

Regional Center Name:

Far Northern Regional Center

Where is your regional center at in the program implementation process? Please include the current numbers (e.g. number of people enrolled, withdrawn, etc.)

Far Northern Regional Center continues to be moving forward with the Self Determination Program.

Far Northern Regional Center has 60 participants selected for SDP.

Of those 60, 14 have withdrawn from the program due to traditional services meeting needs, client death, moving out of state, and not having the time to commit to the program.

52 participants are continuing to move forward with SDP. This number includes the additional names that were drawn.

23 participants are enrolled.

40 participants have completed the orientation.

32 participants have a certified budget.

6 spending plans are in process of completion.

Has your advisory committee begun to spend the funds received by DDS according to your spending plan?

The local SDAC committee approved the proposal to utilize funds to create a marketing video that will feature three participants and their families. The video will include the steps and the process to becoming enrolled in SDP. The video, once completed, will be located on the FNRC website. Funds will also be spent on updating the local SDAC brochure to include additional languages, photos of current participants, and printing in color, in addition to grants for onboarding Independent Facilitators.

What, if any, new barriers are your regional center seeing in light of the COVID pandemic and how is your regional center addressing them?

Since the COVID pandemic, hosting in person orientations has been a barrier; however, Far Northern Regional Center is hosting orientations via Zoom. Another barrier has been participant's ability to access services based in the community and hiring support staff due to personal health and safety concerns. Far Northern Regional Center has been assisting

participants with modifying spending plans based on circumstances to meet participant needs.

What new resources has your regional center started using since the last Statewide Meeting (e.g. provider lists, new technology platforms, etc.)?

Far Northern Regional Center has been utilizing Zoom to conduct orientations, provide Independent Facilitator training, and to hold meetings with participants and their families to develop budgets/spending plans. In addition, the local SDAC meetings continue to meet via Zoom and tele conference, which has increased the number of member participation.

What models of success can you share with the SSDAC? (Barrier 1 Recommendation)

Far Northern Regional Center has been regularly scheduling orientations, holding staff meetings, collaborating with providers, IF trainings, and hosting one-on-one Zoom meetings with participants to establish budgets and spending plans. Person centered planning continues to occur and are being scheduled via Zoom.

Has your local advisory committee consulted with the regional center on best practices? If so, please share below. (Barrier 2 Recommendation)

The local SDAC provides direction to the RC during Advisory meetings. To date they have provided feedback about orientations, IF training and SDP implementation. At the recent local SDAC meeting on August 28th, the committee took action to finalize decisions to encumber the funds allocated from DDS to Far Northern Regional Center's implementation of SDP.

*Has your local advisory committee invited providers to attend your committee meetings in order to inform them of opportunities to provide services and supports? If so, what was the outcome?
(Barrier 4 Recommendation)*

The local SDAC committee has been inviting providers and community members to attend the meetings in order to collaborate. They have been invited during trainings and meetings with participants.

GGRC - Local SDAC Report to the SSDAC

What barriers is your regional center facing in the following areas and what are they doing to address them? (Please check all that apply)

Independent Facilitation (please explain)

Barriers: We had no known I.F.'s when initially started to work with SDP participants.

How GGRC is addressing it: Just hired I.F. Consultant using DDS SDP funds.

Person Centered Planning (please explain)

Barriers: We do only have one PCP vendor. Additionally, there was no PCP training provided to social work staff. So if family chose the social worker as I.F., then the social worker would be responsible for taking the individual/family through the PCP/SDP process. This is another example of not having the necessary 'tools/skills/guidance' provided to the regional center in order to implement SDP. It would have been helpful if there was a simple outline of what is typically contained in a PCP. Another barrier is finding an alternative to vendoring an individual to be the PCP provider. There is no guidance on how to directly pay somebody to provide the PCP service. According to DDS Directive, it states person does not have to be vendored to be paid to conduct/complete the PCP. It was learned each regional center needs to figure it out for themselves. It would have been helpful to get some kind of guidance around how this can be done as this is a totally different fiscal process. The vendor process is not appealing to prospective PCP providers who just want to do the PCP for only one particular regional center individual.

How GGRC is addressing it: To provide additional PCP support, the GGRC Supervising Social Worker has conducted PCP's w/ individual/family, social worker, and anyone else individual/family wanted present. Prior to moving to her position as GGRC's SDP Sup. S.W., she fortunately was trained as a Person-Centered Thinking coach and leader as GGRC implemented PCT years ago. To address the issue of paying a PCP provider directly, SDP Sup. S.W. will arrange meeting with her supervisor (RCS Director), Executive Director, and other appropriate management/administrative staff to figure this out. SDP Sup. S.W. is also in process of networking with other regional center SDP staff to inquire of their process and procedures around this matter.

Finding an FMS (please explain)

Barriers: Unfamiliarity with the different FMS agencies has been somewhat of a challenge for GGRC to better help individuals/families choose the FMS. It was discovered the agencies

operate a little differently. For instance, one agency is much more hands-on with helping think through and prepare the Spending Plan, being more flexible and assisting to brainstorm ways to meet the individual's/family's and GGRC's needs. Others would not help at all, