	Purchase of Service Agreement
PRT	Pivotal Response Training
PSE	Post Secondary Education
PT	Physical Therapy
PWS	Prader-Willi Syndrome
QA	Quality Assurance
RAC	Rehabilitation Advisory Committee
RC	Regional Center
RCOM	Regional Center Operations Manual
RDI	Relationship Development Intervention
RFP	Request for Proposals
ROP	Regional Occupational Program
RSA	Rehabilitation Services Administration
RRDP	Regional Resource Development Plan
SB	Senate Bill
SCA	Senate Constitutional Amendment
SCDD	State Council on Developmental Disabilities
SCR	Senate Concurrent Resolution
SDC	State Developmental Center
SE	Sheltered Employment or Supported Employment
SED	Seriously Emotionally Disturbed
SELPA	Special Education Local Planning Agency
SJR	Senate Joint Resolution

SLP	Speech Language Pathologist
SNF	Skilled Nursing Facility
SOCCO	Society of Care-Home Operators
SOAR	Sufficiency of Allocation Report (Regional Centers)
SOP	Summary of Performance
SOR	Senate Office of Research
SPECT	Single Photon Emission Computerized Tomography
SRS	Social Responsiveness Scale
SSA	Social Security Administration or Social Services Agency
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SSP	State Supplementary Program
STE	Supported Training - Enclave
STI	Supported Training - Individual
SWITP	School to Work Interagency Transition Partnership
TANF	Temporary Assistance to Needy Families
TASH	The Association for Persons with Severe Disabilities
TDD	Telecommunications Device for the Deaf
TEACCH	Treatment and Education of Autistic and Related Communication-Handicapped Children
TPP	Transition Partnership Program
TTY	Teletype – keyboard device to access telephone services for deaf people
UCPA	United Cerebral Palsy Association
USBLN	United States Business Leadership Network
USC	United States Code
VOC ED	Vocational Education
VR	Vocational Rehabilitation
WI	Workability One
WII	Workability Two
WIII	Workability Three
WIV	Workability Four
WAC	Work Activity Center
WAP	Work Activity Program
WIA	Workforce Investment Act
WIB	Workforce Investment Board
WIIP	Work Incentives Improvement Plan
WIPA	Work Incentives Planning & Assistance Project
WOTC	Work Opportunity Tax Credit

Acronym* List

*Means a word formed from the first letters of each one of the words in a phrase

A

AAC = Alternative Augmentative Communication ABA = Applied Behavior Analysis AB = Assembly Bill ABLE = Achieving a Better Life Experience ABC = Antecedent, Behavior, Consequence ACA = Assembly Constitutional Amendment ACR = Assembly Concurrent Resolution ACRC = Alta California Regional Center ACT = Autism Clinical Team ADA = Americans with Disabilities Act ADC = Adult Developmental Center ADD/ADHD = Attention Deficit/Attention Deficit Hyperactivity Disorder	ADHC = Adult Day Health Care ADL = Activities of Daily Living ADR = Alternative Dispute Resolution AIM = Accessible Instruction Materials AIDD = Administration on Intellectual and Developmental Disabilities AJR = Assembly Joint Resolution AMA = American Medical Association APE = Adaptive Physical Education APR = Annual Performance Report APS = Adult Protective Services ARCA = Association of Regional Center Agencies ARM = Alternative Residential Model AS = Asperger's Syndrome AT = Assistive Technology ASD = Autism Spectrum Disorder
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B

BAP = Broad Autism Phenotype BCP = Budget Change Proposal B & C = Board & Care BD = Behavioral Disorder	BHT = Behavioral Health Treatment BIP = Behavioral Intervention Plan BOE = Board of Education
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C

C2C = College to Career CAC = Community Advisory Committee CAP = Client Assistance Program	CAHF = California Association of Health Facilities CFS = Children & Family Services
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CAP = Corrective Action Plan CASA = Court Appointed Special Advocate CBAS = Community Based Adult Services CBT = Cognitive Behavioral Therapy CCBEDS = California Basic Educational Data System CCF = Community Care Facility CCL = Community Care Licensing CCS = California Children’s Services CDE = California Department of Education CDCAN = California Disability Community Action Network CDER = Client Development Evaluation Report CECY = California Employment Consortium for Youth CF = Cystic Fibrosis CFILS = California Foundation for Independent Living Centers	CIE = Competitive Integrated Employment CIL = Center for Independent Living CITP = Community Integration Training Program CMS = Centers for Medicaid/Medicare Services COLA = Cost of Living Adjustment CP = Cerebral Palsy CPP = Community Placement Plan CPS = Child Protective Services CPT = California Psychiatric Transitions CRA = Clients Rights Advocate CRA = Comprehensive Review and Analysis CS = Canyon Springs Community Facility CSLA = Community Supported Living Arrangement CVRC = Central Valley Regional Center
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D

DC = Developmental Center DDS = Department of Developmental Services DDN = Developmentally Disabled Nursing DGS = Department of General Services DHCS = Department of Health Care Services	DIS = Designated Instructional Services DME = Durable Medical Equipment DOR = Department of Rehabilitation DOF = Department of Finance DRC = Disability Rights California DSS = Department of Social Services DS = Down Syndrome DTAC = Day Training and Activity Center
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E

EC = Education Code	EIP = Early Intervention Program
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ECSE = Early Childhood Special Education EDD = Employment Development Department EFC = Employment First Committee EI = Early Intervention	ELARC = East Los Angeles Regional Center EPSDT = Early and Periodic Screening, Diagnostic, and Treatment ESSA = Every Student Succeeds Act
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F

FAA = Functional Analysis Assessment FAPE = Free Appropriate Public Education FBA = Functional Behavior Assessment FDC = Fairview Developmental Center FEHA = Fair Employment and Housing Act FERPA = Family Education Rights and Privacy Act FFP = Federal Financial Participation FCPP = Family Cost Participation Program	FHA = Family Home Agency FLSA = Fair Labor Standards Act FNRC = Far Northern Regional Center FOIA = Freedom of Information Act FPL = Federal Poverty Level FHR = Fair Hearing Request FRC = Family Resource Center FX = Fragile X Syndrome FY = Fiscal Year
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G

GE = General Education GF = General Fund	GGRC = Golden Gate Regional Center
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H

HCBS = Home & Community Based Services HFA = High Functioning Autism HH = Hard of Hearing HIPAA = Health Insurance Portability & Accountability	HHS = Health and Human Services HR = House Resolution HRC = Harbor Regional Center HSP = Habilitation Services Program HUD = Housing and Urban Development
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I

IA = Instructional Assistant IBSS = Intensive Behavioral/Social Skills Services ICF = Intermediate Care Facility I/DD = Intellectual and Developmental Disabilities IDEA = Individuals with Disabilities Education Act IFSP = Individual Family Service Plan IEP = Individual Education Plan IHO = In-Home Operations IHSS = In Home Supported Services ILC = Independent Living Center ILP = Independent Living Program	ILS = Independent Living Services IMD = Institutions for Mental Diseases IPE = Individualized Plan for Employment IPP = Individual Program Plan IR/I&R = Information and Referral IRWE = Impairment Related Work Expenses IRC = Inland Regional Center ISP = Individual Service Plan ITP = Individualized Transition Plan ITACC = Technical Assistance Center for Councils on Developmental Disabilities
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K

KRC = Kern Regional Center	
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L

LAO = Legislative Analyst's Office LEA = Local Educational Agency LCI = Licensed Children's Institution LEP = Limited English Proficiency LMID = Labor Market Information Division	LPPC = Legislative and Public Policy Committee LRC = Lanterman Regional Center LRE = Least Restrictive Environment LTC = Long Term Care LTCF = Long Term Care Facility
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M

MCO = Managed Care Organization MOU = Memorandum of Understanding	MTARS = Monitoring and Technical Assistance Review System
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N

NACDD = National Association of Councils on Developmental Disabilities NBRC = North Bay Regional Center NCI = National Core Indicators NF = Nursing Facility NIH = National Institutes of Health NIMBY = Not In My Backyard	NLACRC = North Los Angeles County Regional Center NOA = Notice of Action NOR = Notice of Resolution NPA = Non Public Agency NPS = Non Public School
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O

OAA = Older Americans Act OAHA = Office of Administrative Hearings OCRA = Office of Clients Rights Advocacy OJT = On the Job Training	OMT = Operations Management Team OSEP = Office of Special Education OT = Occupational Therapy
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P

P & A = Protection & Advocacy PADSA = Pacific Alliance on Disability Self Advocacy PBS = Positive Behavioral Supports PCA = Personal Care Attendant PDC = Porterville Developmental Center PDF = Program Development Fund PCP = Person Centered Planning PDD/NOS = Pervasive Developmental Disorder/Not Otherwise Specified	PPR = Program Performance Report POS = Purchase of Service PS = Program Specialist PSE = Post-Secondary Education PSOC = Parents Share of Cost PVAC = Provider Vendor Advisory Committee PWS = Prader-Willi Syndrome
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Q

QA = Quality Assurance	
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R

RAC = Regional Advisory Committee RC = Regional Center RCFE = Residential Community Care Facility for the Elderly RCEB = Regional Center of the East Bay RCOC = Regional Center of Orange County	RCRC = Redwood Coast Regional Center RFP = Request for Proposal RLA = Responsible Local Agency RM = Regional Manager RO = Regional Office RTI = Response to Intervention
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S

SAAC = Statewide Self Advocates Committee SARC = San Andreas Regional Center SB = Senate Bill SC = Service Coordinator SCA = Senate Constitutional Amendment SCLARC = South Central Los Angeles Regional Center SCR = Senate Concurrent Resolution SDAC = Self-Determination Advisory Committee SDC = Special Day Class SDC = Sonoma Developmental Center SDRC = San Diego Regional Center SDP = Self Determination Program SDS = Self Directed Services SELPA = Special Education Local Plan Area SES = Supplementary Education Services SGPRC = San Gabriel/Pomona Regional Center	SI = Sensory Integration SIR = Special Incident Report SJR = Senate Joint Resolution SLD = Specific Learning Disability SLP = Speech and Language Pathology SLS = Supported Living Service SNF = Skilled Nursing Facility SOAR = Sufficiency of Allocation Report SP = State Plan SPED = Special Education SPC = State Plan Committee SSA = Social Security Administration SSAN = Statewide Self Advocacy Network SSDAC = Statewide Self-Determination Advisory Committee SSDI = Social Security Disability Insurance SSI = Supplemental Security Income SST = Student Study Team SW = Sheltered Work SWP = Supported Work Project
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T

TA = Teacher's Aide/Teacher's Assistant TANF = Temporary Assistance for Needy Families	TBI = Traumatic Brain Injury TCRC = Tri Counties Regional Center
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U

UCEDD = University Center for Excellence in Developmental Disabilities	
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V

VAS = Victim Advocacy Services VMRC = Valley Mountain Regional Center	VR = Vocational Rehabilitation
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W

WAP = Work Activity Program WRC = Westside Regional Center	WIOA = Workforce Innovation and Opportunity Act WIP = Work Incentive Planner
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NOTES:

ASSOCIATION OF REGIONAL CENTER AGENCIES GUIDELINES FOR DETERMINING “5TH CATEGORY” ELIGIBILITY FOR THE CALIFORNIA REGIONAL CENTERS

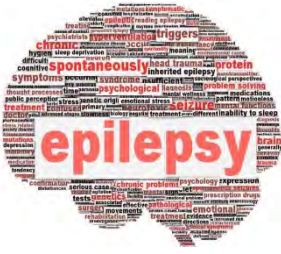
The California Welfare and Institutions (W&I) Code Section 4512(a) defines a developmental disability as: “...a disability which originates before an individual attains age 18, continues or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include mental retardation, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to mental retardation **or** to require treatment similar to that required for individuals with mental retardation, but shall not include other handicapping conditions that are solely physical in nature.”

The California Code of Regulations (CCR) Title 17 Section 54000 defines “developmental disability” as a disability that is attributable to mental retardation, cerebral palsy, epilepsy, autism or other conditions similar to mental retardation that require treatment similar to that required by individuals with mental retardation. The developmental disability shall:

- 1) originate before age 18;
- 2) be likely to continue indefinitely; and
- 3) constitute a substantial handicap for the individual.

Eligibility for Regional Center services under the 5th category requires a determination as to whether an individual functions in a manner that is similar to that of a person with mental retardation **OR** requires treatment similar to that required by individuals with mental retardation.

Epilepsy



Epilepsy, sometimes called a seizure disorder, refers to a disorder which causes recurring seizures.

Characteristics

People with epilepsy experience recurrent seizures which are not attributed to any other cause such as low blood sugar, high fever, or concussion. A single seizure, or a few episodes of seizures with a high fever that do not occur when the fever abates is not epilepsy so not everyone who has seizures has epilepsy.

What is a seizure?

A seizure is a temporary loss of consciousness caused by nerve cells in the brain which signal abnormally or excessively. The nerve cells in the brain — known as neurons — create electrical impulses which cause muscles to move, thoughts, actions, and control the body. So, during a seizure the excessive activity of the neurons can cause abnormal movements, loss of consciousness, or behavioral changes depending on what part of the brain is experiencing the seizure.

The major types of seizures include grand mal seizures, focal (frontal, parietal, or occipital lobe) seizures, temporal lobe (psychomotor) seizures, and minor (petit mal, myoclonic, akinetic) seizures. About 3% of all children may have benign febrile convulsions.

Incidence

About 1% of the general population has epilepsy, three-fourths of whom develop it before the age of twenty-one. Of diagnosed epileptics,

- 80% will have a good control of seizures through medication;
- 10% will obtain fair medical control;

Source: <https://www.altaregional.org/epilepsy>

Epilepsy

- 10% will be poorly controlled or intractable.

It is estimated that about one-half of the epileptic population in California is undiagnosed or unrecognized.

Outlook

It is important to do a complete neurological examination to determine the cause of seizures and if epilepsy is the correct diagnosis. The neurological exam will generally include an electroencephalogram (EEG) and sometimes a brain scan [computed tomography (CT) or magnetic resonance imaging (MRI)]. These diagnostic tools help the doctor determine the type and degree of brain wave abnormality and help to rule out other causes for the seizures.

Treatment options for epilepsy can include:

- **Antiepileptic Medications:** There are many drugs available now, and multiple factors are involved in selecting the right one for each patient. If a person with epilepsy is placed on medication to control the seizure activity, blood levels are requested periodically to determine the level of the medication in the body.
- **Surgery:** some kinds of epilepsy occur in a very specific part of the brain — the “seizure focus.” Sometimes having surgery to remove the seizure focus can be effective in making seizures easier to control or even stopping them.
- **Other options:** when medications aren’t enough and surgery isn’t an option, some people with epilepsy benefit from other treatments including the ketogenic diet (a high fat, low carbohydrate diet with restricted calories) and vagus nerve stimulation.

The vast majority of people with epilepsy live a full life.



Autism

Autism Spectrum Disorder (**ASD**) or Autism is a brain-based disorder that affects a person's social interaction, communication and causes other behavioral patterns that interfere with daily functioning.

Characteristics

Autism Spectrum Disorder (ASD) and Autism are both terms applied to a complex group of brain disorders. Signs of ASD appear before three years of age and is considered a lifelong disorder. Autism is characterized by an inability to form emotional ties including a lack of responsiveness to other people. Language skills in children with autism are delayed, abnormal or absent. Language problems are typically present by the second year of life. A third area of concern for children with autism is the presence of repetitive movements and routines that are distinctly different from other children.

Intellectual ability among children with autism varies greatly from intellectual disability to average intelligence and above. Children with ASD may also have motor coordination difficulties, attention and physical health issues including gastrointestinal disturbances.

Other co-existing conditions are often associated with autism. These others can include, but are not limited to, problems processing sensory information, sleep disorder, underlying genetic syndromes such as Fragile X, or seizure disorder.

Incidence

The incidence of autism is estimated to be 1 in 68 children born in the United States. Autism is four to five times more common in boys than in girls with 1 in 42 boys and 1 in 189 girls diagnosed with ASD. More than 3 million people in the U.S. are affected by ASD.

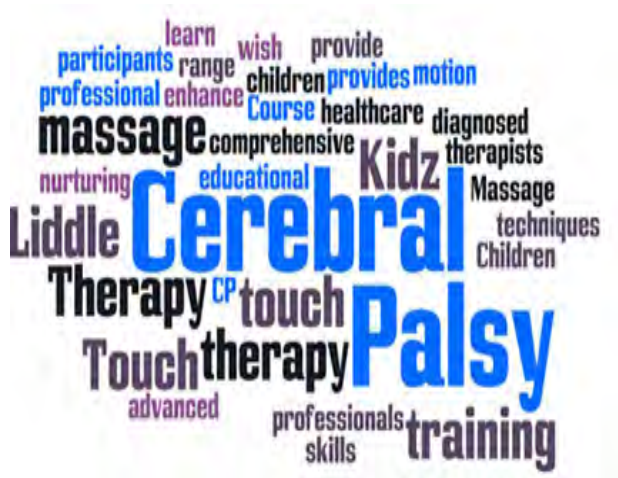
With the publication of best practice standards for clinical screening, diagnosis and assessment of children suspected of having autism, accuracy of the diagnostic process has improved significantly.

Outlook

Because many of the symptoms of ASD are shared with several other childhood disorders, formal diagnostic evaluation is needed by a qualified psychologist or developmental pediatrician to ensure an accurate diagnosis. The earlier the disorder is diagnosed, the sooner the child can be helped through treatment interventions. Reliable diagnoses can typically be achieved by age 3 years.

Each child with ASD is different. Some go on to live full, independent lives. Others are unable to live independently and have significant disabilities. Because the term “Autism Spectrum Disorder” is an umbrella term, people with Autism are often spoken of as being “on the spectrum” reflecting the range of impact that Autism can have on a person’s daily life and abilities.

Cerebral Palsy



Cerebral palsy (CP) is a non-progressive pathologic lesion in the developing infant or child's brain causing permanent motor and/or sensory impairment. (American Academy of Pediatrics)

Cerebral palsy is the most common motor disability in childhood, and affects a person's mobility, posture, and balance.

Characteristics

There are both various types and degrees of cerebral palsy. It may be diagnosed when delayed gross motor development, abnormal motor performance, alterations of muscle tone, abnormal postures at rest, and reflex abnormalities become discernible.

Types of cerebral palsy: The four most common types of CP are athetoid, ataxic, rigid, spastic,

Athetoid: constant, uncontrolled motion of the arms and legs, head and eyes.

Ataxic: poor sense of balance, often causing falls and stumbles.

Rigid: tight muscles that resist effort to make them move.

Spastic: tense, contracted muscles. This is the most common type of CP.

Cerebral Palsy

The topography of cerebral palsy describes how CP effects the body and is based on what areas of the brain are affected.

Diplegia: the legs are more affected than the upper body

Hemiplegia: one side of the body is affected only (e.g. left arm and leg only).

Quadriplegia: all limbs are affected.

Incidence

Cerebral Palsy is the most common permanent physical disability of childhood. According to the Center for Disease Control (CDC), about 1 in 323 children has been diagnosed with CP. Cerebral Palsy is more common in boys than in girls, and an overwhelming majority of children with CP have spastic CP, one of the four types of the disorder. Many children also have at least one co-occurring condition including epilepsy and ASD.

There are three causes of cerebral palsy:

Prenatal: This accounts for about 70% of the cases and may be caused by infection, lack of oxygen, toxins, Rh disease, genetics or congenital malformation of the brain.

Natal: (5-10%) and may be caused by lack of oxygen, a metabolic cause or a traumatic delivery.

Postnatal: This means it is acquired after birth due to trauma to the brain by an accident, infection or a toxin.

Intellectual Disability



What is Intellectual Functioning?

Intellectual functioning refers to a general mental capability. It involves the ability to reason, plan, solve problems, think abstractly, comprehend complex

ideas, learn quickly and learn from experience. Intellectual functioning is represented by Intelligent Quotient (**IQ**) scores obtained from standardized tests given by trained professionals. Intellectual disability is generally thought to be present if an individual has an IQ test score of approximately 70 or below.

What is Adaptive Behavior?

Adaptive behavior is the collection of conceptual, social and practical skills that have been learned by people in order to function in their everyday lives. Significant limitations in adaptive behavior impact a person's daily life and affect his or her ability to respond to a particular situation or to the environment. Standardized testing aims to measure the following skills:

- **Conceptual skills:** receptive and expressive language, reading and writing, money concepts, self-direction.
- **Social skills:** interpersonal, responsibility, self-esteem, follows rules, obeys laws, is not gullible, avoids victimization.
- **Practical skills:** personal activities of daily living such as eating, dressing, mobility and toileting, instrumental activities

Intellectual Disability

of daily living such as preparing meals, taking medications, using the telephone, managing money, using transportation and doing housekeeping activities, occupational skills, maintaining a safe environment.

Characteristics

Intellectual Disability is one of several developmental disabilities meaning that there is evidence of the disability during the developmental period of a person's life. In California this period of development is defined as occurring before the age of 18.

Characterized by below-average intellectual function, intellectual disabilities impact a person's day-to-day functioning and last throughout a person's lifetime. Children with intellectual disabilities may fail to reach developmental milestones in their communications, behavior, play, movement, or learning which will prompt a parent or physician to ask for a comprehensive evaluation.

Children with intellectual disabilities may:

- sit up, crawl, or walk later than other children
- learn to speak later, or not at all
- have trouble with fine motor skills
- not understand social cues or facial expressions
- have trouble solving problems

Generally, the more severe the intellectual disability the earlier it is noticed. Intellectual disabilities manifest themselves before the age of 18 and generally are lifelong conditions. Usually, an IQ below 70 falls within the range of Intellectual Disability.

Definition of Brain Injury



Traumatic brain injury (TBI) is an insult to the brain, not of a degenerative or congenital nature, but caused by external physical force that may produce a diminished or altered state of consciousness, which results in an impairment of cognitive abilities or physical functioning. Profound disturbances of cognitive, emotional, and behavior functioning after TBI

may produce permanent impairments that result in partial or total functional disability and psychosocial maladjustment.

In 1997, the Brain Injury Association Board of Directors adopted a definition of acquired brain injury to broaden the definition of brain injury beyond that only produced by trauma. An acquired brain injury (ABI) is an injury to the brain that has occurred after birth. The injury commonly results in a change in neuronal activities that effects the physical integrity, the metabolic activity, or the functional ability of the cell. Causes of acquired brain injury include external forces applied to the head and/or neck (e.g., traumatic brain injury with or without skull fracture), anoxic/hypoxic injury (e.g., cardiopulmonary arrest, carbon monoxide poisoning, airway obstruction, hemorrhage), intracranial surgery, vascular disruption, arteriovenous malformation (AVM, thromboembolic events, fat emboli), infectious diseases, intracranial neoplasms, metabolic disorders (e.g., hypo/hyperglycemia, hepatic encephalopathy, uremic encephalopathy), seizure disorders and toxic exposure (e.g., substance abuse, ingestion of lead and inhalation of volatile agents).

There are three generally acknowledged levels of severity of TBI:

Definition of Brain Injury

Mild traumatic brain injury is a trauma to the head that results in a confused state or a loss of consciousness of less than 30 minutes, the initial Glasgow Coma Scale of 13 - 15, and posttraumatic amnesia lasts less than 24 hours.

Moderate traumatic brain injury is a trauma to the head that results in a loss of consciousness of 30 minutes to 24 hours, an initial Glasgow Coma Scale of 9 - 12. Posttraumatic amnesia can last 24 hours to seven days.

Severe traumatic brain injury is a trauma to the head that results in a loss of consciousness of greater than 24 hours, an initial Glasgow Coma Scale of 3 - 8, and a posttraumatic amnesia period of greater than seven days.



What is Person Centered Thinking?

Person Centered Thinking (PCT) is a simple idea: Put individuals first, listen carefully and learn who they are and what they want from life, then work together to set goals, create personalized plans, and put them into practice.

Being person centered also means always treating others with dignity and respect. PCT recognizes the right of individuals to make informed choices and to take responsibility for those choices and the related risks. When we use PCT, we strive to build on the strengths, gifts, talents, skills, and contributions of every individual.

Using person centered practices ensures that being person centered will become our natural approach to problem solving, relating to others, and our work with the individuals and families we support, service providers, coworkers, and our community partners.

Person Centered Thinking ensures that the focus of our work and planning stays on the perspectives of the individuals affected by the planning. PCT can do this by helping us learn what is important TO and important FOR the people we serve. Things that are important TO individuals are what matters most to them and makes them happy. Things that are important FOR individuals are what they need to be healthy and safe and valued as members of their community. You and your Planning Team will work together to find the best ways to support you to achieve things that are both important TO and FOR you.

Who is involved in Person Centered Planning?

Your Planning Team is made up of you, your staff, service providers, support staff, and any family members, friends, or others you choose to involve.

Self-advocates and families can expect that the Planning Team will:

- Listen carefully to what you say and do their best to get to know you well. If you cannot speak for yourself, they will listen to those who know you best and will find ways to communicate with you.
- Assume the positive and possible rather than focusing on obstacles.
- Support the many different ways people choose to live, without judging people's choices.
- Use People First Language to always put people before disabilities.
- Check to make sure they understand your perspective before they act or respond.
- Seek input from those affected by each decision.
- Be well informed about the services available as options to include in your plan.

Staff as a whole will:

- Honor and solicit different perspectives before making decisions.
- Give thoughtful input on decisions and help evaluate outcomes.
- Be honest in their opinions and assessments.
- Take initiative to act when they hear a need or opportunity.
- Follow through on what they say they will do.

For the process to work best, everyone involved is encouraged to:

- Stay positive.
- Listen to others' opinions and ideas with an open mind.
- Be reflective and honest about what you can and cannot do.
- Follow through on what you have said you will do.



What is Person Centered Planning?

Person Centered Planning is about CHOICE. It is a way of life, a philosophy, and a thinking process. It's about supporting individuals to make their own choices throughout the planning process! It focuses on finding new possibilities for each person striving to improve quality of life, emphasizing dreams, desires and meaningful experiences.

The law says individuals with intellectual and developmental disabilities (I/DD) will be provided support to be independent and productive as a member in their community while living where they are safe, healthy and know what to expect. Information will be provided to individuals in plain language so they can understand information to make decisions on their own choices. In California, we have the regional center system to help provide the support.

Key points in Person Centered Planning Process

- Choice
- Empowerment
- Support not Control
- Individualized yet a team approach of support – sometimes called a “Circle of Support”
- Personal Profile
- It's a process
- Value
- Thinking Outside the Box
- Respect

Limited Conservatorships & Alternatives

October 2015, Pub. #5578.01

1. What is a conservatorship?

A conservatorship is a court process in which a judge decides whether or not you are able to care for your health, food, clothing, shelter, finances, or personal needs. A judge may take some of these important rights away from you. A responsible person may be appointed by the judge to make decisions for you. The court calls that person a “conservator.” The court calls you the “conservatee.” Conservatorships are only for persons 18 years of age or older.

2. What are the different types of conservatorship?

There are several types of conservatorship in California:

- General Probate Conservatorship
<http://www.disabilityrightsca.org/pubs/523001.pdf>
- Lanterman Petris Short Act
<http://www.disabilityrightsca.org/pubs/522501.htm>
- Dementia Conservatorship
<http://www.disabilityrightsca.org/pubs/522601.pdf>
- Limited Conservatorship

3. What is a limited conservatorship?

A limited conservatorship is a type of conservatorship created for people with developmental disabilities. It is created to make sure you are as self-reliant and independent as possible. It allows you

to keep some rights so you can make some decisions about your life. A judge will decide what decisions the conservator will make.

4. Who can be appointed as your limited conservator?

A limited conservator must be 18 years of age or older and act in your best interest. You may suggest someone you know such as a family member or friend, but a judge decides who will be your limited conservator. The judge may appoint more than one limited conservator (co-conservators). In some cases a private professional conservator is appointed. The county public guardian may be appointed if no one else is available.

5. How is a limited conservatorship established?

- A proposed conservator files a petition with the court.
- A copy of the petition must be given to you.
- Copies of the petition are sent to some of your relatives and agencies such as the regional center.
- A court investigator is assigned to your case.
- You must go to the hearing, unless the judge approves an exception.
- A judge will appoint an attorney to represent you.

6. What is the court investigator's role in the limited conservatorship process?

A court investigator must:

- Explain and review the petition with you.
- Interview you and tell you about the conservatorship process.
- Determine whether you:
 - Are able to attend the hearing,
 - Want to challenge the conservatorship,
 - Object to the proposed conservator or prefer another person.

7. What is the regional center's role in a limited conservatorship?

With your consent the regional center must assess you and submit a report to the court. The report must include:

- The nature/degree of your disability.
- What assistance you need.
- Your physical condition.
- Your mental condition and social well-being.
- Recommendations about the specific rights requested in the petition.

If the proposed conservator is a service provider, the report must

- include comments about whether the service provider would be appropriate to meet your needs.
- A copy of the report must be sent to you and your attorney at least 5 days before the hearing.

8. What are my rights in the limited conservatorship process?

You have the right to:

- Be told what rights will be taken away and how the conservatorship will affect your rights.
- Receive a notice and copy of the conservatorship petition at least 15 days before the court hearing.
- Have an attorney represent you. If you don't have an attorney, a judge must appoint one for you.
- Receive a copy of any reports given to the judge by your family, friends, regional center and others.
- Be at the conservatorship hearing.
- Challenge the conservatorship.

- Have a jury trial if you request one.

9. What rights can the judge take away from me in a limited conservatorship?

The judge may take away some or all of these rights:

- To determine residence.
- To have access to confidential records.
- To get married.
- To enter into contracts.
- To give consent for medical treatment.
- To control social and sexual contacts.
- To make educational decisions.

10. How can I show that I don't need a conservator?

You can show that you are able to care for your health, food, clothing, shelter, finances, or personal needs. You can use supports and services such as alternatives to conservatorships including supported decision-making to help you. See question 12 for a list of alternatives to conservatorship.

11. If the court determines that I need a limited conservator, what are the conservator's duties and responsibilities?

A conservator has a high duty to do what the judge has appointed him or her to do, which is make decisions in your best interest.

This may include:

- Helping you get support services, education, medical and other services that will help you become as independent as possible.
- Responding to a crisis when needed.
- Helping you manage your personal or financial needs.

12. What are less restrictive alternatives to a limited conservatorship?

Before a person can ask the court to become your conservator, that person is required, by law, to consider alternatives. Alternatives may postpone or eliminate the need for a conservatorship.

General Alternatives

Supported Decision-Making:

Supported Decision-Making (SDM) is when you use trusted friends, family and professionals to help you understand situations and choices in your life. It is a way to increase your independence. It encourages you and gives you the power to make decisions about your life as much as possible. SDM is how most adults make daily decisions. SDM also:

- Helps you to make things happen in your life.
- Helps you to make choices about where, how and with whom you live.
- Helps you to make choices about where you want to work.
- Helps you to take action in your life instead of someone acting for you.
- Allows you to have a more positive quality of life.
- Increases your employment opportunities, independence in daily life, and community integration.

Durable Power of Attorney:

This is a legal document where you give someone you trust the legal right to make decisions for you. It is a way for you to get help with the supports and services you need to live independently. You can give someone the right to make one kind of decision, like medical or financial, or give them the right to make both kinds of decisions.

Other General Alternatives:

- You can join self-advocacy groups such as People First, or get self-advocacy training to help you learn how to communicate and advocate for what you need.
- You can have your choices written into your IEP or IPP.
- You can prepare for your IEP or IPP by practicing role playing and talking about what your needs and desires are with someone you trust.
- You can find facilitators to assist you make decisions.

Specific Alternatives

Alternatives for getting services in your IEP or IPP:

You have the right to invite people to your IEP or IPP meeting that will support you in advocating for the services you need to be independent. Advocates can be:

- Your service coordinator.
- Your family and people in your circle of support.
- A trained advocate.

Alternatives for deciding where and with whom you live:

- Discuss your desires and options/choices with someone you trust such as your:
 - Circle of support (people you trust and who support you).
 - Independent Living Services (ILS) provider.
 - Supported Living Services (SLS) provider.
 - Community Care Facility or Intermediate Care Facility staff.
- Ask trusted people how you can get help with rent or applying for Public Housing Assistance.
- Advocate at your IPP and get your choices written into your IPP.

Alternatives for access to your confidential information:

If you would like someone you trust to get your confidential information, you can give permission by using one of these options:

- Sign a HIPAA medical release form.
- Sign a consent to release form for information or records.
- You and another person can call the agency together and you can give your permission over the phone.

Alternatives to help you manage your money:

- You can sign a power of attorney for finances. This authorizes someone you trust to make decisions about your finances and money. The financial power of attorney must be notarized. You can end it whenever you want.
- You can pick someone to be your SSI/Social Security benefit representative payee.
- There are laws to help protect your SSI/Social Security benefits.
- You can have services written in your IPP to help you with managing your money, like your independent living services worker.
- A Special Needs Trust can be created for you. A trustee would then manage your money.
- Joint bank accounts: you can set up a joint account with someone you trust to help you write checks, make deposits or withdraw money.

Alternatives to help you with your healthcare needs:

- You can sign an Advance Health Care Directive, so that your desires will be followed. It requires either two witness' signatures or to be notarized and can be changed or end whenever you want.
- Since you are the patient, doctors must tell you the risks and benefits of a treatment, other available treatments and what happens if there is no treatment.
- If you are unable to make a decision:
 - Your closest relative available (such as a parent) can authorize healthcare.
 - Your regional center can authorize some medical, surgical, or dental care in some situations.
 - Doctors or dentists can make decisions in an emergency.
- Court authorization is required for specific medical operations.
- If you are a resident in an ICF/SNF, an interdisciplinary team can

approve medical treatment, if no one with legal authority to make medical decisions is available.

Alternatives to help you with your social/sexual relationships:

Services in your IEP or IPP could include supports to help you with relationships such as counseling, independent living services, and supported living services. You could also get education in the areas of social skills, safety awareness, and how to have healthy relationships with others. This can include relationships with boyfriends and girlfriends.

Alternatives to help you with your educational decisions:

You can give someone you trust the right to make your educational decisions. You can have a durable power of attorney or an assignment of educational decision making authority.

Alternatives to help you file a case in court:

If you need to file a case in court, the court can appoint someone to help you talk to your lawyer and deal with the court. This person is called a Guardian ad Litem. The Guardian ad Litem would take your place in court if you are not able to go to court or understand.

13. Do I have to pay court fees and costs in my conservatorship case?

The court will determine whether you must pay filing fees, legal services fees and court costs.

14. What powers are NOT available in a limited conservatorship?

A conservator cannot:

- Control your wages from a job or salary,
- Approve harmful medical treatment,

- Force medication therapy on you,
- Have you sterilized so you cannot have a baby,
- Have you committed to an institution,
- Agree to electro-convulsive shock therapy (ECT),
- Agree to psychotherapy,
- Have any other powers NOT specifically ordered by the court.

15. What rights do I keep in a limited conservatorship?

You keep your right to:

- Control your own wages or salary,
- Make or change a will to say who gets your personal items when you die,
- Get married unless the judge specifically takes that right away,
- Receive personal mail,
- Vote unless the judge specifically takes away that right,
- Be represented by an attorney,
- Ask for a new conservator,
- Ask for the conservatorship to end.

16. What can I do if I disagree with my conservator or want to end the limited conservatorship?

- Call your attorney, probate court investigator, regional center, day program, support staff, or OCRA.
- Ask for a court hearing.
- Ask your regional center service coordinator for an IPP meeting.

17. When does a limited conservatorship end?

- When ended by a judge.
- Upon the death of the conservator or conservatee.
- A court order saying that the limited conservatorship is no longer needed.
- Conservator files a petition with the court to resign.

18. How can the Clients' Rights Advocate help me?

The Clients' Rights Advocate can help by:

- Telling you about your rights,
- Telling you or your family about limited conservatorship alternatives,
- Talking to or helping you talk to your attorney, probate court investigator and others who could help you.

19. How will I know if a limited conservatorship has been ordered by the judge?

- You will receive a copy of the judge's order.
- The judge's order will tell you what rights have been given to the conservator.

20. How will others know that I have a conservator?

The conservator must give other people an official copy of the **Letters of Conservatorship**. The official copy must include the completed certification section of the **Letters of Conservatorship** before they can be treated as a conservator.

For further information call

Disability Rights California

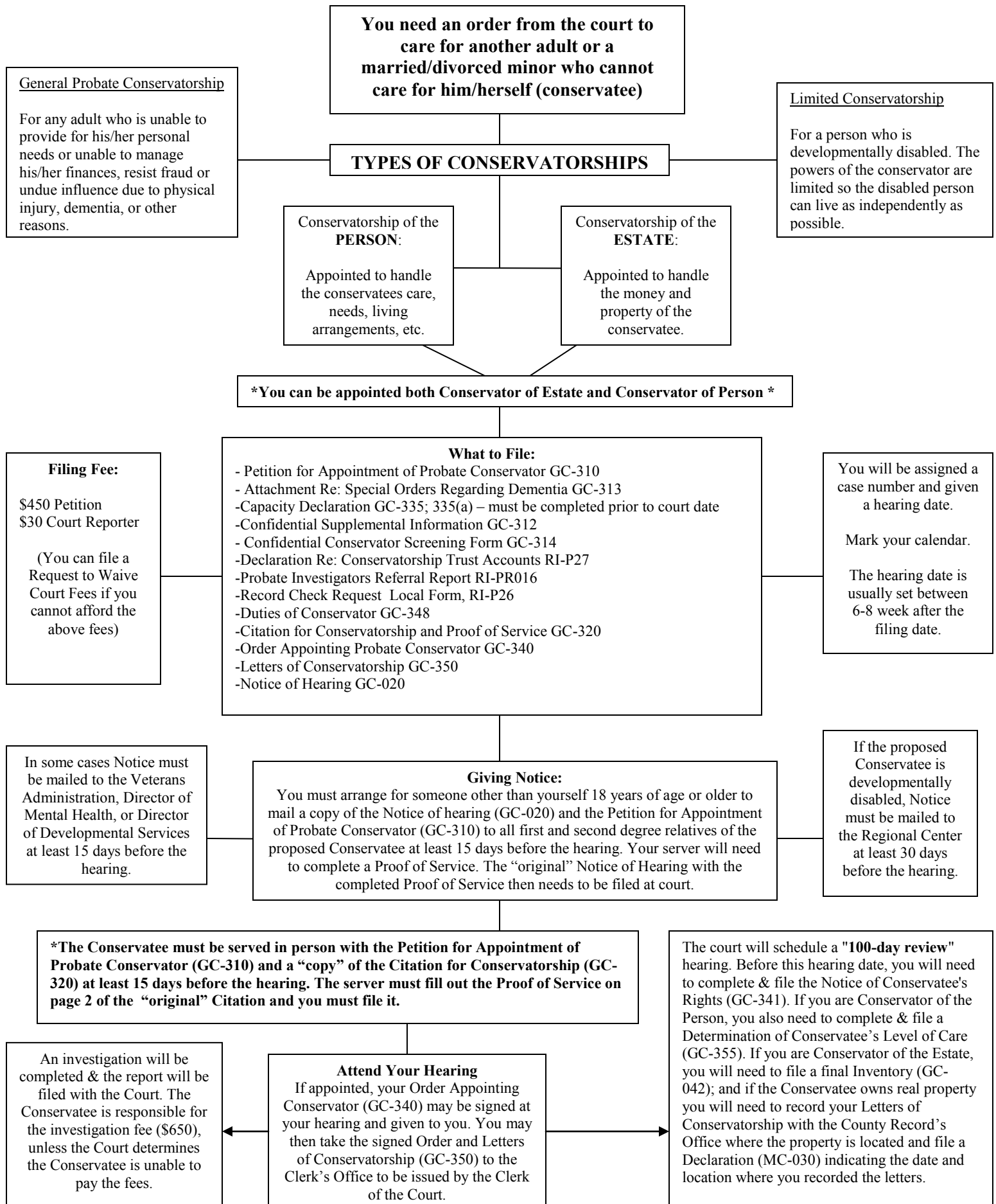
Toll Free: (800) 776-5746

Office of Clients' Rights Advocacy

Toll Free: (800) 390-7032

Disability Rights California is funded by a variety of sources, for a complete list of funders, go to <http://www.disabilityrightscalifornia.org/Documents/ListofGrantsAndContracts.html>.

GENERAL PROBATE CONSERVATORSHIP CHART



CONSERVATORSHIP

Information for Self-Represented Litigants



Superior Court of California
County of Riverside
Self-Help Center

WHAT IS A CONSERVATORSHIP?

A Conservatorship is a court case in which a Judge appoints a family member, friend, or other responsible person (called a Conservator) to care for another adult, who cannot care for him or herself (called a Conservatee).

Once you are appointed conservator, you are legally responsible to provide care for the Conservatee's daily needs. Conservatorships are heard in the Probate Department of the Superior Court.

ARE THERE DIFFERENT TYPES OF CONSERVATORSHIPS?

Yes. There are three (3) types of Conservatorships:

1. **General Probate Conservatorship** – For adults who cannot provide for their own personal needs due to physical injury, dementia, or other reasons that make them incapable for caring for themselves or making them subject to undue influence.
2. **Limited Conservatorship** - Only for a person who is developmentally disabled. The powers are limited so the person may live as independently as possible.
3. **LPS (Lanterman-Petris-Short) Conservatorship** – Arranged for persons who require very restrictive living arrangements and extended mental health treatment, who cannot or will not agree to the treatment voluntarily. LPS Conservatorships are confidential cases.

IF THE COURT NAMES ME CONSERVATOR, IS IT MY RESPONSIBILITY TO HANDLE THE CONSERVATEE'S FINANCES?

Possibly. You can either be designated as "Conservator of the Person," "Conservator of the Estate," or both.

If you are **Conservator of the Person**, this means you:

- Arrange for the Conservatee's care and protection,
- Decide where the Conservatee will live,
- Are in charge of:
 - Health care
 - Food
 - Clothes
 - Personal Care
 - Housekeeping, transportation & recreation

If you are **Conservator of the Estate**, you will:

- Manage the Conservatee's Finances
- Protect the Conservatee's income and property
- Make a list of everything in the estate
- Make a plan to make sure the Conservatee's needs are met
- Make sure the Conservatee's bills are paid
- Invest the Conservatee's money
- Make sure the Conservatee gets all the benefits he/she is eligible for
- Make sure the taxes are filed and paid on time
- Keep exact financial records
- Make regular reports of the financial accounts to the court and other interested persons

CAN A CONSERVATORSHIP BE TEMPORARY?

Yes. You can request to be a temporary Conservator when a person needs immediate help (**emergency situations only**), but you must file the Petition for appointment of Probate Conservator (permanent orders), simultaneously. If appointed by the court, you will have most of the same duties and powers that a permanent Conservator has. A temporary Conservatorship will last for a specific time period until you or someone else can be appointed as the permanent Conservator.

WHAT FORMS DO I NEED TO BEGIN A CONSERVATORSHIP?

- Petition for Appointment of Probate Conservator GC-310
- Attachment Re: Special Orders Regarding Dementia GC-313
- Capacity Declaration GC-335; 335(a) - must be completed prior to court date
- Confidential Supplemental Information GC-312
- Confidential Conservator Screening Form GC-314
- Declaration Re: Conservatorship Trust Accounts RI-P27
- Probate Investigators Referral Report RI-P02
- Record Check Request (Local Form, RI-P26)
- Order Appointing Court Investigator (caption only) GC-330

- Duties of Conservator GC-348
- Citation for Conservatorship and Proof of Service GC-320
- Order Appointing Probate Conservator GC-340
- Letters of Conservatorship GC-350
- Notice of Hearing GC-020

WHERE CAN I GET HELP?

Being a Conservator can be a confusing and overwhelming process. You may need legal advice that can only be provided by an attorney. You can find information regarding Conservatorships by visiting:

<http://www.courts.ca.gov/selfhelp-seniors.htm>

To attend a Conservatorship Clinic, contact Public Service Law Corporation at: 951-682-7968. The Clinic is by appointment only and you must be income-qualified.

For further assistance, please see Riverside Superior Court's Civil Self-Help Calendar. You can pick up the calendar at your local court or view the calendar online at:

http://www.riverside.courts.ca.gov/cal_rivcivilselfhelp.pdf

- **ASK HOW YOU CAN HELP BEFORE giving assistance.**
- **ASK ABOUT LIMITATIONS** that may affect the person's ability to evacuate. For example:
 - › *Are you able to run or walk rapidly without assistance?*
 - › *Do you use a mobility device, such as crutches, cane, a walker, etc.?*
 - › *Do you use a communication device, such as a communication book or electronic device?*

SOME DISABILITIES ARE VISIBLE, SOME ARE NOT.

ENCOUNTERING People with Disabilities in Emergency Situations



State Council on Developmental Disabilities

San Bernardino Regional Office

685 E. Carnegie Dr., Suite 125

San Bernardino, CA 92408

909-890-1259 - Office

909-890-1630 - Direct

951-315-4281 - Cell

www.scdd.ca.gov

Serving Inyo, Mono, Riverside, and San Bernardino Counties

"Encountering People with Disabilities in Emergency Situations"

Adapted from "Tips for First Responders" produced by Center For Development and Disability,
University of New Mexico

People Who Are **DEAF, HARD OF HEARING, OR VISUALLY IMPAIRED**

- **FLICK THE LIGHTS OR STOMP ON THE FLOOR** to get the person's attention, when entering, and **STATE THE EMERGENCY**.
- **OFFER YOUR ELBOW FOR SUPPORT** and then guide the person from the building. Maintain a dialogue describing the nearest exit and obstacles in their path, including stairs, doorways, narrow passages and ramps.

People With **SERVICE ANIMALS**

- **DO NOT SEPARATE THE ANIMAL FROM THE PERSON**. Service animals **MUST** be evacuated with the person.
- However, **IF THE ANIMAL IS OUT OF CONTROL OR PRESENTS A THREAT** to people, it may be necessary to **REMOVE IT SEPARATELY**.

People Who Use **WHEELCHAIRS**

- **ASK IF THEY NEED ASSISTANCE IN TRANSFERRING** from one type of chair to another. Depending on the person's upper body strength they may be able to transfer on their own or with minimal assistance.
- **ASK IF ANY WHEELCHAIR PARTS CAN BE REMOVED**, and be sure to take all parts with you and reassemble the chair as quickly as possible.
- **BEFORE LIFTING, ASK THE PERSON ABOUT THEIR ABILITY TO MOVE THEIR EXTREMITIES**. Movement may be limited by catheters, muscle spasms, leg bags, braces, or other durable medical equipment.

People With **AUTISM, INTELLECTUAL DISABILITIES, DEVELOPMENTAL DISABILITIES, OR OTHER COGNITIVE IMPAIRMENTS**

- **APPROACH CALMLY. BE DIRECT**. Look at the person, speak calmly, use concrete phrases and repeat, if needed.
- **AVOID USING "YES/NO" QUESTIONS**, or phrases with double meaning like "Knock it off" or "Cut it out."
- **AVOID TOUCHING** the person. Use gestures to give directions.
- **REDUCE DISTRACTIONS** (lower radio volume, turn off sirens or flashing lights).
- **BE AWARE OF SOCIAL BEHAVIORS** often associated with people with these disabilities:
 - › **DO NOT INTERPRET ODD BEHAVIORS AS DEFIANCE OR DISRESPECT**. The person may look at you oddly, laugh inappropriately, or may not seem to take the situation seriously. These behaviors are not meant to be disrespectful or defiant.
 - › **BE ALERT FOR OUTBURSTS OR IMPULSIVE, UNEXPLAINED BEHAVIOR**. If possible, wait until the behavior subsides before having the person evacuate the premises.
 - › **REPEAT REASSURANCES**
 - » "You may feel afraid"
 - » "That's OK"
 - » "We're going to keep you safe"
 - » "Good job"
 - » "Keep up the good work"

Intellectual/Developmental Disability (DD) Resources



SCDD Brochure



Types of DD



21 Regional Centers, CA



DD Services (DDS)



The Arc, NCCJD



SCDD Acronyms List



RC Services – Adult



RC Services – Child



RC Eligibility





Elder and Dependent Adult Resources



PC 368 Resources



APS by County



LTC Ombudsman by County

Effective Communication Tips



Interviewing Tips



First Responder Visitor Card

Follow us on  to learn more about our advocacy in your community!




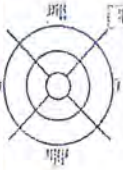





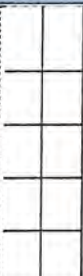


Need a **'QR'** reader so you can download these advocacy resources, or access the websites provided? Visit the **app store** on your device, download a reader (i.e....i-nigma, QR droid, etc.) and all this information will be available to you with a quick scan on your device. Then it available when you are!



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

Thinking about how to use everyday person centered skills and tools

Core Concept & Skill	WHAT IT DOES	POSSIBLE USES	If you had permission and support how would you use important to/for?
 <p>Sorting Important To/ Important For</p>	<p>A way to organize the information we collected when using other tools. By sorting our learning into What's Important To and What's Important For we gain a deeper understanding of the person while working towards a good balance. Better informs our actions in partnership with the person and those who love them.</p>	<ul style="list-style-type: none"> • Use with all the other tools-to add depth to our understanding of the person's preferred to/for balance • To think through a situation before deciding what should happen next 	
TOOLS	WHAT IT DOES	POSSIBLE USES	If you had permission and support how would you use this tool?
<p>The Donut Sort</p> 	<p>Identifies role-specific responsibilities. (Core responsibilities; use judgment and creativity; not usually a paid responsibility)</p>	<ul style="list-style-type: none"> • Help people get clear about their responsibilities regarding specific situations • Develop job/volunteer descriptions • A structure for feedback and evaluation • To evaluate a specific process or effort • As a structure for group review 	
<p>4 + 1 Questions</p>	<p>Helps people learn from their efforts and focus next steps.</p>	<ul style="list-style-type: none"> • To evaluate a specific process or effort • As a structure for group review 	
 <p>The Learning Log</p>	<p>Directs people to look for ongoing learning A structure that captures learning details within specific activities and experiences</p>	<ul style="list-style-type: none"> • Replace the standard "progress note" • Track efforts related to a specific area of change • Support depth learning over time 	
<p>Sorting What's Working/ What's Not Working</p>	<p>Analyzes an issue/situation across multiple perspectives. Provide a picture of how things are right now.</p>	<ul style="list-style-type: none"> • To get a broader perspective • To do pinpoint problem solving • Before planning next steps 	
 <p>Relationship Mapping</p>	<p>Creates a picture of who is in the persons' life</p>	<ul style="list-style-type: none"> • To record who is in a persons life- their role and relationship • Find characteristics of a good match • To help the person and planners determine who to invite to help plan 	

TOOLS	WHAT IT DOES	POSSIBLE USES	If you had permission and support how would you use this tool?
Rituals Routines 	Identifies the specifics of a particular time of day or event	<ul style="list-style-type: none"> To learn what parts of rituals/ routines are important to the person to keep or change. To learn more about what is important to and for the person To learn more about daily supports the person appreciates 	
Good Day/Bad Day 	A way to identify the specifics of what makes up a good and bad day for a person.	<ul style="list-style-type: none"> Use to learn What's Important To and How to Support Maximize good days, and minimize effect of bad days 	
Two Minute Drill 	Helps us learn critical information about how to best support the person (top tips)	<ul style="list-style-type: none"> To learn what people think is most important to and for the person To discover information that the new supporters need to be successful To help people clarify how they balance important to/for when supporting a person 	
Communication 	At-a-glance view of key information about how a person communicates. Especially useful in supporting people who don't communicate well with words	<ul style="list-style-type: none"> Help people to get to know a person more quickly Help people know how to support someone during challenging times 	
Positive Reputation 	A method to help us learn more about what is important to a person, how to support them while organizing a positive description	<ul style="list-style-type: none"> Helps people acknowledge the persons positive characteristic Helps us get to what is important to the person and how to best support from negatives 	
Matching 	A structure to look at important "people characteristics" and the persons interests as well as what skills/supports make for good matches.	<ul style="list-style-type: none"> Help people think about the kind of people they want and need supporting them Hire best matched staff Help person, family to identify possible circle members 	



Change lives!

Join your local Self Determination Advisory Committee!

Currently, the Inland Regional Center and the State Council on Developmental Disabilities has **vacant seats** for representatives in both **Riverside and San Bernardino** counties.

The **S**elf **D**etermination **A**dvisory **C**ommittee should reflect the geographic and ethnic diversity of Riverside and San Bernardino counties, and it supports the implementation of a new way to obtain services from your local Regional Center. to promote independence and productive lives by influencing public policy in areas such as education, employment, housing, inclusion and self-determination.

If you would like to get involved, and are a person with a developmental disability or family member ready to change lives by improving the disabilities system, contact us for more information **or** complete the Outreach Application by going to:

<http://goo.gl/forms/XeZDWIZWRa>



What is Self-Determination?

Self-Determination is a state law that was added to the Lanterman Act five years ago (Welfare & Institutions Code § 4685.8).

The Self-Determination Program (SDP) is a program being offered to regional center consumers as an alternative to the traditional regional center process. SDP is meant to give people with developmental disabilities freedom of choice, control, and responsibility in choosing their services. Right now, the regional center chooses your services for you and tells you which vendors you must use based on your Individual Program Plan (IPP) goals. If you opt into the Self-Determination Program, you will have the right to balance your own budget, choose your services, arrange your own resources, and make decisions about your life.

Do you want to learn more?

The Self-Determination Advisory Committee Meeting is a monthly forum for IRC Consumers and their advocates to participate in discussions relating to the Self-Determination Program (SDP).

The meetings are held from **6:00 pm – 7:30 pm** at the Inland Regional Conference Center, located at **1425 S Waterman Ave, San Bernardino, CA 92408** on the following dates in 2019:



March 19, 2019
April 23, 2019
May 28, 2019
June 25, 2019
July 23, 2019

August 27, 2019
September 24, 2019
October 22, 2019
November 26, 2019*
December 24, 2019*

FOR CONSUMERS AND FAMILIES:

People with intellectual and developmental disabilities are provided many services because of the Lanterman Act. Many services people receive are paid for with state and federal money from the federal Centers for Medicare and Medicaid Services (CMS). Therefore, California must comply with what is called the Home and Community-Based Services (HCBS) Final Rule. This rule sets requirements for HCBS settings, which are places where people live or receive services. Each state has until March 2019 to help providers comply with the HCBS Final Rule.

The HCBS Final Rule Applies to:

- Residential and non-residential settings; including certified and licensed homes
- Day programs, and other day-type services
- Employment options and work programs

The HCBS Final Rule Does NOT Apply to:

- Nursing homes
- Hospitals
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
- Institutions for mental diseases (IMD)

What is the Goal of the HCBS Final Rule?

To enhance the quality of services provided by:

- Maximizing opportunities and choices for individuals
- Promoting community integration by making sure individuals have full access to the community
- Making sure individuals have the opportunity to work and spend time with other people in their community who do not have disabilities
- Ensuring individual preferences are supported and rights are protected
- Establishing person-centered service planning requirements, which includes a process driven and directed by the individual to identify needed services and supports

All Settings

The Final Rule requires that you can:

- Spend time in, and being a part of, your community
- Work alongside people who do not have disabilities
- Have choices regarding services and supports, and who provides them
- Have control of your schedule and activities

Residential Settings

Provider Owned or Controlled

In addition to the requirements applicable to all settings, the Final Rule requires that you have:

- Choice about your roommates
- Privacy in your room, including a lock on your door
- Control of your schedule and activities
- The ability to have visitors of your choosing, at any time
- Freedom to furnish and decorate your room
- A lease or other legal agreement, protecting you from eviction

Home and Community-Based Services (HCBS)

Final Rule

FOR PROVIDERS:

How will your service as a provider change?

If you are a service provider who provides services to multiple consumers in the same location, we have to make sure these services do not isolate individuals from the community. The Final Rule says that settings must be integrated and support full access to the community. As a provider, you may need to modify where and how your service is delivered to meet the HCBS Final Rule. Policies and program designs may need to be changed and training to your staff may be necessary to assure their understanding of the new expectations.

Assessing Provider Settings

All providers will soon be required to complete a self-assessment survey that will help determine whether or not a setting complies with the HCBS Final Rule or if modifications are needed. For settings that require changes, there will be time to develop transition plans. Training will be provided on the self-assessment process and expectations, and additional information will be posted on the DDS webpage.

Where can I find more information?

To ask a question, make a comment, or get more information about the HCBS Final Rule, email HCBSregs@dds.ca.gov.

For more detailed information on the HCBS Final Rule and California's Statewide Transition Plan, please visit:

<http://www.dds.ca.gov/HCBS/>

<http://www.dhcs.ca.gov/services/ltc/Pages/HCBSStatewideTransitionPlan.aspx>

<https://www.medicaid.gov/medicaid/hcbs/index.html>



CMS' HCBS Final Rule Requirements

The setting:

1. Is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.
2. Is selected by the individual from among setting options including non-disability-specific settings and an option for a private unit in a residential setting.
3. Ensures an individual's rights of privacy, dignity and respect, as well as freedom from coercion and restraint.
4. Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to: daily activities, physical environment, and with whom to interact.
5. Facilitates individual choice regarding services and supports, and who provides them.

In provider-owned or controlled residential settings:

6. The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services.
7. Each individual has privacy in their sleeping or living unit; including doors lockable by the individual, choice of a roommate if sharing a unit, and the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
8. Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.
9. Individuals are able to have visitors of their choosing at any time.
10. The setting is physically accessible to the individual.

Regional Centers of California

<ul style="list-style-type: none"> Alta California
2241 Harvard Street, Suite 100 Sacramento, CA 95815-3305 916.978.6400 916.489.1857 FAX http://altaregional.org (Website)
https://www.altaregional.org/resources (Resources)
<ul style="list-style-type: none"> Central Valley
4615 N. Marty Avenue Fresno, CA 93722 559.276.4300 559.276.4450 FAX http://www.cvrc.org (Website)
https://www.cvrc.org/links-to-other-resources/ (Resources)
<ul style="list-style-type: none"> Eastern Los Angeles
1000 S. Fremont Ave. Alhambra, CA 91803 626.299.4700 626.281.1163 FAX http://elarc.org (Website)
http://elarc.org/resources-publications (Resources)
<ul style="list-style-type: none"> Far Northern
1900 Churn Creek Rd, Ste. 319 Redding, CA 96002 530.222.4791 530.222.6063 FAX http://www.farnorthernrc.org/ (Website) (Resources) None Available
<ul style="list-style-type: none"> Golden Gate
1355 Market Street, Suite 220 San Francisco, CA 94103 415.546.9222 415.546.9203 FAX http://ggrc.org/ (Website) (Resources) None Available

<ul style="list-style-type: none"> Harbor
21231 Hawthorne Blvd. Torrance, CA 90503 310.540.1711 310.540.9538 FAX http://harborrc.org (Website)
http://www.harborrc.org/resources (Resources)
<ul style="list-style-type: none"> Inland
1365 South Waterman Ave. San Bernardino, CA 92408 909.890.3000 909.890.3001 FAX http://inlandrc.org (Website) (Resources) None Available
<ul style="list-style-type: none"> Kern
3200 North Sillect Avenue Bakersfield, CA 93308 661.327.8531 661.324.5060 FAX http://kernrc.org (Website) (Resources) None Available
<ul style="list-style-type: none"> Lanternman
3303 Wilshire Blvd., Ste. 700 Los Angeles, CA 90010 213.383.1300 213.383.6526 FAX http://lanterman.org (Website)
http://lanterman.org/landing/e-info-packets (Resources)
<ul style="list-style-type: none"> North Bay
610 Airpark Road Napa, CA 94558 707.256.1100 707.256.1112 FAX http://nbrc.net (Website)
http://nbrc.net/community-resources/ (Resources)

Regional Centers of California

<ul style="list-style-type: none"> North Los Angeles
9200 Oakdale Ave., Suite 100 Chatsworth, CA 91311 818.778.1900 818.756.6140 FAX http://nlacrc.org (Website) (Resources) None Available
<ul style="list-style-type: none"> Redwood Coast
525 2nd Street, Suite 300 Eureka, CA 95501 707.445.0893 707.444.3409 FAX http://redwoodcoastrc.org (Website) http://redwoodcoastrc.org/resources (Resources)
<ul style="list-style-type: none"> Regional Center of Orange County
1525 N. Tustin Avenue Santa Ana, CA 92705 714.796.5100 714.547.4365 FAX http://rcocdd.com (Website) http://www.rcocdd.com/consumers/resources/ (Resources)
<ul style="list-style-type: none"> Regional Center of East Bay
500 Davis Street, Ste 100 San Leandro, CA 94577 510.383.1200 510.678.4100 FAX http://rceb.org (Website) https://www.rceb.org/resource-guides (Resources)
<ul style="list-style-type: none"> San Andreas
300 Orchard City Drive Suite 170 Campbell, CA 95008 408.374.9960 408.376.0586 FAX http://sarc.org (Website) http://www.sarc.org/ (Resources)

<ul style="list-style-type: none"> San Diego
4355 Ruffin Road San Diego, CA 92123 858.576.2996 858.576.2873 FAX http://sdrc.org (Website) http://sdrc.org/?page_id=16 (Resources)
<ul style="list-style-type: none"> San Gabriel/Pomona
75 Rancho Camino Drive Pomona, CA 91766 909.620.7722 909.622.5123 FAX http://sgprc.org (Website) http://sgprc.org/resources (Resources)
<ul style="list-style-type: none"> South Central Los Angeles
2500 S. Western Avenue Los Angeles, CA 90018 213.744.7000 213.744.8494 FAX https://sclarc.org/ (Website) (Resources) None Available
<ul style="list-style-type: none"> Tri-Counties
520 East Montecito Street Santa Barbara, CA 93103 805.962.7881 805.884.7229 FAX http://tri-counties.org (Website) http://tricounties.org/index.php?option=com_phocadownload&view=category&id=33&Itemid=54&RootId=54 (Resources)
<ul style="list-style-type: none"> Valley Mountain
702 N. Aurora Street Stockton, CA 95202 209.473.0951 209.473.0256 FAX http://vmrc.net (Website) (Resources) None Available

Regional Centers of California

- **Westside**

5901 Green Valley Circle

Suite 320

Culver City, CA 90230

310.258.4000

310.649.2033 FAX

<http://westsiderc.org> (Website)

<http://www.westsiderc.org/resources/> (Resources)

Common Services

Adaptations/accessibility

Housing accessibility such as ramps, bars, lifts, adapted showers etc.
Vehicle modifications such as lifts, ramps

Behavioral support

Behavioral therapy such as ABA, Floortime, etc.
Behavior analyst

Camps/recreation – funding suspended in 2009

Crisis services

Crisis prevention and intervention
On-call crisis team

Day care— expenses beyond common day-care costs

Aides in regular day care
Specialized day care
Extended day care

Education

Educational psychologists
Tutoring

Equipment

Communication aids
Mobility devices
Durable medical equipment
Other equipment needed to live in least restrictive environment

Family support

In-home respite
Out of home respite
Parent training in various therapies such as ABA
Parenting support/training
Support groups
Counseling

Medical (not covered by insurance)

Acute care hospital
Audiology
Dietary services
Physicians/surgeons
Dental
Residential services (medical)
Skilled nursing facility
Home health services
Radiologic/Lab
Nursing: RN, LVN, CNA
Orthoptic – specialized eye care
Orthotic/Prosthetic
Pharmaceuticals
Miscellaneous medical support and services

Mental health services

Counseling
Mental health therapy – psychologist, psychiatrist, LMFT, MSW etc.
Crisis prevention/intervention
On-call crisis team

Professional services –if need is established as part of caring for child

Attorney/legal services
Financial management/HR
Funeral
Interpreter/translator
Interdisciplinary assessments

Residential options

Group homes

Supplies

Diapers or Depends (*older children, teens*)
Other expendable supplies needed due to disability

Therapies

Behavioral therapies such as ABA, Floor-time etc.
Occupational Therapy
Physical Therapy
Speech therapy
Other medical therapies
Recreational therapy (*limited*)
Music/art therapy (*limited*)

Training

Adaptive skills training
Social skills training
Mobility training (teens)
Money management/budgeting (teens)
Community integration training (teens)

Guidelines

JANUARY 2018

Common services for children from 3 - 18

It is important to remember that, in order to get a certain type of service, it must be identified as a need in your child's IPP. Also, regional centers cannot pay for services that another agency is required to pay for. In addition, some types of services have very strict requirements in the Lanterman Act that must be met for regional center funding.

For children there will be a strong expectation that the school district will have primary responsibility for services.

This is not an exhaustive list. If your child needs a particular service, the regional center is obligated to help you find it from a generic resource or develop and pay for it.

Note: Regional centers are prohibited from funding non-medical therapies unless the therapy is the primary way of ameliorating your child's disability. They also may not fund social/recreational or camping services for the time being.

Please refer to the Lanterman Act, Section 4512(b).

(California Welfare and Institutions Code)

Common Regional Center Funded Services for Children Ages 3—18

Compiled by
State Council on
Developmental Disabilities
San Bernardino Office



Common Services

Adaptations/accessibility

Housing accessibility such as ramps,
bars, lifts, adapted showers etc.
Vehicle modifications

Adult day programs

Adult day health center
Adult development center
Day training activity center
Behavioral support day program
Alternative day program
In-home day program

Arts

Creative arts programs (usually con-
sidered as an adult day program)

Behavioral support

Behavior analyst
Behavior support program

Crisis services

Crisis prevention and intervention
On-call crisis team

Education

Tutoring
Personal support to attend college,
vocational school or other educa-
tional venue (*must be no longer
eligible for special education*)

Employment

Supported employment
Self-employment
Group employment - enclaves
Workshops

Equipment

Communication aids
Mobility devices
Durable medical equipment
Other equipment needed to live in least re-
strictive environment

Family support

In-home respite
Out of home respite
Support groups
Counseling

Independent living - adults

Supported living services – person needs
moderate to intensive support in their
own home
Independent living services – person needs
minimal to moderate support in their
own home
Homemaker services – general household
activities
Chore services – heavy household chores or
minor repair work
Emergency monitoring (LifeLine or similar)

Medical (if not covered by insurance)

Acute care hospital
Audiology
Dietary services
Physicians/surgeons
Dental
Residential services (medical)
Skilled nursing facility
Home health services
Radiologic/Lab

Nursing: RN, LVN, CNA

Orthoptic – specialized eye care

Orthotic/Prosthetic

Pharmaceuticals

Miscellaneous medical support and ser-
vices

Mental health services

Counseling
Mental health therapy – psychologist, psy-
chiatrist, LMFT, MSW etc.
Crisis prevention/intervention
On-call crisis team

Professional services

Attorney/legal services
Financial management/HR
Funeral
Interpreter/translator
Interdisciplinary assessments

Residential options

Family home services (like foster care for
adults)

Skilled nursing

Licensed homes (3 – 6 residents); various
types depending on needs of residents
including medical support, full accessi-
bility, behavioral support, visual or
auditory impairments, low sensory,
geriatric etc.

Large licensed facilities

Very limited use:

State developmental centers

Out of state specialized residences

Continued on back panel

Guidelines

It is important to remember that, in order to get a certain type of service, it must be identified as a need in your IPP. Also, regional centers cannot pay for services that another agency is required to pay for. In addition, some types of services have very strict requirements in the Lanterman Act that must be met for regional center funding.

This is not an exhaustive list. If you need a particular service, the regional center is obligated to help you find it from a generic resource or develop and pay for it.

Note: Regional centers are prohibited from funding non-medical therapies unless the therapy is the primary way of ameliorating your disability. They also may not fund social/recreational or camping services for the time being.

Please refer to the Lanterman Act, Section 4512(b). (California Welfare and Institutions Code)

Continued from Inside

Supplies

- Diapers or Depends
- Other expendable supplies needed due to disability

Medical Therapies

- Occupational Therapy
- Physical Therapy
- Speech therapy

Training

- Adaptive skills training
- Driver training
- Mobility training
- Money management/budgeting
- Community integration training
- Social skills training

Transportation

- Vendored transportation services
- Transportation aide
- Mobility training (learning how to use public transportation)

JANUARY 2018

Common Regional Center Funded Services for Adults

Compiled by
State Council on
Developmental Disabilities
San Bernardino Office



REGIONAL CENTER ELIGIBILITY



Early Start

EARLY START ELIGIBILITY

Infants aged 0 to 36 months are eligible for early invention/early start services, if:

1. They have a documented developmental delay (at least 33%) in one of the following domains
 - Cognition
 - Communication
 - Social or emotional
 - Adaptive development
 - Physical, including fine/gross motor, vision, and hearing
2. Have established risk conditions of known origin with a high probability of resulting in delayed development.
3. Are at high risk of having a substantial developmental disability due to a combination (two or more) of biomedical risk factors. These include, but are not limited to, prematurity or low birth weight, low Apgar scores, neonatal seizures, prenatal substance exposure, and accident or illness, etc.

*17 California Code of Regulations §52022
California Government Code §95014
Welfare and Institutions Code §4642*

EARLY START TIMELINES

The initial evaluation and assessment for eligibility, and the development of the Individualized Family Service Plan (IFSP) for those eligible, must be completed within 45 days of the date that the regional center receives the referral.

*17 California Code of Regulations §52086
California Government Code §95020*

EARLY START SERVICES

- Family training and counseling
- Speech and language therapy
- Occupational therapy
- Physical therapy
- Psychological services
- Service coordination
- Medical services for diagnostic or evaluation purposes
- Early identification, screening, and assessment
- Vision services
- Assistive technology services and devices

IDEA, Part C, §632(E)

*With the exception of durable medical equipment, regional centers are prohibited from purchasing services not required by federal law, including: child care; diapers; dentistry; interpreters; translators; genetic counseling; music therapy; and respite services not related to the developmental delay.

**DDS Budget Reductions Summary –July 2009*

REGIONAL CENTER ELIGIBILITY



Lanterman Act

LANTERMAN ELIGIBILITY (AGES 3+)

Lanterman (on-going) eligibility applies to individuals age 3 and older, if:

1. They have a documented developmental disability, attributable to
 - Intellectual Disability
 - Cerebral Palsy
 - Epilepsy
 - Autism
 - Fifth Category – disabling conditions found to be *closely related to* an intellectual disability or *to require treatment similar to* that required for individuals with an intellectual disability
2. The developmental disability originated prior to age 18.
3. The prognosis is expected to continue indefinitely.
4. The developmental disability constitutes a substantial disability for that individual.*
5. The developmental disability, as noted above, shall not be solely psychiatric, solely a learning disability, or solely physical in nature.

Welfare and Institutions Code §4512(a)
17 California Code of Regulations §54000

*SUBSTANTIAL DISABILITY

In order to be eligible for regional center services, the person must exhibit a significant functional limitation in three or more of the following areas of major life activity,

as appropriate to the person's age:

1. Learning
2. Receptive/Expressive Language
3. Self-Care
4. Self-Direction
5. Mobility
6. Capacity for Independent Living
7. Economic Self-Sufficiency

17 California Code of Regulations §54001
Welfare and Institutions Code §4512(l)

LANTERMAN TIMELINES

Initial intake shall be performed within 15 business days following the request for assistance. This initial intake shall include a decision to provide an assessment.¹

Thereafter, the regional center has 120 calendar days to determine eligibility. However, if the delay in the intake process would result in an unnecessary risk to the person's health and safety, then the regional center shall determine eligibility within 60 days.²

¹*Welfare and Institutions Code §4642*

²*Welfare and Institutions Code §4643(a)*

LANTERMAN SERVICES

- Adult day program
- Behavior intervention services
- Crisis intervention services
- Day care
- Durable /non-durable medical equipment
- Independent/supported living
- Licensed residential options
- Respite
- Supported employment
- Transportation services

This is a non-comprehensive list

Developmental Milestones

Ages 0-5

**Compiled from various resources
Last updated 4/13/07**

Infant
0-12 Months
Developmental Milestones

Physical Development

At birth

0-3 Months

Weight: 6.5 lbs.–9 lbs.

Length: 18 inches – 21 inches

- Sleeps 17-20 hours.
- Uses all senses-listening, seeing, tasting, touching, smelling.
- Swallows, sucks, yawns, blinks.
- Grasping reflex occurs.
- Raises head and upper body when in a prone position.
- Turns head side to side when lying on back.
- Cries without tears.
- Holds hands in fists.

4-8 Months

- Sleeps 15 hours-usually through the night.
- Lifts and holds head when held at shoulder.
- Follows a moving object with eyes.
- Reaches for objects with both hands.
- Transfers objects from hand to hand.
- Holds, shakes and pounds objects.
- Rolls over.
- Holds own bottle.
- Sits without support.
- Begins scooting.
- Begins teething.

8-12 Months

- Sleeps 12 hours.
- Reaches for objects with 1 hand.
- Grasp small objects with finger and thumb-uses pincher grasp.
- Creeps and crawls.
- Holds self in a standing position and stands alone.
- Walks with adult support.
- Moves from one place to a designated space.
- Feeds self, drinks from cups.
- Both eyes work in unison.
- Empties and fills boxes and containers.

- Uses push and pull toys.

Intellectual Development

0-3 Months

- Moves eyes from one object to another.
- Fixates on moving object held 12 inches from head.
- Gazes in direction of moving objects.
- Watches hands intently.
- Looks in direction of sound source.
- Visually follows a falling object.
- Distinguishes parent's face from stranger's face.
- Imitates gestures.
- Exhibits sense of size, color, and shape recognition.

4-8 Months

- Handles and explores objects (see, feel, taste).
- Explores toys and immediate surroundings.
- Reaches accurately with hands.
- Begins pointing.
- Throws objects.
- Imitates actions – Pat-a cake.
- Likes to play repetitive games.
- Focus eyes on small objects and reaches for them.
- Shows fear of falling.
- Prefers one toy or book at a time.
- Pays attention to what is happening in the environment.

8-12 Months

- Waves bye-bye.
- Mimics movement activities.
- Moves body to reach for toys, books.
- Enjoys books and pictures.
- Identifies nose, eyes, ears, mouth.
- Identifies familiar objects in book – ball, cat.
- Drops toy intentionally.
- Displays short term memory.

Language Development

0-3 Months

- Responds to a range of sounds-prefers complex sounds and speech that is highpitched,
- expressive, and ends with a rising tone.
- Babbles when spoken to.

- Coos using single vowel sounds.
- Vocalizes during face-to-face encounters.
- Laughs out loud.

4-8 Months

- Turns towards and locates familiar sounds.
- Repeats sounds- ba, ba, ba.
- Responds to variation in tone of voice.
- Imitates non-speech sounds.
- Produces vowel sounds- r, s, z, th, n.
- Responds to simple requests- bye-bye.
- Plays actively with small toys while babbling and jabbering – reacts differently to noises.
- Bangs objects together.

8-12 Months

- Babbles for social interaction.
- Says “da-da” or “ma-ma”.
- Imitates sounds- babbles, clicking, smacking.
- Responds to frequently heard voices.
- Makes language-like noise to get attention.
- Responds to own name positively.
- Shakes head for “no”.
- Puts objects in mouth.
- Enjoys music, including rhymes, songs, and poems.

Social-Emotional Development

0-3 Months

- Begins to establish emotional attachment to parents and caregivers.
- Enjoys being held and cuddled.
- Spends less time crying.
- Expresses comfort and discomfort, enjoyment, unhappiness.
- Imitates expressions and movements.
- Smiles in response.
- Enjoys familiar routines - bathing, eating.
- Entertains self by playing with fingers, hands, toes.

4-8 Months

- Establishes full attachment with mother.
- Develops sense of security and trust with parents and caregivers.
- Shows preference for parent and primary caregiver.

- Shows separation reaction with parents or primary caregiver.
- Responds differently to different people.
- Responds to facial expressions and sounds.
- Desires to be held and cuddled.
- Smiles, coos, reaches out.
- Laughs out loud.
- Expresses emotions by sounds.
- Cries to communicate.
- Seeks attention.
- Shows awareness of other children and immediate environment.

8-12 Months

- Wants to be near or in sight of parent or primary caregiver.
- Exhibits fear of strangers.
- Becomes attached to toy or blanket.
- Expresses feelings.
- Sociable and out going.
- Learning to cope with unfamiliar situations.
- Examines new objects.
- Repeats behaviors that get attention.
- Exhibits assertive behavior—rant, scream, cling, push.
- Understands “no”.
- Able to follow one simple direction.

Quality Care

Age Newborn-1 Year

Class Environment:

- Provide a safe environment, free of small objects.
- Provide space for diapering/changing clothes.
- Provide space for eating.
- Provide space for infant visual and auditory stimulants.
- Provide a multi-sensory environment through experiences with
 - fragrant smells
 - calming lights
 - pale colors (pale yellow, beige, light blue, light green)
 - quiet and soft music for rest, rhythmic music for movement
 - various textures
 - mobiles in cribs and around classroom
- Provide safe challenges that encourage movement.
- Provide a variety of toys on low shelves and on the ground.

- Find a balance between over stimulation and under stimulation-do not over stimulate.

Instructional Strategies

- Encourage exploration of environment.
- Create spaces to crawl in and around.
- Provide a variety of opportunities for smelling, seeing, touching, tasting.
- Use colorful toys (red, orange, yellow) for creativity.
- Introduce toys one at a time.
- Change objects periodically.
- Use sensitive observations to determine infant's needs.
- Use continuous eye contact with infant.
- Hold infant frequently throughout the day-use a rocking chair.
- Allow infants to develop at their own pace.
- Provide consistent and appropriate behavior.
- Reinforce appropriate behavior.
- Provide for emotional attachment with caregivers.
- "Read" the emotional cues of infants.
- Use various background music throughout day.
- Recognize the individuality of each baby.
- Read books with clear, simple pictures.

Interaction

- Respond immediately, sensitively, and consistently to each infant.
- Talk with infant throughout the day-describe events during care-giving routines.
- Pay attention to infant cues, both visually and audiolly.
- Hold, rock, cuddle baby while singing and talking.
- Smile while talking.
- Sing songs, say poems, and finger plays.
- Use sing song and higher pitch tones.
- Speak slower than normal.
- Simplify your speech-shorten sentences, repeat words and phrases.
- Describe objects in environment.
- Describe activities.
- Describe foods and drinks.
- Talk about and point to body parts.
- Play fingers and hand games.
- Play sound games.

- Encourage infants to follow objects, by slowly moving in front of face.
- Provide for interaction with other infants.
- Use visual clues and gestures to increase word meaning.

1 Year
13 -24 months
Developmental Milestones

Physical Development

Height: 32 inches – 35 inches

Weight: 21 lbs. – 27 lbs.

29 inches-32 inches long.

- Crawls up and down stairs.
- Gets to feet unaided.
- Sits alone in chairs.
- Walks unassisted.
- Begins to run.
- Jumps.
- Kicks balls.
- Dances to sound of music.
- Turns a knob.
- Begins to walk up and down stairs assisted.
- Begins to throw objects.
- Stacks 2-3 blocks.
- Undresses self.
- Holds large markers or crayons.
- Begins to scribble-uses whole arm movements.
- Helps turn pages of book.

Social-Emotional Development

- Likes routines and schedules.
- Follows simple oral directions.
- Relies on familiar adults.
- Shows likes and dislikes.
- Enjoys solitary play- drawing, looking at books.
- Parallel plays for short periods of time with other children.
- Plays simple games.
- Helps pick-up and put away toys.
- Attempts to dress self.
- Enjoys adult attention.
- Recognizes self in mirror.
- Usually friendly towards others.
- Curious about people and surroundings.
- Begins to assert independence- often refuses to cooperate.
- May have a tantrum when things go wrong.

- Curious about toys that encourage make believe-dolls and puppets.

Intellectual Development

- Manipulates small objects.
- Uses objects to touch another object.
- Uses objects purposefully.
- Places small objects in containers.
- Enjoys object-hiding activities.
- Voluntary, sustained attention develops.
- Shows memory for details and routines.
- Shows increased understanding of words.
- Imitates body gestures.
- Enjoys familiar books read repeatedly.
- Gains new understanding while exploring the environment.

Language Development

- Begins to build vocabulary (50-100 words).
- Speech is 50% intelligible.
- Puts 1-3 words together.
- Refers to self as “I” or “me”.
- Points to familiar people, animals, toys.
- Makes one word requests.
- Follows 2-3 step oral directions.
- Names familiar objects on request.
- Names everyday objects-car, book, bed.
- Identifies and names articles of clothing.
- Responds to simple questions with yes and no answers.
- Tries to participate in conversation.
- Interacts with other children.
- Shows awareness of other children’s feelings.
- Expresses feelings and ideas.
- Enjoys rhymes and songs.
- Enjoys talking about pictures in books.

Quality Care

Class Environment

- Emphasize health and safety procedures.
- Reinforce children who might be afraid or apprehensive.
- Maintain a baby-proof classroom.
- Provide an environment that has open space that is free of objects with sharp

- edges.
- Provide an environment that allows babies to move about and practice walking and gross motor skills.
- Create soft indoor play areas-pillows, mats.
- Make safe obstacle courses, opportunities for crawling and climbing.
- Place charts of color and shapes around the room.
- Provide time for a variety of activities, such as toys for carrying, dumping,
- climbing and pushing.
- Provide toys for manipulation-peg boards, puzzles, clay.
- Provide a variety of simple picture books.
- Make available a “junk box” of items that are fun to feel, poke, and squeeze.

Instructional Strategies

- Allow infants to develop at their own pace.
- Keep group size small.
- Provide a variety of toys to develop both large and small motor development.
- Provide low space for climbing under, over, inside of, on top of and around.
- Place favorite toys in different parts of the room.
- Provide areas for drawing and painting.
- Provide opportunities for solitary play.
- Play simple games-hide and seek, naming items.
- Read daily to children.
- Provide opportunities for all children to be successful every day.

Interaction

- Name items/objects within environment.
- Encourage babies to point at objects and name them.
- Provide musical activities- listening, singing, chanting.
- Talk frequently to children-describe what is happening and what you are doing.
- Sing songs, poems, and nursery rhymes.

Age 2
25-36 Months
Developmental Milestones

Physical Development

Weight: 22lbs.-32lbs.

Height: 34 inches-38 inches.

- Has full set of teeth.
- Experiments by touching, smelling, tasting.
- Likes to push, pull, fill, dump.
- Feeds self with spoon.
- Stacks 4-6 objects.
- Scribbles and talks about pictures.
- Enjoys pouring and filling.
- Likes to explore environment.
- Opens cabinets and drawers.
- Throws and rolls balls.
- Likes to turn pages.
- Walks backward.
- Balances on one foot.
- Likes riding toys.
- Likes to climb.
- Learning to use toilet.

Social-Emotional Development

- Establish and set boundaries on behavior.
- Demanding and persistent.
- Possessive.
- Shows feelings of jealousy.
- Shy around strangers.
- Needs attention of adults.
- Very affectionate.
- Prone to tantrums.
- Shows signs of empathy.
- Impatient.
- Enjoys "helping".
- Imitates others.
- Enjoys parallel play.
- Enjoys pretend play.
- Shows need for adult approval.
- Shows ability to manage behavior.

- Use physical aggression.
- Exhibits stranger anxiety.

Intellectual Development

- Shows preference for toys.
- Enjoys choosing toys and objects.
- Begins to use objects for a purpose.
- Shows preference for books.
- Likes to turn pages of book and name objects.
- Likes to make choices.
- Unbuttons, zips, snaps.
- Opens doors.
- Stares for long moments.
- Does simple classification activities.
- Discover cause and effect.
- Develop symbolic representations.

Language Development

- Knows about 200-900 words.
- Begins to understand language.
- Understands more words that can be used.
- Begins to use short sentences.
- Likes to express self verbally.
- Increases verbal interactions.
- Likes to use descriptive words.
- Likes to sing songs, fingerplays.
- Likes to be read to.
- Asks questions-what's that?
- Expresses negative statements by using negative words.

Quality Care

Class Environment

- Provide for children to care for themselves and their personal safety.
- Provide for children to independently dress self and care for personal hygiene.
- Provide opportunities for using senses.
- Provide opportunities for children to dance, run, jump, climb.
- Provide art area for drawing, painting, working with clay.
- Provide opportunities for children to use both hands and feet.
- Provide opportunities to engage in literacy related activities and objects.

- Provide charts with colors, shapes, sizes.
- Provide area for a variety of picture and short story books.
- Provide riding and pedaling toys.
- Provide area for large and small blocks.
- Provide area for small and large muscle development.

Instructional Strategies

- Respect each child's individuality.
- Help children be successful.
- Demonstrate awareness of self and others.
- Demonstrate sensitivity to child's feelings.
- Balance the needs of the child with those of the teacher.
- Provide opportunities for helping and sharing.
- Change activities quickly.
- Provide opportunities for parallel play.
- Provide opportunities for children to explore, investigate, and experiment.
- Read daily to small groups of children.
- Use puppets and props.
- Provide for "trial and error" activities.
- Establish clear and consistent positive consequences for appropriate behavior.
- Establish clear and consistent consequences for negative behavior.
- Provide time for children to be quiet and rest.

Interaction

- Provide time for child-to-child and child-to-adult talk.
- Listen to what children say.
- Encourage children to have fun with language.
- Encourage children to use words and express feelings.
- Encourage children to use descriptive words.
- Describe activities and actions.
- Ask children to describe pictures and name objects and people.
- Describe unfamiliar words and objects.
- Recite songs, poems, and nursery rhymes.
- Give verbal, positive feedback regularly.

37-48 Months
Age 3
Developmental Milestones

Physical Development

- Demonstrates hand dominance.
- Controls crayon/pencil with fingers rather than hands.
- Imitates drawing (horizontal, circular, vertical).
- Places pegs in pegboard.
- Folds and snips at paper with scissors.
- Enjoys clay-pounds, rolls, squeezes it.
- Enjoys manipulating objects- puzzles.
- Builds tower with eight blocks.
- Catches large ball.
- Pedals tricycle and pedal toys.
- Takes steps backward.
- Stands on tiptoe.
- Moves body in dance formations.
- Likes to climb.
- Climbs stairs using alternating feet.
- Plays hide and seek.
- Performs self-care activities-brushing teeth, washing hands.
- Achieves full bladder control.
- Feeds self with fork/spoon without assistance.
- Able to button and snap.
- Able to put on hat and coat.
- Enjoys outdoor play.
- Enjoys swinging on swings.

Social-Emotional Development

- Shows affection for adults and children.
- Likes to be with other children and make friends.
- Emotional reactions to people differ.
- Relaxed and cooperative.
- Responds well to consistent schedules and routines.
- Does not adapt well to changes in routines.
- Attention span (individually or small group) 5 to 10 minutes.
- Able to work in large groups 5-8 minutes.
- Joins in social interactions-conversations.
- Highly distractible.
- Copies actions of others.

- Engages in make believe play.
- Possessive with toys. Does not like to share.
- Likes to play alone (solitary play) but willing to move into parallel play (side-byside).
- Ready to try new activities.
- Does not understand perspective of other people.
- Difficulty sharing and taking turns.
- Laughs frequently.
- Likes to be praised, reinforced and recognized.
- Shows cautious interest in new people.
- Responds impulsively.
- Begin to be comfortable with independence.
- Has an occasional nightmare.

Intellectual Development

- Curious about the world-enjoys learning new skills.
- Listens attentively to stories.
- Pretends to read-explains pictures.
- Acts out familiar stories.
- Takes pleasure in reading favorite books.
- Identifies primary colors.
- Identifies basic shapes.
- Recognizes some letters of the alphabet (letters of own name).
- Responsible participation and accomplishment in developmentally appropriate activities.
- Draws circles, and squares.
- Begins to form letter-like formations.
- Attempts to draw people and representations.
- Matches objects to pictures.
- Counts 2-3 objects.
- Counts from 1-10 by rote.
- Sorts objects logically.
- Better sense of logical reasoning.
- Begins to sequence events-before and after.
- Likes to play games.
- Plays realistically.
- Plans before taking action.

Language Development

- Vocabulary knowledge is 200-1, 000 words.
- Seventy-five per cent of speech is understandable.
- Learns new words rapidly.

- Describes personal experiences.
- Uses own name.
- Talks in three to four word complete sentences.
- Verbs begin to dominate language.
- Uses simple pronouns (I, me, you, mine).
- Talks to self.
- Talks about people and events.
- Talks about actions of others.
- Listens to age-appropriate stories attentively.
- Likes to reread favorite stories.
- Recites songs and poems.
- Likes to memorize favorite songs and poems.
- Asks many questions.
- Able to answer questions using full sentences.
- Likes to tell stories using puppets and props.
- Uses vocabulary to express feelings.
- Makes relevant comments.
- Enjoys repeating words and sounds.
- Most grammatical structures mastered.
- Uses conventional speech when expressing thoughts.
- Sometimes stutters and stammers.

Quality Care

Class Environment

- Provide space for personal possessions (coat, lunch box).
- Provide a variety of construction materials for experimentation.
- Provide opportunities for children to make things out of blocks, clay, and art media.
- Display children's work.
- Label items in room.
- Provide at least 100 children's books.
- Provide picture wall.
- Post children's photographs and names on flash cards around the room.
- Provide charts of shapes and colors, letters and numbers.
- Provide activities and toys for active play.
- Provide activities and toys for quiet play.
- Provide materials for art activities.
- Provide materials for musical play and listening to music.
- Provide a place for listening to books on tape.

- Provide a water and sand center.
- Provide a dramatic play center.
- Provide a science/experimentation center.
- Provide small motor area-puzzles, threading.
- Provide a color and shape center.
- Provide space where children can look at and manipulate books.
- Provide opportunities for pre-writing scribbling and drawing.

Instructional Strategies

- Provide consistency-actions similar over time.
- Provide time to engage in new activities.
- Develop confidence, self-esteem, and sense of security.
- Provide opportunities to develop independence.
- Allow time for experimentation.
- Praise and reassure children.
- Provide opportunities to develop self-confidence.
- Follow routines and schedules-introduce new routines gradually.
- Provide opportunities to create new ways to do things.
- Provide activities with a range of difficulty.
- Provide opportunities to choose activities.
- Use concrete materials.
- Provide opportunities for taking turns.
- Use simple, two step instructions.
- Provide opportunities for talking about common interests.
- Schedule time for daily songs, rhymes, and poems.
- Provide a variety of books with rhymes and repeated chants-read books that tell stories.
- Read 4 times daily to children.
- Provide time for sharing and cooperative play.
- Provide social time and time for free play.
- Provide time for imaginary play.
- Provide for experimentation (art and science projects).
- Provide opportunities for children to be solitary, quiet, and reflective.

Interaction

- Use Standard English and encourage children to use standard English.
- Allow time for children to articulate clearly.
- Encourage children to talk about what they are doing.
- Encourage verbalization of feelings and ideas.
- Describe on-going events and personal experiences.

- Provide opportunities for children to listen with enjoyment and respond to stories, songs, and poems.
- Provide opportunities to sing songs and poems together.
- Provide opportunities for children to use language for a variety of purposes.
- Spend time talking together and asking open-ended questions.
- Encourage children to play make believe and talk about it.
- Encourage speculation.

49-60 Months
Age 4
Developmental Milestones

Physical Development

- High energy levels.
- Throws ball overhead.
- Throws ball with accuracy.
- Threads and laces.
- Able to tie shoes.
- Better hand control with crayons and pencils.
- Hops and balances on one foot.
- Walks in straight lines.
- Pedals and steers small vehicles.
- Climbs ladders.
- Able to use balance beam.
- Stands on tip toes.
- Takes care of toilet needs.
- Dresses self.
- Able to put shoes on and off.
- Likes outdoor play.

Social-Emotional Development

- Understands humor.
- Reacts to world positively.
- Tests limits.
- Difficulty with changes in routines.
- Not patient.
- Often loud and boisterous.
- Able to join large group for 10-12 minutes.
- Degree of concentration directly related to interest in activity.
- Very enthusiastic and helpful.
- Mood changes quickly.
- Outgoing and friendly.
- Enjoys imaginary friends.
- Tattles on other children.
- Might have imaginary playmates.
- Likes to use imagination during play time.
- Blurs reality and fantasy.
- Unlimited imagination.
- Might appear selfish.

- Likes to be independent.
- Enjoys role-playing.
- Intense friendships develop.
- Enjoys parallel play (side-by-side play), although able to participate in cooperative play activities.
- Boasts and exaggerates.
- Participates cooperatively in activities.
- Shows pride in accomplishments.
- Increase in aggressive behavior.

Intellectual Development

- Better able to reason.
- Able to plan ahead.
- Concepts formed are crude and often inaccurate.
- Names upper and lower case letters.
- Likes to play rhyming word games..
- Understands sequence-first, middle, last.
- Prints first name.
- Recognizes familiar names.
- Recognizes familiar words in print.
- Reads names, words and phrases in simple books.
- Likes stories about animals and how things grow.
- Likes nonsense language.
- Indicates same and different.
- Identifies missing parts.
- Draws detailed pictures of people, and familiar objects.
- Counts to 20 by rote.

Language Development

- Speech is intelligible.
- Vocabulary knowledge is 1,000-3,000 words.
- Talks extensively about interesting subjects.
- Uses extensive verbalization during activities.
- Enjoys repetition in songs and poems.
- Knows names of most animals.
- Names objects and people in pictures.
- Uses prepositions-on, in, under, behind.
- Uses possessives correctly.
- Uses past tense of words correctly.
- Uses plurals correctly.
- Produces elaborate sentences and stories.
- Refers to events and people in conversations..

- States first and last name.
- Asks endless questions.
- Answers who, what, where questions.
- Able to repeat four syllable words.
- Changes tone of voice.
- Uses letter sounds correctly.

Quality Care

Age 4 and 5

Classroom Environment

- Provide an environment for child to feel good and understand the importance of hygiene, diet, and exercise.
- Provide opportunities for children to care for their environment.
- Provide opportunities for children to be actively involved in learning.
- Adhere to a daily schedule and regular routines.
- Provide a responsive, successful environment.
- Designate large and small group space.
- Label furniture.
- Post photographs and names of children.
- Provide a Word Wall.
- Provide charts of shapes, colors, numbers, letters and high frequency words.
- Provide a variety of learning centers (academic and non academic).
- Provide a dramatic play center.
- Provide a housekeeping center.
- Provide a math center where children can understand the mathematical process.
- Provide an art center where children can use a variety of media.
- Provide a science/social studies center where children can develop observation skills.
- Provide a block and transportation center.
- Provide a music center where children can listen, respond, and move expressively.
- Provide a listening center where children can listen and respond.
- Provide a writing center where children can use letters and words to express themselves.
- Provide a letter center where children can manipulate and use letters.

- Provide 200+ classroom lending library.
- Provide opportunities for children to become aware of everyday use of technology.
- Provide a healthy and safe environment.

Instructional Strategies

- Establish clear and consistent schedules and routines.
- Prepare children for routine changes.
- Review classroom rules daily.
- Provide “morning welcome” time.
- Prior to instructional time, gather and focus children.
- Follow children’s interests and abilities when planning activities.
- Maintain realistic goals for all children.
- Provide high interest, concrete activities and events.
- Encourage children to attempt challenging activities.
- Provide a variety of high interest activities.
- Provide opportunities for cooperative group activities.
- Provide opportunities for large group and small group interactions.
- Allow children to complete activities independently.
- Provide help for children when necessary.
- Provide time for songs and poems on a daily basis.
- Use props for singing and dancing.
- Provide manipulative and artistic activities.
- Select and read informational books-animals and plants.
- Provide opportunities for children to estimate and predict, to solve simple problems.
- Provide activities for exploration and testing conclusions.
- Plan group games (non-competitive) about words, colors, letters, numbers.
- Read to children four times daily.
- During and after read aloud sessions, ask and answer questions.
- Talk about outside world and current events.
- Provide opportunities to develop memory skills.
- Provide daily opportunities and time to develop literacy skills (oral language, letter knowledge, phonological awareness, print concepts).
- Provide space and time daily for independent reading.
- Provide opportunities to consolidate previous learning and be challenged into new learning.
- Use preventative strategies rather than remedial strategies.

- Provide opportunities for children to be successful daily.
- Use transitional activities and songs.
- Provide opportunities to celebrate various cultures and to be positive toward other cultures.
- Be sensitive to the various emotional needs of children.
- Foster equal opportunities for all children.
- Provide opportunities to build continuity and partnerships between home and school.
- Plan for vigorous outdoor activity where children can use their bodies.
- Encourage children to be “risk” takers.

Interaction

- Provide for daily “share” time.
- Provide opportunities for attentive listening.
- Plan daily for current event and personal talk.
- Provide time to identify items verbally.
- Provide time to verbally share personal experiences.
- Encourage children to talk about themselves, siblings, parents, and pets.
- Provide opportunities for children to answer questions about a story or classroom event.
- Provide opportunities for children to engage in conversations throughout the day.
- Encourage children to learn first and last name, address, phone number.
- Plan group word and picture games.
- Provide time for children to form friendships.
- Provide daily opportunities for children to say letters and numbers.
- Read Alphabet and Letter books.
- Sing songs about the letters of the alphabet and numbers.
- Use “time out” and “redirection” to calm children.
- Give clear, calm and brief feedback to children.
- Use humor to diffuse intensity.
- Share information, about children and program, with family members

Age 5
61-72 Months
Developmental Milestones

Physical Development

- Hand dominance established.
- Cuts on lines with scissors.
- Demonstrates finger and hand control of pencil or marker.
- Able to hold crayon/pencil correctly.
- Able to draw a human figure with detail.
- Ties shoelaces accurately.
- Walks backwards.
- Turns somersaults.
- Catches ball thrown from 3 feet away.
- Bounces ball.
- Throws ball with accuracy.
- Walks accurately on balance beam.
- Gallops and skips.
- Jumps or hops forward without falling.
- Jumps over items.
- Balances on either foot.
- Rides wheeled toys with skill and speed.
- Invents games with simple rules.
- Aware of own gender.
- Begins to lose deciduous (baby) teeth.
- Grooms self.
- Increased poise, coordination, and stamina.

Social-Emotional Development

- Doesn't like to fail.
- Generally in a happy mood.
- Plays cooperatively- participates in group play.
- Enjoys helping with class chores and instructional episodes.
- Persistent during high interest activities.
- Enjoys friendships- has 1-2 special playmates.
- Less likely to respond impulsively.
- Generous to other children.
- Uses imagination during play.
- Affectionate and caring.
- Usually follows requests from adults.
- Needs adult comfort and reassurance.

- Increased self-control.
- Able to tell right from wrong.
- Likes to tell jokes and make people laugh.
- Boastful.
- Independently manages routines.
- Risk taker.
- Helpful in completing chores.
- Often fears the dark, some animals, and some people.
- Begins to share on a regular basis.
- Attached to home and family.

Intellectual Development

- Able to print first and last name correctly.
- Able to remember full name, address and telephone number.
- Identifies primary and secondary colors.
- Identifies all letters of the alphabet.
- Identifies sounds of letters.
- Reproduces shapes and letters.
- Forms patterns with shapes and colors.
- Understands concepts of same and different.
- Sort's objects on basis of two dimensions.
- Classifies same features of objects.
- Understands concepts of smallest to largest.
- Good memory – enjoys memorizing songs and poems.
- Able to write all letters of the alphabet and form words.
- Able to read words and sentences.
- Able to follow three-step command.
- Rote counts to 20 and above (up to 100).
- Recognizes numerals from 1-20.
- Understands concepts of less than and more than.
- Understands time concepts (soon, later).
- Difficulty with passage of time and sequence of events.
- Recognizes and identifies penny, nickel, dime, quarter, and a dollar.
- Begins to count money.
- Understands concepts of whole and half.
- Eager to learn.

Language Development

- Vocabulary knowledge is 1,500-5,000 words.
- Speech is entirely intelligible.
- Asks who, what, where, when, why questions.

- Asks meaning of words.
- Able to answer questions during and after the story.
- Tells a story while looking at pictures in a book.
- Creates new stories using descriptive words.
- Defines simple words.
- Uses five to seven word sentences.
- States the name of own city, birthday, and parent's names.
- Knows common opposites.
- Recognizes humor in jokes and events.
- Answers phones appropriately- able to take message.
- Use nouns, pronouns, past tense of irregular verbs, past tense inflection, adverbs and adjectives correctly.

Quality Care

Age 4 and 5

See Age 4. It's the all same.

Limited Conservatorships & Alternatives

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1. What is a conservatorship?

A conservatorship is a court process in which a judge decides whether or not you are able to care for your health, food, clothing, shelter, finances, or personal needs. A judge may take some of these important rights away from you. A responsible person may be appointed by the judge to make decisions for you. The court calls that person a “conservator.” The court calls you the “conservatee.” Conservatorships are only for persons 18 years of age or older.

2. What are the different types of conservatorship?

There are several types of conservatorship in California:

- General Probate Conservatorship
<http://www.disabilityrightsca.org/pubs/523001.pdf>
- Lanterman Petris Short Act
<http://www.disabilityrightsca.org/pubs/522501.htm>
- Dementia Conservatorship
<http://www.disabilityrightsca.org/pubs/522601.pdf>
- Limited Conservatorship

3. What is a limited conservatorship?

A limited conservatorship is a type of conservatorship created for people with developmental disabilities. It is created to make sure you are as self-reliant and independent as possible. It allows you

to keep some rights so you can make some decisions about your life. A judge will decide what decisions the conservator will make.

4. Who can be appointed as your limited conservator?

A limited conservator must be 18 years of age or older and act in your best interest. You may suggest someone you know such as a family member or friend, but a judge decides who will be your limited conservator. The judge may appoint more than one limited conservator (co-conservators). In some cases a private professional conservator is appointed. The county public guardian may be appointed if no one else is available.

5. How is a limited conservatorship established?

- A proposed conservator files a petition with the court.
- A copy of the petition must be given to you.
- Copies of the petition are sent to some of your relatives and agencies such as the regional center.
- A court investigator is assigned to your case.
- You must go to the hearing, unless the judge approves an exception.
- A judge will appoint an attorney to represent you.

6. What is the court investigator's role in the limited conservatorship process?

A court investigator must:

- Explain and review the petition with you.
- Interview you and tell you about the conservatorship process.
- Determine whether you:
 - Are able to attend the hearing,
 - Want to challenge the conservatorship,
 - Object to the proposed conservator or prefer another person.

7. What is the regional center's role in a limited conservatorship?

With your consent the regional center must assess you and submit a report to the court. The report must include:

- The nature/degree of your disability.
- What assistance you need.
- Your physical condition.
- Your mental condition and social well-being.
- Recommendations about the specific rights requested in the petition.

If the proposed conservator is a service provider, the report must

- include comments about whether the service provider would be appropriate to meet your needs.
- A copy of the report must be sent to you and your attorney at least 5 days before the hearing.

8. What are my rights in the limited conservatorship process?

You have the right to:

- Be told what rights will be taken away and how the conservatorship will affect your rights.
- Receive a notice and copy of the conservatorship petition at least 15 days before the court hearing.
- Have an attorney represent you. If you don't have an attorney, a judge must appoint one for you.
- Receive a copy of any reports given to the judge by your family, friends, regional center and others.
- Be at the conservatorship hearing.
- Challenge the conservatorship.

- Have a jury trial if you request one.

9. What rights can the judge take away from me in a limited conservatorship?

The judge may take away some or all of these rights:

- To determine residence.
- To have access to confidential records.
- To get married.
- To enter into contracts.
- To give consent for medical treatment.
- To control social and sexual contacts.
- To make educational decisions.

10. How can I show that I don't need a conservator?

You can show that you are able to care for your health, food, clothing, shelter, finances, or personal needs. You can use supports and services such as alternatives to conservatorships including supported decision-making to help you. See question 12 for a list of alternatives to conservatorship.

11. If the court determines that I need a limited conservator, what are the conservator's duties and responsibilities?

A conservator has a high duty to do what the judge has appointed him or her to do, which is make decisions in your best interest.

This may include:

- Helping you get support services, education, medical and other services that will help you become as independent as possible.
- Responding to a crisis when needed.
- Helping you manage your personal or financial needs.

12. What are less restrictive alternatives to a limited conservatorship?

Before a person can ask the court to become your conservator, that person is required, by law, to consider alternatives. Alternatives may postpone or eliminate the need for a conservatorship.

General Alternatives

Supported Decision-Making:

Supported Decision-Making (SDM) is when you use trusted friends, family and professionals to help you understand situations and choices in your life. It is a way to increase your independence. It encourages you and gives you the power to make decisions about your life as much as possible. SDM is how most adults make daily decisions. SDM also:

- Helps you to make things happen in your life.
- Helps you to make choices about where, how and with whom you live.
- Helps you to make choices about where you want to work.
- Helps you to take action in your life instead of someone acting for you.
- Allows you to have a more positive quality of life.
- Increases your employment opportunities, independence in daily life, and community integration.

Durable Power of Attorney:

This is a legal document where you give someone you trust the legal right to make decisions for you. It is a way for you to get help with the supports and services you need to live independently. You can give someone the right to make one kind of decision, like medical or financial, or give them the right to make both kinds of decisions.

Other General Alternatives:

- You can join self-advocacy groups such as People First, or get self-advocacy training to help you learn how to communicate and advocate for what you need.
- You can have your choices written into your IEP or IPP.
- You can prepare for your IEP or IPP by practicing role playing and talking about what your needs and desires are with someone you trust.
- You can find facilitators to assist you make decisions.

Specific Alternatives**Alternatives for getting services in your IEP or IPP:**

You have the right to invite people to your IEP or IPP meeting that will support you in advocating for the services you need to be independent. Advocates can be:

- Your service coordinator.
- Your family and people in your circle of support.
- A trained advocate.

Alternatives for deciding where and with whom you live:

- Discuss your desires and options/choices with someone you trust such as your:
 - Circle of support (people you trust and who support you).
 - Independent Living Services (ILS) provider.
 - Supported Living Services (SLS) provider.
 - Community Care Facility or Intermediate Care Facility staff.
- Ask trusted people how you can get help with rent or applying for Public Housing Assistance.
- Advocate at your IPP and get your choices written into your IPP.

Alternatives for access to your confidential information:

If you would like someone you trust to get your confidential information, you can give permission by using one of these options:

- Sign a HIPAA medical release form.
- Sign a consent to release form for information or records.
- You and another person can call the agency together and you can give your permission over the phone.

Alternatives to help you manage your money:

- You can sign a power of attorney for finances. This authorizes someone you trust to make decisions about your finances and money. The financial power of attorney must be notarized. You can end it whenever you want.
- You can pick someone to be your SSI/Social Security benefit representative payee.
- There are laws to help protect your SSI/Social Security benefits.
- You can have services written in your IPP to help you with managing your money, like your independent living services worker.
- A Special Needs Trust can be created for you. A trustee would then manage your money.
- Joint bank accounts: you can set up a joint account with someone you trust to help you write checks, make deposits or withdraw money.

Alternatives to help you with your healthcare needs:

- You can sign an Advance Health Care Directive, so that your desires will be followed. It requires either two witness' signatures or to be notarized and can be changed or end whenever you want.
- Since you are the patient, doctors must tell you the risks and benefits of a treatment, other available treatments and what happens if there is no treatment.
- If you are unable to make a decision:
 - Your closest relative available (such as a parent) can authorize healthcare.
 - Your regional center can authorize some medical, surgical, or dental care in some situations.
 - Doctors or dentists can make decisions in an emergency.
- Court authorization is required for specific medical operations.
- If you are a resident in an ICF/SNF, an interdisciplinary team can

approve medical treatment, if no one with legal authority to make medical decisions is available.

Alternatives to help you with your social/sexual relationships:

Services in your IEP or IPP could include supports to help you with relationships such as counseling, independent living services, and supported living services. You could also get education in the areas of social skills, safety awareness, and how to have healthy relationships with others. This can include relationships with boyfriends and girlfriends.

Alternatives to help you with your educational decisions:

You can give someone you trust the right to make your educational decisions. You can have a durable power of attorney or an assignment of educational decision making authority.

Alternatives to help you file a case in court:

If you need to file a case in court, the court can appoint someone to help you talk to your lawyer and deal with the court. This person is called a Guardian ad Litem. The Guardian ad Litem would take your place in court if you are not able to go to court or understand.

13. Do I have to pay court fees and costs in my conservatorship case?

The court will determine whether you must pay filing fees, legal services fees and court costs.

14. What powers are NOT available in a limited conservatorship?

A conservator cannot:

- Control your wages from a job or salary,
- Approve harmful medical treatment,

- Force medication therapy on you,
- Have you sterilized so you cannot have a baby,
- Have you committed to an institution,
- Agree to electro-convulsive shock therapy (ECT),
- Agree to psychotherapy,
- Have any other powers NOT specifically ordered by the court.

15. What rights do I keep in a limited conservatorship?

You keep your right to:

- Control your own wages or salary,
- Make or change a will to say who gets your personal items when you die,
- Get married unless the judge specifically takes that right away,
- Receive personal mail,
- Vote unless the judge specifically takes away that right,
- Be represented by an attorney,
- Ask for a new conservator,
- Ask for the conservatorship to end.

16. What can I do if I disagree with my conservator or want to end the limited conservatorship?

- Call your attorney, probate court investigator, regional center, day program, support staff, or OCRA.
- Ask for a court hearing.
- Ask your regional center service coordinator for an IPP meeting.

17. When does a limited conservatorship end?

- When ended by a judge.
- Upon the death of the conservator or conservatee.
- A court order saying that the limited conservatorship is no longer needed.
- Conservator files a petition with the court to resign.

18. How can the Clients' Rights Advocate help me?

The Clients' Rights Advocate can help by:

- Telling you about your rights,
- Telling you or your family about limited conservatorship alternatives,
- Talking to or helping you talk to your attorney, probate court investigator and others who could help you.

19. How will I know if a limited conservatorship has been ordered by the judge?

- You will receive a copy of the judge's order.
- The judge's order will tell you what rights have been given to the conservator.

20. How will others know that I have a conservator?

The conservator must give other people an official copy of the **Letters of Conservatorship**. The official copy must include the completed certification section of the **Letters of Conservatorship** before they can be treated as a conservator.

For further information call

Disability Rights California

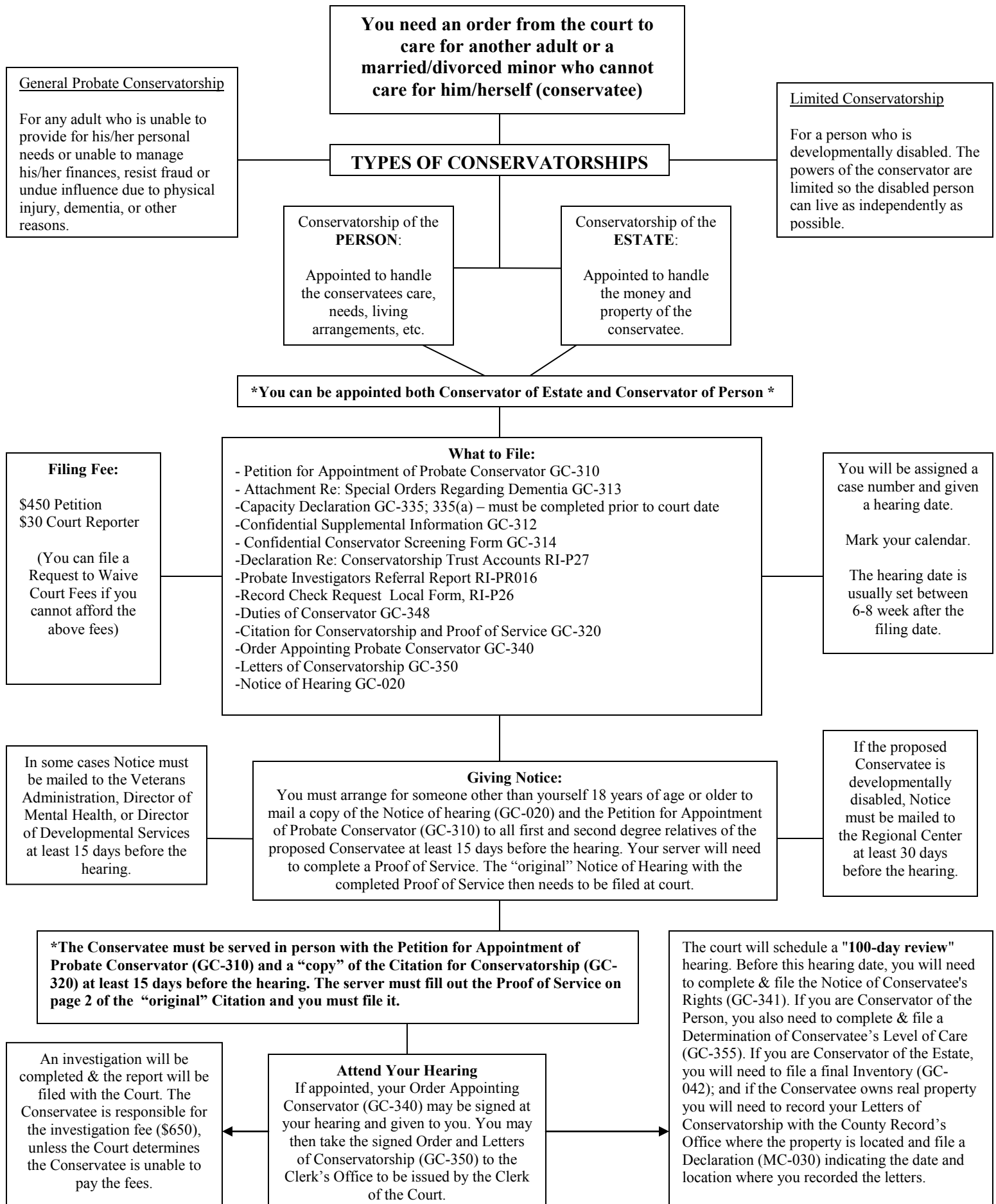
Toll Free: (800) 776-5746

Office of Clients' Rights Advocacy

Toll Free: (800) 390-7032

Disability Rights California is funded by a variety of sources, for a complete list of funders, go to <http://www.disabilityrightscalifornia.org/Documents/ListofGrantsAndContracts.html>.

GENERAL PROBATE CONSERVATORSHIP CHART



CONSERVATORSHIP

Information for Self-Represented Litigants



Superior Court of California
County of Riverside
Self-Help Center

WHAT IS A CONSERVATORSHIP?

A Conservatorship is a court case in which a Judge appoints a family member, friend, or other responsible person (called a Conservator) to care for another adult, who cannot care for him or herself (called a Conservatee).

Once you are appointed conservator, you are legally responsible to provide care for the Conservatee's daily needs. Conservatorships are heard in the Probate Department of the Superior Court.

ARE THERE DIFFERENT TYPES OF CONSERVATORSHIPS?

Yes. There are three (3) types of Conservatorships:

1. **General Probate Conservatorship** – For adults who cannot provide for their own personal needs due to physical injury, dementia, or other reasons that make them incapable for caring for themselves or making them subject to undue influence.
2. **Limited Conservatorship** - Only for a person who is developmentally disabled. The powers are limited so the person may live as independently as possible.
3. **LPS (Lanterman-Petris-Short) Conservatorship** – Arranged for persons who require very restrictive living arrangements and extended mental health treatment, who cannot or will not agree to the treatment voluntarily. LPS Conservatorships are confidential cases.

IF THE COURT NAMES ME CONSERVATOR, IS IT MY RESPONSIBILITY TO HANDLE THE CONSERVATEE'S FINANCES?

Possibly. You can either be designated as "Conservator of the Person," "Conservator of the Estate," or both.

If you are **Conservator of the Person**, this means you:

- Arrange for the Conservatee's care and protection,
- Decide where the Conservatee will live,
- Are in charge of:
 - Health care
 - Food
 - Clothes
 - Personal Care
 - Housekeeping, transportation & recreation

If you are **Conservator of the Estate**, you will:

- Manage the Conservatee's Finances
- Protect the Conservatee's income and property
- Make a list of everything in the estate
- Make a plan to make sure the Conservatee's needs are met
- Make sure the Conservatee's bills are paid
- Invest the Conservatee's money
- Make sure the Conservatee gets all the benefits he/she is eligible for
- Make sure the taxes are filed and paid on time
- Keep exact financial records
- Make regular reports of the financial accounts to the court and other interested persons

CAN A CONSERVATORSHIP BE TEMPORARY?

Yes. You can request to be a temporary Conservator when a person needs immediate help (**emergency situations only**), but you must file the Petition for appointment of Probate Conservator (permanent orders), simultaneously. If appointed by the court, you will have most of the same duties and powers that a permanent Conservator has. A temporary Conservatorship will last for a specific time period until you or someone else can be appointed as the permanent Conservator.

WHAT FORMS DO I NEED TO BEGIN A CONSERVATORSHIP?

- Petition for Appointment of Probate Conservator GC-310
- Attachment Re: Special Orders Regarding Dementia GC-313
- Capacity Declaration GC-335; 335(a) - must be completed prior to court date
- Confidential Supplemental Information GC-312
- Confidential Conservator Screening Form GC-314
- Declaration Re: Conservatorship Trust Accounts RI-P27
- Probate Investigators Referral Report RI-P02
- Record Check Request (Local Form, RI-P26)
- Order Appointing Court Investigator (caption only) GC-330

- Duties of Conservator GC-348
- Citation for Conservatorship and Proof of Service GC-320
- Order Appointing Probate Conservator GC-340
- Letters of Conservatorship GC-350
- Notice of Hearing GC-020

WHERE CAN I GET HELP?

Being a Conservator can be a confusing and overwhelming process. You may need legal advice that can only be provided by an attorney. You can find information regarding Conservatorships by visiting:

<http://www.courts.ca.gov/selfhelp-seniors.htm>

To attend a Conservatorship Clinic, contact Public Service Law Corporation at: 951-682-7968. The Clinic is by appointment only and you must be income-qualified.

For further assistance, please see Riverside Superior Court's Civil Self-Help Calendar. You can pick up the calendar at your local court or view the calendar online at:

http://www.riverside.courts.ca.gov/cal_rivcivilselfhelp.pdf

- **ASK HOW YOU CAN HELP BEFORE giving assistance.**
- **ASK ABOUT LIMITATIONS** that may affect the person's ability to evacuate. For example:
 - › *Are you able to run or walk rapidly without assistance?*
 - › *Do you use a mobility device, such as crutches, cane, a walker, etc.?*
 - › *Do you use a communication device, such as a communication book or electronic device?*

SOME DISABILITIES ARE VISIBLE, SOME ARE NOT.

ENCOUNTERING People with Disabilities in Emergency Situations



State Council on Developmental Disabilities

San Bernardino Regional Office

685 E. Carnegie Dr., Suite 125

San Bernardino, CA 92408

909-890-1259 - Office

909-890-1630 - Direct

951-315-4281 - Cell

www.scdd.ca.gov

Serving Inyo, Mono, Riverside, and San Bernardino Counties

"Encountering People with Disabilities in Emergency Situations"

Adapted from "Tips for First Responders" produced by Center For Development and Disability,
University of New Mexico

*People Who Are **DEAF, HARD OF HEARING, OR VISUALLY IMPAIRED***

- **FLICK THE LIGHTS OR STOMP ON THE FLOOR** to get the person's attention, when entering, and **STATE THE EMERGENCY**.
- **OFFER YOUR ELBOW FOR SUPPORT** and then guide the person from the building. Maintain a dialogue describing the nearest exit and obstacles in their path, including stairs, doorways, narrow passages and ramps.

*People With **SERVICE ANIMALS***

- **DO NOT SEPARATE THE ANIMAL FROM THE PERSON**. Service animals **MUST** be evacuated with the person.
- However, **IF THE ANIMAL IS OUT OF CONTROL OR PRESENTS A THREAT** to people, it may be necessary to **REMOVE IT SEPARATELY**.

*People Who Use **WHEELCHAIRS***

- **ASK IF THEY NEED ASSISTANCE IN TRANSFERRING** from one type of chair to another. Depending on the person's upper body strength they may be able to transfer on their own or with minimal assistance.
- **ASK IF ANY WHEELCHAIR PARTS CAN BE REMOVED**, and be sure to take all parts with you and reassemble the chair as quickly as possible.
- **BEFORE LIFTING, ASK THE PERSON ABOUT THEIR ABILITY TO MOVE THEIR EXTREMITIES**. Movement may be limited by catheters, muscle spasms, leg bags, braces, or other durable medical equipment.

*People With **AUTISM, INTELLECTUAL DISABILITIES, DEVELOPMENTAL DISABILITIES, OR OTHER COGNITIVE IMPAIRMENTS***

- **APPROACH CALMLY. BE DIRECT**. Look at the person, speak calmly, use concrete phrases and repeat, if needed.
- **AVOID USING "YES/NO" QUESTIONS**, or phrases with double meaning like "Knock it off" or "Cut it out."
- **AVOID TOUCHING** the person. Use gestures to give directions.
- **REDUCE DISTRACTIONS** (lower radio volume, turn off sirens or flashing lights).
- **BE AWARE OF SOCIAL BEHAVIORS** often associated with people with these disabilities:
 - › **DO NOT INTERPRET ODD BEHAVIORS AS DEFIANCE OR DISRESPECT**. The person may look at you oddly, laugh inappropriately, or may not seem to take the situation seriously. These behaviors are not meant to be disrespectful or defiant.
 - › **BE ALERT FOR OUTBURSTS OR IMPULSIVE, UNEXPLAINED BEHAVIOR**. If possible, wait until the behavior subsides before having the person evacuate the premises.
 - › **REPEAT REASSURANCES**
 - » "You may feel afraid"
 - » "That's OK"
 - » "We're going to keep you safe"
 - » "Good job"
 - » "Keep up the good work"

Intellectual/Developmental Disability (DD) Resources



SCDD Brochure



Types of DD



21 Regional Centers, CA



DD Services (DDS)



The Arc, NCCJD



SCDD Acronyms List



RC Services – Adult



RC Services – Child



RC Eligibility





Elder and Dependent Adult Resources



PC 368 Resources

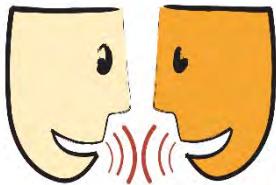


APS by County



LTC Ombudsman by County

Effective Communication Tips



Interviewing Tips



First Responder Visitor Card

Follow us on  to learn more about our advocacy in your community!



Need a **'QR'** reader so you can download these advocacy resources, or access the websites provided? Visit the **app store** on your device, download a reader (i.e....i-nigma, QR droid, etc.) and all this information will be available to you with a quick scan on your device. Then it available when you are!



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Legend: **DD**= Developmental Disabilities **RC**= Regional Center **NCCJD** = National Center on Criminal Justice Disability
SCDD = State Council on Developmental Disabilities **APS** = Adult Protective Services **LTC**= Long Term Care **PC**=Penal Code



State Council on Developmental Disabilities

HOW TO DO THINGS¹ UNDER ROBERT'S RULES OF ORDER PLAIN LANGUAGE

1. You want to bring up a new idea before the group.

☒ In order to make a motion or talk during the discussion, you must be “given the floor” by being called on by the Chair.

- Take a New Action (“Make a Motion”):

After being called on by the chair, tell people what you think the Council should do and what action it should take.

Be specific. Sometimes it helps to write out the motion and read it.

- A Second Person Must Agree:

A second person must agree with you and say that he or she “**seconds**” your idea or motion in order for the group to talk about and consider your motion.

¹ Adapted from Cornell University Faculty publication: <http://theuniversityfaculty.cornell.edu/meetings/RobertsRulesSimplified.pdf>

2. You want to change some of the wording in a motion already being discussed.

☑ In order to make a motion or talk during the discussion, you must be “given the floor” by being called on by the Chair.

- Suggest a Change (“Move to Amend”):

After being called on by the chair, suggest a change by saying “I move to amend,” AND

- Tell How Your Change Will Be Made

Tell the group, you wish to amend by:

- adding words,
- striking words, or
- striking and inserting words.

- A Second Person Must Agree:

Another person must “second” your idea.

3. You want more study and/or investigation given to the idea being discussed.

- ☒ In order to make a motion or talk during the discussion, you must be “given the floor” by being called on by the Chair.
- “Move to refer to a committee.” Try to be specific and explain exactly what you think the responsibility of the committee should be.
 - A Second Person Must Agree: Another person must “second” your idea.

4. You want more time personally to study the proposal being discussed.

- ☒ In order to make a motion or talk during the discussion, you must be “given the floor” by being called on by the Chair.
- “Move to postpone” to a definite time or date. Provide an *exact time* later on during the meeting, or at a future meeting on a *specific date*, to continue discussion on the proposal.
 - A Second Person Must Agree: Another person must “second” your idea.

5. You have heard enough discussion.

☒ In order to make a motion or talk during the discussion, you must be “given the floor” by being called on by the Chair.

- “Move the previous question.”

This cuts off discussion and brings the group to a vote on the question being discussed **only**.

★ ★ Robert’s Rules of Order require a 2/3rds vote for this motion. However, Council Bylaws say that **only a majority vote is necessary**, and the Council should follow its Bylaws. (See Bylaws Article VI, Section1 and Section 4.)

- Or “move to close the debate” in order to end the discussion.

★ ★ Robert’s Rules of Order require a 2/3rds vote for this motion. Council Bylaws say that **only a majority vote is necessary**, and the Council should follow its Bylaws. (See Bylaws Article VI, Section1 and Section 4.)

- A Second Person Must Agree:

Another person must “second” each of the above motions.

6. You believe the discussion has drifted away from the agenda and want to bring it back.

☒ In order to make a motion or talk during the discussion, you must be “given the floor” by being called on by the Chair.

- “Call for orders of the day.”

This motion asks the group to follow its agenda or order of business. It does not require a second. The Chair may then go back to the scheduled business.
➡ No second is required.

7. You are confused about what is being discussed and want clarification.

☒ In order to make a motion or talk during the discussion, you must be “given the floor” by being called on by the Chair.

- “Call for a point of information.”

The Chair will ask you what your question is and attempt to clarify the situation.
➡ No second is required.

8. You want to take a short break.

☒ In order to make a motion or talk during the discussion, you must be “given the floor” by being called on by the Chair.

- “Move to recess” for a set period of time.

Tell the group how long of a recess you are requesting.

The Chair must call on you before you make this motion. The motion requires a second and a majority vote. If the group votes for a recess, it goes into effect immediately.

- A Second Person Must Agree:

Another person must “second” this motion.

9. You want to end the meeting before the scheduled end time or before agenda is finished.

☒ In order to make a motion or talk during the discussion, you must be “given the floor” by being called on by the Chair.

- “Move to adjourn.”

If the Chair has called on you, you make a motion to close the meeting even if there is still business pending. This motion requires a second and a majority vote. The Chair announces adjournment.

- A Second Person Must Agree:

Another person must “second” this motion.

10. You have changed your mind about something that was voted on earlier in the meeting *and you were on the winning side.*

☒ In order to make a motion or talk during the discussion, you must be “given the floor” by being called on by the Chair.

- “Move to reconsider.”

You can make a motion to reconsider a decision made by the group, but **only if you were on the winning side.**

If this motion is approved by a majority vote, the decision can be discussed and voted on again as though a vote had not been taken before.

- A Second Person Must Agree:

Another person must “second” this motion.

You may INTERRUPT a speaker for these reasons only:

- To get information about business – **point of information**
- To get information about rules – **parliamentary inquiry**
- If you can't hear, safety reasons, comfort, etc. – **question of privilege**
- If you see a breach of the rules – **point of order**

ROBERTS RULES CHEAT SHEET

To:	You say:	Interrupt Speaker	Second Needed	Debatable	Amendable	Vote Needed
Adjourn	"I move that we adjourn"	No	Yes	No	No	Majority
Recess	"I move that we recess until..."	No	Yes	No	Yes	Majority
Complain about noise, room temp., etc.	"Point of privilege"	Yes	No	No	No	Chair Decides
Suspend further consideration of something	"I move that we table it"	No	Yes	No	No	Majority
End debate	"I move the previous question"	No	Yes	No	No	2/3
Postpone consideration of something	"I move we postpone this matter until..."	No	Yes	Yes	Yes	Majority
Amend a motion	"I move that this motion be amended by..."	No	Yes	Yes	Yes	Majority
Introduce business (a primary motion)	"I move that..."	No	Yes	Yes	Yes	Majority

The above listed motions and points are listed in established order of precedence. When any one of them is pending, you may not introduce another that is listed below, but you may introduce another that is listed above it.

To:	You say:	Interrupt Speaker	Second Needed	Debatable	Amendable	Vote Needed
Object to procedure or personal affront	"Point of order"	Yes	No	No	No	Chair decides
Request information	"Point of information"	Yes	No	No	No	None
Ask for vote by actual count to verify voice vote	"I call for a division of the house"	Must be done before new motion	No	No	No	None unless someone objects
Object to considering some undiplomatic or improper matter	"I object to consideration of this question"	Yes	No	No	No	2/3
Take up matter previously tabled	"I move we take from the table..."	Yes	Yes	No	No	Majority
Reconsider something already disposed of	"I move we now (or later) reconsider our action relative to..."	Yes	Yes	Only if original motion was debatable	No	Majority
Consider something out of its scheduled order	"I move we suspend the rules and consider..."	No	Yes	No	No	2/3
Vote on a ruling by the Chair	"I appeal the Chair's decision"	Yes	Yes	Yes	No	Majority

The motions, points and proposals listed above have no established order of preference; any of them may be introduced at any time except when meeting is considering one of the top three matters listed from the first chart (Motion to Adjourn, Recess or Point of Privilege).

PROCEDURE FOR HANDLING A MAIN MOTION

NOTE: Nothing goes to discussion without a motion being on the floor.

Obtaining and assigning the floor

A member raises hand when no one else has the floor

- The chair recognizes the member by name

How the Motion is Brought Before the Assembly

- The member makes the motion: *I move that (or "to") ...* and resumes his seat.
- Another member seconds the motion: *I second the motion* or *I second it* or *second*.
- The chair states the motion: *It is moved and seconded that ... Are you ready for the question?*

Consideration of the Motion

1. Members can debate the motion.
2. Before speaking in debate, members obtain the floor.
3. The maker of the motion has first right to the floor if he claims it properly
4. Debate must be confined to the merits of the motion.
5. Debate can be closed only by order of the assembly (2/3 vote) or by the chair if no one seeks the floor for further debate.

The chair puts the motion to a vote

1. The chair asks: *Are you ready for the question?* If no one rises to claim the floor, the chair proceeds to take the vote.
2. The chair says: *The question is on the adoption of the motion that ... As many as are in favor, say 'Aye'.* (Pause for response.) *Those opposed, say 'Nay'.* (Pause for response.) *Those abstained please say 'Aye'.*

The chair announces the result of the vote.

1. *The ayes have it, the motion carries, and ...* (indicating the effect of the vote) or
2. *The nays have it and the motion fails*

WHEN DEBATING YOUR MOTIONS

1. Listen to the other side
2. Focus on issues, not personalities
3. Avoid questioning motives
4. Be polite

HOW TO ACCOMPLISH WHAT YOU WANT TO DO IN MEETINGS

MAIN MOTION

You want to propose a new idea or action for the group.

- After recognition, make a main motion.
- Member: "Madame Chairman, I move that _____."

AMENDING A MOTION

You want to change some of the wording that is being discussed.

- After recognition, "Madame Chairman, I move that the motion be amended by adding the following words _____."
- After recognition, "Madame Chairman, I move that the motion be amended by striking out the following words _____."
- After recognition, "Madame Chairman, I move that the motion be amended by striking out the following words, _____, and adding in their place the following words _____."

REFER TO A COMMITTEE

You feel that an idea or proposal being discussed needs more study and investigation.

- After recognition, "Madame Chairman, I move that the question be referred to a committee made up of members Smith, Jones and Brown."

POSTPONE DEFINITELY

You want the membership to have more time to consider the question under discussion and you want to postpone it to a definite time or day, and have it come up for further consideration.

- After recognition, "Madame Chairman, I move to postpone the question until _____."

PREVIOUS QUESTION

You think discussion has gone on for too long and you want to stop discussion and vote.

- After recognition, "Madam President, I move the previous question."

LIMIT DEBATE

You think discussion is getting long, but you want to give a reasonable length of time for consideration of the question.

- After recognition, "Madam President, I move to limit discussion to two minutes per speaker."

POSTPONE INDEFINITELY

You want to kill a motion that is being discussed.

- After recognition, "Madam Moderator, I move to postpone the question indefinitely."

POSTPONE INDEFINITELY

You are against a motion just proposed and want to learn who is for and who is against the motion.

- After recognition, "Madame President, I move to postpone the motion indefinitely."

RECESS

You want to take a break for a while.

- After recognition, "Madame Moderator, I move to recess for ten minutes."

ADJOURNMENT

You want the meeting to end.

- After recognition, "Madame Chairman, I move to adjourn."

PERMISSION TO WITHDRAW A MOTION

You have made a motion and after discussion, are sorry you made it.

- After recognition, "Madam President, I ask permission to withdraw my motion."

CALL FOR ORDERS OF THE DAY

At the beginning of the meeting, the agenda was adopted. The chairman is not following the order of the approved agenda.

- Without recognition, "Call for orders of the day."

SUSPENDING THE RULES

The agenda has been approved and as the meeting progressed, it became obvious that an item you are interested in will not come up before adjournment.

- After recognition, "Madam Chairman, I move to suspend the rules and move item 5 to position 2."

POINT OF PERSONAL PRIVILEGE

The noise outside the meeting has become so great that you are having trouble hearing.

- Without recognition, "Point of personal privilege."
- Chairman: "State your point."
- Member: "There is too much noise, I can't hear."

COMMITTEE OF THE WHOLE

You are going to propose a question that is likely to be controversial and you feel that some of the members will try to kill it by various maneuvers. Also you want to keep out visitors and the press.

- After recognition, "Madame Chairman, I move that we go into a committee of the whole."

POINT OF ORDER

It is obvious that the meeting is not following proper rules.

- Without recognition, "I rise to a point of order," or "Point of order."

POINT OF INFORMATION

You are wondering about some of the facts under discussion, such as the balance in the treasury when expenditures are being discussed.

- Without recognition, "Point of information."

POINT OF PARLIAMENTARY INQUIRY

You are confused about some of the parliamentary rules.

- Without recognition, "Point of parliamentary inquiry."

APPEAL FROM THE DECISION OF THE CHAIR

Without recognition, "I appeal from the decision of the chair."

Rule Classification and Requirements

Class of Rule	Requirements to Adopt	Requirements to Suspend
Charter	Adopted by majority vote or as proved by law or governing authority	Cannot be suspended
Bylaws	Adopted by membership	Cannot be suspended
Special Rules of Order	Previous notice & 2/3 vote, or a majority of entire membership	2/3 Vote
Standing Rules	Majority vote	Can be suspended for session by majority vote during a meeting
Modified Roberts Rules of Order	Adopted in bylaws	2/3 vote

STRAEGIC PLAN



2018 - 2019

Federal Fiscal Year

San Bernardino Regional Office 12

Strategic Work Plan

SCDD San Bernardino Regional Office 12

Regional Office 12 (40,767 square miles)

- Inyo County (10,227 sq. mi.)
- Mono County (3,132 sq. mi.)
- Riverside County (7,303 sq. mi.)
- San Bernardino County (20,105 sq. mi.)

- **Regional Center Population**

- More than **35,000** Inland Regional Center
- More than **8,000** Kern Regional Center

Overall Population: 4,562,125 (Census 2016)

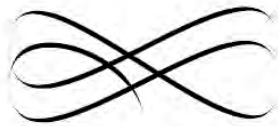
- Inyo County (18,144)
- Mono County (13,981)
- Riverside County ((2.39 Million)
- San Bernardino County (2.14 Million)



Located at: 685 E. Carnegie Drive, Suite 125, San Bernardino, California 92408

Vision Statement

Regional Office 12 believes in the rights of persons with developmental disabilities to live, learn, work and play in their communities with people without disabilities, with supports and assistance necessary to benefit from being in typical community environments.



Mission Statement

Regional Office 12 promotes the empowerment of all persons with developmental disabilities, and their families, guardians and friends in the accomplishment of their individual goals through advocacy, education, collaboration, training, and the provision of resources.



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2018 - 2019 Federal Fiscal Year - Regional Strategic Work Plan	
Objective	Activity
Goal 1 (Self-Advocacy): Californians with I/DD and their families reflecting the diversity of the state will have increased information and supports to advocate for civil and service rights to achieve self-determination, integration and inclusion in all areas of community life.	
1.1	<p>The Council will increase knowledge about self-determination and person-centered planning by monitoring, supporting and actively engaging in the implementation of the Self-Determination Program.</p>
	<p>Once a month, the San Bernardino Regional office 12, will provide local support to the Self-Determination Advisory Committee (SDAC), self-advocates, and their families regarding self-determination.</p> <p>San Bernardino Regional office 12 will promote awareness of the SDP and PCP through the distribution of the following outreach materials:</p> <ul style="list-style-type: none"> • (500) materials on self-determination in plain language to self-advocates and their families • (500) materials on self-determination in Spanish to self-advocates and their families • (500) Self-Determination Plan (SDP) handouts in plain language • (500) Self-Determination Plan (SDP) handouts in Spanish • (100) Person Centered Planning (PCP) materials in English • (100) Person Centered Planning (PCP) materials in Spanish

1.2	The Council will promote self-advocates in leadership roles in statewide networks a) through the strengthening of a statewide self-advocacy organization and by supporting self-advocates; b) within cross-disability leadership coalitions; and c) in training other self-advocates to become leaders.
	Bi-monthly, San Bernardino Regional office 12 will provide training and/or support for our local SSAN representative.
	San Bernardino Regional office 12 will develop and train a list of interested self-advocates in the community for leadership opportunities.
	Utilization of a survey instrument for trainings in the community to measure increased knowledge at trainings will be used by the San Bernardino Regional office 12.
	Monthly, San Bernardino Regional office 12 will facilitate self- advocacy support groups in the community and with other collaborators and stakeholders in the community.
	Monthly, San Bernardino Regional office 12 will provide and update a schedule of upcoming trainings for distribution and posting at community outreach events and trainings.
	Monthly, San Bernardino Regional office 12 will provide and update a schedule of upcoming trainings for distribution, and posting to the regional page on the website

Goal 2 (Employment): Californians with I/DD and their families reflecting the diversity of the state will have increased information to obtain competitive, integrated employment.

2.1

The Council will increase and promote culturally competent strategies and resources that facilitate competitive, integrated employment (CIE) of people with I/DD.

San Bernardino Regional office 12 will complete and promote the following for our community: Monitor CIE-related activities & outcomes within our local area

- Develop and/or participate in a local WIOA/CIE taskforce that will:
 - Convene monthly to discuss supports needed for the community
 - Collect data & compile list of issues
 - Establish regional cross-disciplinary, collaborative networks
 - Identify and document CIE related issues and/or barriers
- San Bernardino Regional office 12 will train (250) self-advocates, employers & other stakeholders on culturally competent employment strategies for employment
- San Bernardino Regional office 12 will train (250) self-advocates, employers & other stakeholders on culturally competent employment strategies for employment
-

Utilization of a survey instrument for trainings in the community to measure increased knowledge at trainings will be used by the San Bernardino Regional office 12.

	San Bernardino Regional office 12 will collaborate in at least (1) event annually in the region on CIE and other employment incentives for employers, providers, and/or stakeholders in the community.
	Monthly, San Bernardino Regional office 12 will participate in local Workforce Development Board meetings and provide input regarding the I/DD population.
	Monthly, San Bernardino Regional office 12 will provide and update a schedule of CIE related opportunities/events throughout the catchment area for distribution and/or posting to the regional page on the website.
	Monthly, San Bernardino Regional office will develop, update, and distribute, CIE related material(s) to family/self-advocates, stakeholders, and professionals in the community.
	<p>San Bernardino Regional office 12 will distribute the following outreach materials: Distribute (500) one-pager's on CIE strategies to self-advocates and their families in plain language</p> <ul style="list-style-type: none"> • Partner with at least (2) employment stakeholders in the community on regional events • Collaborate with the Department of Rehabilitation (DOR), Regional Center (RC), and other agencies to provide CIE related training throughout the catchment area.

2.2	The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase CIE for people with I/DD.
	Monthly, San Bernardino Regional office will participate in the Special Populations committee meetings in collaboration with the County of San Bernardino Workforce Development Board.
	San Bernardino Regional office 12 will participate in disparity meetings, identify issues and provide disparity information regarding CIE to local boards, committees, and other employment related meetings in the community.
Goal 3 (Housing): Californians with I/DD and their families reflecting the diversity of the state will have increased access to affordable, accessible, safe, and fully integrated housing that provides choice and flexibility regarding where and with whom they live.	
3.1	The Council will work with housing entities to increase the development and/or provision of community housing for people with I/DD.
	Monthly, San Bernardino Regional office 12 will participate in housing entity board meetings to advocate on systemic issues and provide input on: <ul style="list-style-type: none"> • Housing development • Improve access to accessible housing options • Housing needs of people with I/DD and/or other cross disabilities
	San Bernardino Regional office 12 will distribute the following outreach materials: <ul style="list-style-type: none"> • (500) one-pager's on affordable, accessible, and

	<p>safe housing options</p> <ul style="list-style-type: none"> • (500) one-pager's on housing/renters rights • (500) brochures on building better credit
	<p>Quarterly, the San Regional office 12 will collaborate with local housing entities to provide outreach trainings, and distribute information on community-based housing throughout the catchment area</p>
3.2	<p>The Council will identify and decrease barriers to housing for people with I/DD.</p>
	<p>San Bernardino Regional office 12 will provide training to (100) self-advocates on housing and living options.</p>
	<p>San Bernardino Regional office will develop (1) housing transition flyer for each county in the catchment area, which will reflect local housing options that can be included in transition & IPP planning</p>
	<p>San Bernardino Regional office 12 will provide training to (100) self-advocates about long-range financial planning, public entitlements, etc. in regard to housing needs</p>
	<p>San Bernardino Regional office 12 will monitor the needs of clients requiring emergency placement/relocation, and provide input to the council</p>
3.3	<p>The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase housing for people with I/DD.</p>
	<p>San Bernardino Regional office 12 Develop/update/maintain list of local subject matter experts in housing-related issues</p>

Goal 4 (Health & Safety): Californians w/ I/DD and their families reflecting the diversity of the state will have increased information to access health, public safety, and related services that meet their needs and health care choices.	
4.1	The Council and its federal partners will increase knowledge and awareness for people with I/DD and their families about the availability of and access to health and public safety-related services and supports.
	San Bernardino Regional office will participate in (4) outreach events for self-advocates and their families on : health, wellness, or community health fairs
	San Bernardino Regional office 12 will distribute outreach materials: <ul style="list-style-type: none"> • (500) health-related material(s) • (500) Dental related material(s) • (500) public safety one-pagers
	San Bernardino Regional office 12 will provide training to the following: <ul style="list-style-type: none"> • (100) self-advocates about health/access to care • (100) self-advocates about Emergency preparedness • (100) self-advocates about Personal Safety • (100) self-advocates about Bullying
4.2	The Council will increase the knowledge and skills of people with I/DD to move from institutional to community settings and to increase their ability to self-advocate.
	San Bernardino Regional office 12 will provide training to public safety personnel about public safety-related issues & people with I/DD &/or cross- disabilities

	San Bernardino Regional office 12 will develop/update/distribute/ information about people with I/DD &/or cross-disabilities & related health/public safety needs
	San Bernardino Regional office 12 will participate in monthly multi-disciplinary team collaborations, and provide technical assistance (as requested) about people with I/DD &/or cross-disabilities
4.3	The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase accessibility to health care and public safety services for people with I/DD and their families.
	San Bernardino Regional office 12 will Identify/develop/update list(s) of local collaborators to inform Council on health/public safety-related issues
Goal 5 (Early Intervention, Education, Transition & Post-Secondary Education): Californians with I/DD and their families reflecting the diversity of the state will have increased information, in order to obtain inclusive education services throughout the lifespan.	
5.1	The Council and its federal partners will increase knowledge and awareness of developmental milestones and intervention services for families of young children and professionals.
	San Bernardino Regional office 12 will Identify/develop/update list(s) of local collaborators to determine community training/outreach needs, etc.

	Quarterly, the San Bernardino Regional office 12 will participate in Secondary Transition Interagency team collaborations on education, and provide technical assistance (as requested) about people with I/DD &/or cross-disabilities
	San Bernardino Regional office 12 will distribute the following outreach materials: <ul style="list-style-type: none"> • (500) one-pagers on the Individual Education Plan • (500) youth transition • (500) early intervention
	San Bernardino Regional office 12 will provide (5) IEP trainings to parents and community members
	Annually, the San Bernardino Regional office 12 will provide (1) parent peer advocacy training for parent-to-parent support for early intervention
5.2	The Council, in consultation with its federal partners and other stakeholders, will increase awareness and knowledge for families and self-advocates about the availability of and access to inclusive educational services.
	San Bernardino Regional office 12 will Identify/develop/update list(s) of local collaborators to determine community training/outreach needs, etc.
	San Bernardino Regional office 12 will provide (4) trainings about inclusive education
	San Bernardino Regional office 12 will distribute (500) outreach materials about FAPE rights within the school system

5.3	The Council, in consultation with its federal partners and in collaboration with educators and stakeholders, will increase information and technical assistance to prepare and empower students, families and professionals in developing individualized transition plans.
	San Bernardino Regional office 12 will provide (4) trainings about the process of person-centered planning (PCP) to self-advocates and their families
	San Bernardino Regional office 12 will distribute outreach materials: <ul style="list-style-type: none"> • (500) Person Centered Planning (PCP) • (500) Individualized Transition Plan (ITP)
5.4	The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase access to quality education services throughout the lifespan for people with I/DD.
	San Bernardino Regional office 12 will participate in local meetings addressing early intervention, education, transition & post-secondary education, and provide report to the Council
Goal 6 (Formal & Informal Community Supports): Formal & Informal Community Supports	
Californians with I/DD and their families reflecting the diversity of the state will have increased information and supports to access community-based services available to the general population.	

6.1	<p>The Council, in collaboration with our federal DD partners, will reduce service access barriers and decrease the disparity in available information, which describes services and supports that may be purchased throughout California’s Regional Center system, by translating and providing that information in Spanish and tracking statewide POS disparity data for Spanish- speaking self-advocates and families.</p>
	<p>San Bernardino Regional office will provide information, which describes services and supports that may be purchased throughout California’s Regional Center system in Spanish for the following outreach materials:</p> <ul style="list-style-type: none"> • (500) Self-determination • (500) Individual Educational Plan (IEP) • (500) Individual Program Plan (IPP) • (500) Youth Transition • (500) Housing • (500) Financial Literacy
	<p>San Bernardino Regional office 12 will collaborate with our federal DD partners and other stakeholders in the community to provide trainings for Spanish-speaking self-advocates and their families in the community</p>
6.2	<p>The Council will increase the knowledge and skills of people with I/DD to move from institutional to community settings and to increase their ability to self-advocate.</p>
	<p>San Bernardino Regional office 12 will provide outreach/training to the Regional Advisory Committee (RAC), self-advocates, families, and other stakeholders as follows:</p> <ul style="list-style-type: none"> • Institutional closure process • Rights and Fair Hearings • Due Process

	<ul style="list-style-type: none"> • Alternatives to Conservatorship • In Home Supportive Services (IHSS) • Home and Community Based Services (HCBS) • Personal Safety • Peer Leadership • Boardsmanship
6.3	<p>The Council will increase outreach, training, and technical assistance to improve the quality of and access to services, including (but not limited to) Regional Centers, education, transportation, public benefits, child care, and recreation for people with I/DD and their families.</p>
	<p>San Bernardino Regional office 12 will provide outreach/training to the Regional Advisory Committee (RAC) as follows:</p> <ul style="list-style-type: none"> • Home and Community Based Services (HCBS) • Boardsmanship training • HCBS Settings Rule
6.3	<p>Bi-monthly, at the Regional Advisory Committee meetings, San Bernardino Regional office 12 will provide training/progress updates to RACs on events held in the area</p> <p>Annually, San Bernardino Regional office 12 will provide/update/post to web-site a listing of the meetings, dates, and location of Council & RACs for the next year</p> <p>San Bernardino Regional office 12 will provide outreach/training to the Regional Advisory Committee (RAC), self-advocates, families, and other stakeholders as follows:</p> <ul style="list-style-type: none"> • Regional Center Services • Transportation • Generic Services (i.e....Social Security)

	San Bernardino Regional office will develop/update/distribute a newsletter of the events, trainings, and highlight the contributions of people with I/DD in the community
	Monthly, San Bernardino Regional office will provide technical assistance, as requested, & maintain request logs
6.4	The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase access to quality community-based services for people with I/DD and their families.
	San Bernardino Regional office will develop/update a local regional lists of policy boards, councils, &/or advisory committees
	San Bernardino Regional office will provide boardsmanship training for (5) family/self-advocates so that they may join and participate in policymaking bodies



San Bernardino Regional Office

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES (SCDD)

LEARN ABOUT OUR REGIONAL OFFICE

What do you do at the Regional Office?

- At the Regional office, we provide assistance in shoring up systems that serve people with developmental disabilities to ensure that they receive the services and supports they need.
- We also review policies and procedures of publicly funded agencies within our catchment area to ensure compliance in delivery of services and/or supports for people with intellectual and developmental disabilities (I/DD).

What is your area of focus?

- SCDD develops a **5-year** State Plan identifying goals and objectives that supports system improvement for self-advocates, families and the professionals who serve the community. Our agency has 6 Federal Areas of Emphasis:
 - Goal 1 – Self-Advocacy
 - Goal 2 – Employment
 - Goal 3 – Housing
 - Goal 4 – Health and Safety
 - Goal 5 - Early Intervention, Education, Transition & Post-Secondary Education
 - Goal 6 - Formal & Informal Community Supports

How do you identify systemic concerns for your region?

- Through our portrait of services, we gather community input, data and analyze for systemic concerns regarding services and supports provided in the community.
- This systemic advocacy helps us identify existing supports that serve families within our community, analyze universal concerns and barriers to implementation with current processes and services.

What can you do?

- We can bring key stakeholder organizations and the community together to support advocacy through systems change, technical assistance to issues important to families, and provide trainings and outreach in the community on issues important to them.

Do you want to learn more about SCDD and the Regional office?

- You can visit our website at www.scdd.ca.gov to learn more about our agency, and how you can get involved.

Regional office information:**State Council on Developmental Disabilities****San Bernardino Regional Office**

685 E. Carnegie Drive, Suite 125

San Bernardino, CA 92408

Main: 909-890-1259

Fax: 909-890-1635

Email: sanbernardino@scdd.ca.govWebsite: <https://scdd.ca.gov/sanbernardino/>**Serving Inyo, Mono, Riverside, and San Bernardino Counties****Regional Office 12 (40,767 square miles)**

- Inyo County (10,227 sq. mi.)
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- Mono County (13,981)
- Riverside County ((2.39 Million)
- San Bernardino County (2.14 Million)



Follow us on  to learn more
about our advocacy in your
community!



Need a 'QR' reader so you can download these advocacy resources, or access the websites provided? Visit the **app store** on your device, download a reader (i.e....i-nigma, QR droid, etc.), and all this information will be available to you with a quick scan on your device. Then it's available when you are!



Challenges**Barriers****Solutions****Top 3 Regional Systemic Challenges****Current Picture of Services**

What do the services and supports currently received look like for self-advocates and their families, throughout the Inland Empire?

Barriers to Implementation

Where are the gaps in current services and supports that are hindering, delaying or preventing access to services?

Proposed Solutions

What are the proposed solutions from the community to address the barriers, and empower people with disabilities in their goal of independence, choice and self-determination?

- Input gathered from community for the portrait of services.

#1 – AFFORDABLE HOUSING***CHALLENGES**

There are limited safe and affordable housing options in both Riverside and San Bernardino counties. Affordable housing for people with I/DD is often in undesirable areas, or in outlying areas of the county with limited access to transportation, support and medical services.

BARRIERS

Financial challenges due to a fixed income are frequently reported as a housing barrier. The impact of strict housing eligibility financial criteria for other publicly funded programs which may result in ineligibility (i.e....IHSS) is also contributing factor. There is also a rising need in affordable housing options for the underserved I/DD population because of de-institutionalization,

PROPOSED SOLUTION

The community proposes the expansion of more affordable housing developments in every city (not just incorporated areas), and to increase the number of affordable and low-income housing units for people with I/DD in integrated existing developments.

RESOURCE: Statewide Strategic Framework on Housing for People with I/DD: <https://scdd.ca.gov/wp-content/uploads/sites/33/2018/09/STATEWIDE-STRATEGIC-FRAMEWORK-FOR-EXPANDING-HOUSING-OPPORTUNITIES-FOR-PEOPLE-WITH-INTELLECTUAL-AND-DEVELOPMENTAL-DISABILITIES-09.18.18.pdf>

#2 – EMP¹st OYMENT*

CHALLENGE

There is systemic need for employer and vendor education and development, which highlights the abilities of people with I/DD in the community by key stakeholders tasked with this goal. As a result, competitive integrated employment opportunities for people with I/DD is lacking, key stakeholders have little presence in the community, innovative approaches to transition from segregated settings to integrated settings is stagnant and there is little motivation to discover or develop competitive integrated employment (CIE) opportunities with current providers.

BARRIER

Funding for key stakeholder organizations and direct service professionals has not received an increase, which has resulted in limited manpower to address systemic community concerns of outreach, training and employer development. Also impacting the ability to hire and retain qualified direct service professionals to carry out the objectives.

SOLUTION

There is a systemic need to increase funding for key stakeholders to support education for self-advocates and their families, increase outreach in the community and sustain the operational demands of services needed by key stakeholder organizations. Also, the current rate structure for direct service providers needs to be increased to attract qualified professionals, who are needed to successfully support this mission of CIE.

RESOURCE: https://scdd.ca.gov/employment_data_dashboard/

#3 - TRANSPORTATION*

CHALLENGE

Transportation options are limited for unincorporated areas of Riverside and San Bernardino county, which impacts the ability for self-advocates and their families to access services.

BARRIER

Many families live in outlying areas due to the lack of affordable housing in incorporated areas, which impacts access to support services, limits options for medical care since some publicly funded healthcare providers have little to no presence in outlying areas of the county despite funding for the entire county (i.e....Blythe) and independence in the community.

SOLUTION

Increase transportation options, increase lines of service and improve accountability from agencies that receive funding for county-wide services to serve the entire areas funded.

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES (SCDD) AND YOUR SAN BERNARDINO REGIONAL OFFICE.

San Bernardino Regional Office
685 E. Carnegie Dr, Suite 125
San Bernardino, CA 92408
Main Number: (909) 890-1259

[Email: sanbernardino@scdd.ca.gov](mailto:sanbernardino@scdd.ca.gov)
[Website: www.scdd.ca.gov](http://www.scdd.ca.gov)



Objectives

- State Council on Developmental Disabilities (SCDD)
- Role of SCDD
- Regional Offices
- Areas of Focus
- Systemic Advocacy & Concerns
- Community Program Development Grants
- Our Federal Partners
- Our Funding Source





What is the State Council on Developmental Disabilities?

- The State Council on Developmental Disabilities (SCDD) is established by state and federal law as an independent state agency
- SCDD is made up of **31** agency representatives and members of the community who are appointed by the Governor.

State Council Agency Representation

- Department on Aging (DOA)
- Department of Developmental Services (DDS)
- Department of Education (DOE)
- Department of Health Care Services (DHCS)
- Department of Rehabilitation (DOR)
- Health and Human Services (HHS)
- **University Centers of Excellence**
 - University of Southern California (USC)
 - University of California Los Angeles (UCLA)
 - University of California (UC Davis)
- **Disability Rights California (DRC)**
Protection and Advocacy



SCDD has (3) projects which support our systemic advocacy

- ▣ Basic State Grant (**BSG**)
 - **Federally Funded**
- ▣ Quality Assurance Project (**QA**)
 - **State Contracted**
- ▣ Clients Rights Advocacy/Volunteer Advocacy Services (**CRA/VAS**)
 - **State Contracted**

Basic State Grant (BSG)

- SCDD develops a **5-year** State Plan identifying goals and objectives that support system improvement and supports for self, family and professional advocates.
- **6 Federal Areas of Emphasis:**
 - **Goal 1** – Self-Advocacy
 - **Goal 2** – Employment
 - **Goal 3** – Housing
 - **Goal 4** – Health and Safety
 - **Goal 5** - Early Intervention, Education, Transition & Post-Secondary Education
 - **Goal 6** - Formal & Informal Community Supports

Role of SCDD and Regional Offices

- Regional Offices carry out the goals of that State Plan as their responsibility.
- **Portrait of Services (POS)**
 - Gather community input, data and analyze for systemic concerns regarding services and supports provided in the community
 - Identify existing supports that serve our families within our community
 - Analyze systemic concerns and barriers to implementation with current processes and services
- **Systemic Advocacy**
 - Technical Assistance (TA) with systems navigation
 - Trainings
 - Community Outreach

Focus

Self Advocacy

Self Determination

Inclusion

Systems
Change

Informing
Policy
Makers

Innovation

Employment

Transition

Training

Collaboration

Housing

Technical
Assistance

Innovation

SCDD San Bernardino Regional Office 12

Regional Office 12 (40, 767 square miles)

- Inyo County (10, 227 sq. mi.)
- Mono County (3,132 sq. mi.)
- Riverside County (7,303 sq. mi.)
- San Bernardino County (20,105 sq. mi.)

- **Regional Center Population**

- More than **37, 000** Inland Regional Center
- More than **8,000** Kern Regional Center

Overall Population: 4,562,125 (Census 2016)

- Inyo County (18, 144)
- Mono County (13, 981)
- Riverside County ((2.39 Million)
- San Bernardino County (2.14 Million)



POS 2018 Systemic Concerns



emp^{1ST}loyment





How do I get involved with SCDD and my Regional Office?

- **Council Members**

- Governor appointees represent people with developmental disabilities (and Gov) throughout all counties of the area board.

- **Regional Advisory Committee (RAC)**

- Self-Advocate
- Family-Advocate
- Community Member who has a demonstrated interest in serving people with developmental disabilities.

- **Both** Council and RAC members represent their communities over their personal preferences



What types of Systemic Issues do Regional Offices Address?

- Assistance in shoring up systems that serve people with developmental disabilities.
- Review policies and procedures of publicly funded agencies to ensure compliance in delivery of services and/or supports for people with developmental disabilities.

Do you do anything else?

- Systems Navigation
 - Conduct trainings
 - Provide technical assistance
 - Participate in Community Outreach
- Collaborate with stakeholders
- Inform Policymakers and Legislators
- Regional Systemic Advocacy Committee Supports
 - Regional Advisory Committee (RAC)
 - Self Determination Advisory Committee (SDAC)



Quality Assurance (QA) Project Overview

- From 1998- December 2009, SCDD implemented the Life Quality Assessment Project using the Looking at Life Quality tool developed by DDS. Effective January 2010, The scope of the contract with DDS was amended and the Looking at Life Quality tool was replaced by the National Core Indicators to address systems change.
- Three Year renewable contract with Department of Developmental Services (DDS)
- Responsible for collecting quantitative data on satisfaction, provision of services, and personal outcomes.
- National Core Indicators Survey Tool
- Data collection is completed through in-person interviews with individuals and proxies as necessary, as well as mail-in surveys from families.

Clients Rights Advocacy (CRA) & Volunteer Advocacy Services (VAS) Project Overview

- Legal
 - **Welfare and Institutions Code Section 4433** requires DDS to provide clients' rights advocacy services for all consumers in its service delivery system.
 - To avoid the potential for a conflict of interest or appearance of a conflict DDS contracts with SCDD to serve individuals residing in the three developmental centers
- Disability Rights California contracts with DDS to provide CRA services to the individuals receiving services at the **21** Regional Centers. developmental centers and one community facility.

Developmental Centers and Community Facility

- **Sonoma** (November 2018)
- **Porterville** (2021) - STA is not part of the DDS closure plan.
- **Fairview** (2021) — unofficial 2019
- **Canyon Springs Community Facility**
- *Closed Facilities*
 - Lanterman (2014)
 - Agnews (2009)
 - Sierra Vista CF (2009)
 - Camarillo (1997)
 - Stockton (1996)

State of California - Department of Developmental Services
 Developmental Centers, State-Operated Community Facility, and Regional Centers
 (Colors correspond to areas served by each Regional Center)



What Trainings are offered through my Regional Office?

Rights Training and Advocacy

- Fair Hearing
- Due Process

Housing

- Accessible and Affordable Housing Options
- Living Options

Public Safety Outreach (Law Enforcement Training)

- LD37 – Disabilities

Education

- Individualized Education Plan (IEP)
- Inclusion

Self-Determination

- Person Centered Thinking

More topics! Just contact your Regional Office

- SSI
- IHSS
- Transportation



SCDD also Awards Community Program Development Grants & Sponsorships

- **Grants**

- Awarded throughout the state
- Support development of new approaches in service delivery as a strategy for systemic change
- Awarded annually

- **Sponsorships**

- Supports events that promote self-advocacy, leadership and education, thereby enabling people with developmental disabilities and their family members to expand their knowledge and skills.
- Submit at least 3 months before an event

- Please check for grant and sponsorship information and helpful checklists on the SCDD website, www.scdd.ca.gov

Our Federal Partners



University Centers for Excellence in Developmental Disabilities (UCEDD)

▫ www.aucd.org



Disability Rights California (DRC)

▫ <http://www.disabilityrightsca.org/>



Our Funding Source



- ***Administration on Intellectual and Developmental Disabilities (AIDD)***
 - <https://aaidd.org/home>



Where is my Regional Office located?

- **State Council on Developmental Disabilities**
San Bernardino Regional Office
685 E. Carnegie Drive, Suite 125
San Bernardino, CA 92408
- Main: 909-890-1259
- Fax: 909-890-1635
- Email: sanbernardino@scdd.ca.gov
- Website: www.scdd.ca.gov
- Serving Inyo, Mono, Riverside, and San Bernardino Counties



San Bernardino Regional Office Staff

- **Tamica Foots-Rachal**
San Bernardino Regional Manager, Staff Services Manager II
Phone: 909-890-1630
Fax: 909-890-1635
Email: tamica.foots-rachal@scdd.ca.gov
- **Shannon K. Meehan**
BSG Trainings and Outreach Coordinator - Community Program Specialist II
Phone: 909-890-1374
Fax: 909-890-1635
Email: shannon.meehan@scdd.ca.gov
- **Carol Nakamura-Robinson**
QA - Quality Assurance Coordinator - Community Program Specialist II
Phone: 909-890-1439
Fax: 909-890-1635
Email: Carol.Nakamura-Robinson@scdd.ca.gov
- **Valarie A. Macias**
Office Technician
Phone: (909) 890-1259
Fax: (909) 890-1635
Email: Valarie.Macias@scdd.ca.gov



Thank you for inviting us to share
with you a little bit about our
agency.



Questions?



San Bernardino Regional Office



Role and Responsibilities of the Regional Advisory Committee (RAC)

Last Revised April 2019

Who can be a Regional Advisory Committee member (RAC)?

RACs should reflect the geographic, ethnic, and language diversity of the state, as described in statutes.



What about prior members?

Any Area Board member on December 31, 2014 may continue to serve on the RAC for that RO area until his/her term expires.



Who cannot be a member of the RAC?

- **Sitting SCDD Council members cannot be also be members of the RAC.**
- Councilmembers from a region are encouraged to participate in his or her local RAC.



How many members will the RAC have?

- The goal is for each RAC to have 9-15 members, based on need, geographic area covered, or population.
- The Council's Membership Committee may determine the total number between 9 and 15 based on need and recommendations from the Regional Office and RAC.



Should every county
be represented?

YES

The RAC should have
at least one member
from each county in
the RAC's region.

Inclusion



What are the vacancies in our Region?

RAC will consist of 15 members (5 from San Bernardino County, 5 from Riverside County, 2 from Mono County, 2 from Inyo County, and 1 At- Large Seat)



The San Bernardino Office has 12 seats filled

Cynthia	Cox	FA	White	Inyo	12/5/2020
Cristina	Christenson-Rockwell	FA	White	Mono	3/6/2020
Julio	Garnica	SA	Hispanic	Riverside	7/19/2019*
Ernie	Saldana	FA	Hispanic	Riverside	7/19/2019*
Jilska	Chandrasena	CM	Sri Lankan	Riverside	7/19/2019*
Cathy	Rosas	FA	Hispanic	Riverside	8/28/2021
Carmela	Garnica	FA	Hispanic	Riverside	8/28/2021
Christopher	Rogel	SA	Hispanic	San Bernardino	7/19/2019*
Jordan	Wright	FA	White	San Bernardino	7/19/2019*
Maia	Pawoskar	FA	Asian	San Bernardino	7/19/2019*
Douglas	Perkins	FA	African Am	San Bernardino	3/6/2020
Lannette	Hollowell	SA	White	San Bernardino	8/28/2021

Inyo – Light Blue
 Mono – Orange
 Riverside – Green
 San Bernardino – Pink
 At-Large - Purple

Legend
SA= Self-Advocate FA= Family Advocate CM= Community Member

Are there other limitations on membership?

Providers are allowed to be members of a RAC. Providers are not to be more than 25% of total RAC membership.

What's the self-advocate percentage representation on each RAC?

- At least 35% of RAC members shall be self-advocates.
- At least 35% of RAC members shall be family advocates.
- The remaining 30% of the members shall be self-advocates, family members, or other members.

Will there be term limits?

- Each RAC member serves at the pleasure of the Council.
- Each individual is eligible for two 3-year terms. The term limits began anew as of January 1, 2015

What about conflicts of interest?

While it not anticipated that RAC members will be making governmental decisions, if that happens and an individual has a conflict, that individual is expected to not be a part of the conversation or decision for that item.

RAC Membership Appointments

- Each RAC and RO can forward the names of individuals to the SCDD Membership Committee for consideration. They can also apply apply for membership online at www.scdd.ca.gov.
- Each RAC may have its own Membership Committee for purposes of identifying and recruiting potential members and referring them to SCDD Membership Committee for consideration of referral to the SCDD.

RAC Membership Appointments

- The SCDD Membership Committee has a standardized application form and process.
- The SCDD Membership Committee has the authority to approve appointments.

What are the officers of the RAC?

RAC members shall elect a Chair and a Vice Chair from among its membership.

The role of the Chair and Vice Chair is to run the RAC meetings.

What subcommittees may a RAC have?

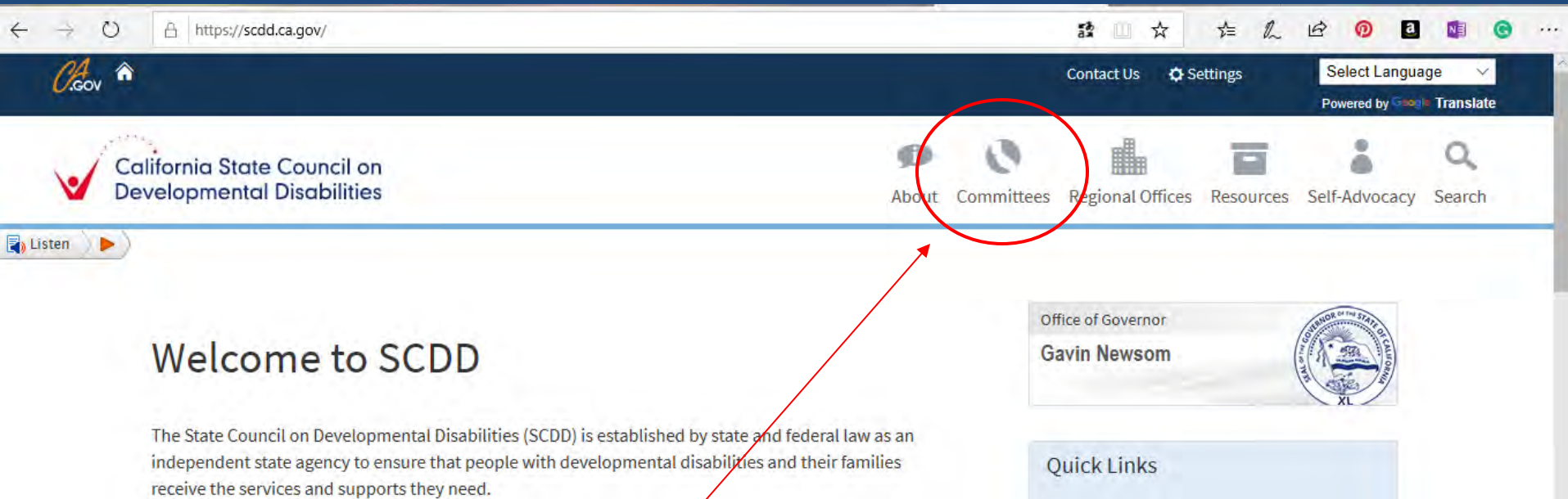
A RAC may convene a Membership Committee for the purpose of screening and making recommendations to the Council's Membership Committee on candidates for the RAC.

What is the role of the RAC?

Per statute, the role of the RAC is to:

- Advise SCDD and its RO on local issues and identify and provide input regarding local systemic needs within its communities
- Provide input and be a source for data for the SCDD to consider in the formulation of the state plan

Systemic Issue Reporting



On the home screen, click the 'committees' icon

Step 1

Step 2

Click the 'Issue Advisory/Request Form' link

The screenshot shows the SCDD website at <https://scdd.ca.gov/councilcommittees/>. The page features a dark blue header with the SCDD logo, navigation links (Contact Us, Settings, Select Language), and a Google Translate widget. Below the header is a navigation bar with icons for Home, About, Committees, Regional Offices, Resources, Self-Advocacy, and Search. The main content area is titled 'Committees' and includes a 'Listen' button. A red circle highlights the text 'Please see the new [Issue Advisory/Request Form](#)' with a red arrow pointing to it from the text 'Click the 'Issue Advisory/Request Form' link'. Below this, there are three columns of content: 'SELF ADVOCATES!' with a blue background and raised hands, a central yellow box with the word 'leadership' and various adjectives, and a blue box with the text 'HEALTH REFORM' and 'LANDMARK HEALTH BILL'.

Committees

Listen

Please see the new [Issue Advisory/Request Form](#)

SELF ADVOCATES!

compassion formative character hope
persevere competent flexible clarity
imaginative courage effective patience
leadership
faithful empathetic innovative curious
competitive diverse humility social
sacrifice ethical global vision discerning

HEALTH REFORM
LANDMARK
HEALTH BILL

SELF ADVOCACY
ADVISORY COMMITTEE

EXECUTIVE
COMMITTEE

LEGISLATIVE AND PUBLIC
POLICY COMMITTEE

Step 3

Click the blue 'Issue Advisory/Request Form' to open/save/download the document

CA.GOV

Contact Us Settings Select Language

Powered by Google Translate

Home About Committees Regional Offices Resources Self-Advocacy Search

Issue Advisory / Request Form

Please complete this tracking form and submit it to the local SCDD Regional Office Manager, who will also answer any questions you may have about this process. Once completed, this document may be electronically stored. Thank you.

Please click on the link below to get the new form:

[Issue Advisory/Request Form](#)

Back to Top Home Accessibility About Contact Us

Issue Advisory/Request Form

Issue Advisory/Request Form			
RAC Contact:	Regional Office:	<input type="checkbox"/> Action/Request <input type="checkbox"/> Question <input type="checkbox"/> Information	Submission Date:
Relevant Goal Area:		Funds Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount Requested:	
Collaborators: University Centers of Excellence <input type="checkbox"/> DD <input type="checkbox"/> Disability Rights California <input type="checkbox"/> DDS <input type="checkbox"/>			
Others (Please list):			
Attachments (Please describe):		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Legislation: <input type="checkbox"/> Assembly (AB) <input type="checkbox"/> Senate (SB)	Bill Number:	Author:	
Narrative of Issue/Request/Question/Information or Description of Legislation:			
Recommended Outcome(s):			
Time sensitive issue <input type="checkbox"/> Response needed by:			
Council/Staff Action:			
Area of Responsibility:	Personnel Routing:	Committee Routing:	

Attachments (cont.):
Narrative (cont.):
Recommended Outcome(s) (cont.):
Council/Staff Action (cont.):

Portrait of Services



What is the role of the RAC?

- Provide public information programs for consumers, families, professional groups, and the general public to increase professional and public awareness of areas identified within the state plan
- Engage in other activities as requested by SCDD like outreach events, trainings and town halls .

The RAC may make recommendations to the Council. The RAC may not take positions independent of the Council.

Administrative Responsibilities

- Volunteer Packets
 - Travel
- Mileage Reimbursement
 - Required Training



Questions?






- ▶ San Bernardino Regional Office
 - ▶ 685 E. Carnegie Dr, Suite 125
 - ▶ San Bernardino, CA 92408
 - ▶ Main: (909) 890-1259
 - ▶ Fax: (909) 890-1635
 - ▶ Email:
sanbernardino@scdd.ca.gov


Robert's Rules 101

Kevin Sabo
kevinmsabo@gmail.com



What do you already know
about Robert's Rules?

What information do you
think you need?



“Wait, who’s Robert...?”

- ❖ Written by Brigadier General Henry Robert, Chief Engineer of the Army
- ❖ First printed in 1876, now 11th edition
- ❖ Most commonly-used parliamentary authority in US
- ❖ Used by county commissions, nonprofits, homeowner associations, professional societies, school boards, trade unions, and church groups
- ❖ Practice makes perfect



Basic Structure of a Motion


1. You wait to be recognized by the Chair
2. You make your motion
3. Another member seconds your motion if a second is required
4. Chair restates the motion
5. Chair opens discussion if motion is debatable
6. Chair calls for a vote after discussion closes
7. Chair announces the result




**“I think this motion
can be improved.”**

Amending Motions

- ❖ If there's a motion that you want to make better, you can **move to amend** it
- ❖ It's helpful to limit amendments to striking and/or inserting new words (instead of replacing entire motions with new ones)



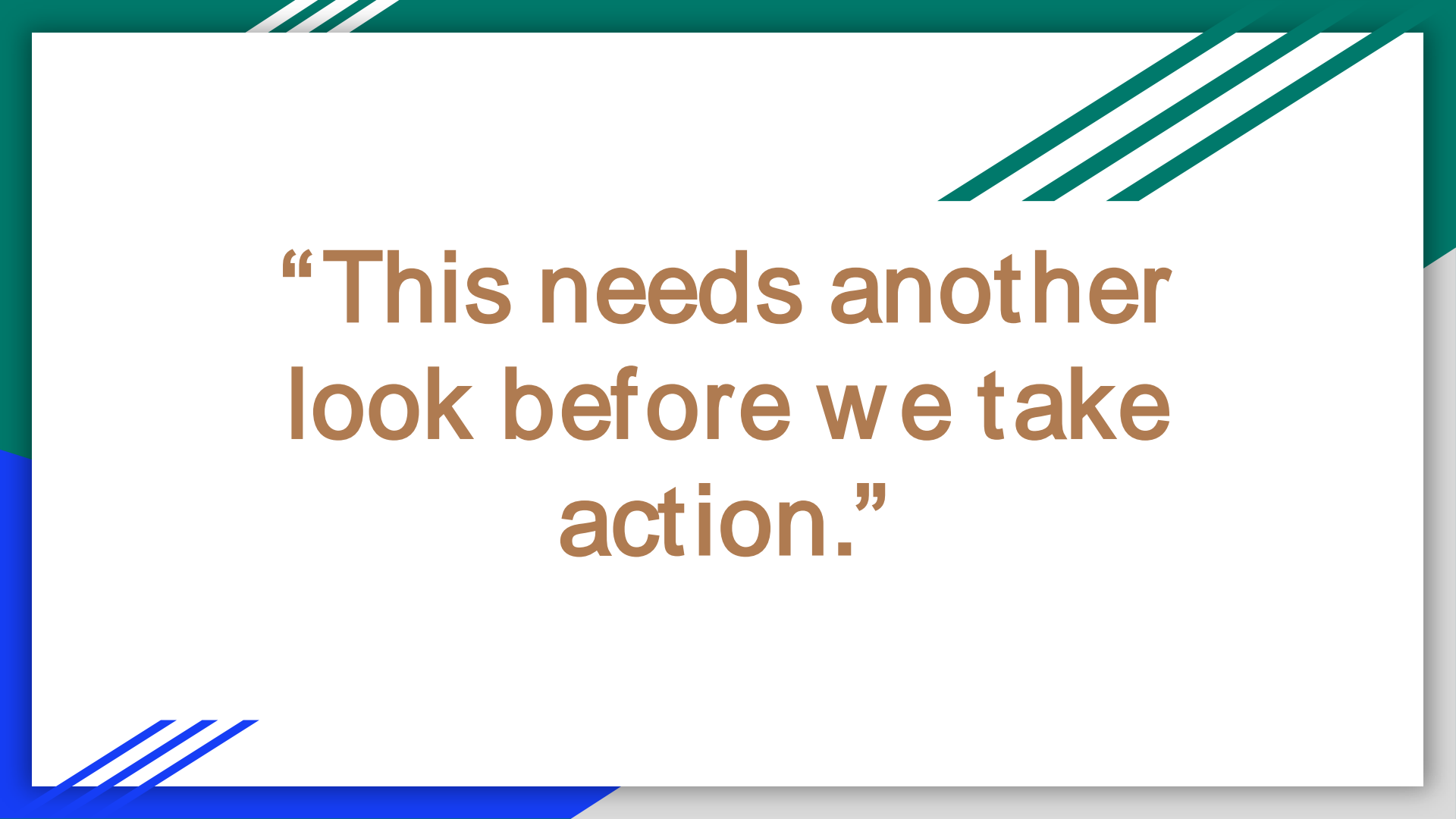
**“Alright. Let’s
move this along.”**



Getting Business Back on Track

If it seems like things aren't sticking to the agenda, you have two options:

- If the discussion doesn't pertain to the agenda item, you can **call for the orders of the day**
- If you think the discussion has become repetitive and there's a motion before the council, you can **call for a vote** (move the previous question)



**“This needs another
look before we take
action.”**

Postponing and Referring

- ❖ If you don't think the council is ready to vote on something, you have two options:
 - You can **postpone** the item to another time **OR**
 - You can **refer** the item to another entity for review and a report back



**“Humans need bio
breaks.”**

Putting Business on Hold


- ❖ If you think the council needs a break:
 - You can **move to recess** for a certain amount of time
- ❖ If you want to end the meeting:
 - You can **move to adjourn**




**“I think we need to
revisit a previous
item.”**

Revisiting Past Items

- ❖ If there's a motion you want to revisit, you can **move to reconsider** it
- ❖ You had to have been on the winning side
 - If the motion passed, you had to have voted for it
 - If the motion died, you had to have voted against it
- ❖ A majority has to agree to revisit the item first



**“Is it ever okay to
interrupt the
speaker?”**



You should avoid interrupting the current speaker, but in these instances it can be appropriate:

- Asking a **request for information** if you feel you need more before casting a vote on an item
- Asking a **point of parliamentary inquiry** if you need clarification on the council's rules
- Raising a **point of personal privilege** if something is interfering with your participation (such as temperature, noise, etc.)
- Raising a **point of order** if you feel the rules are being violated



Questions?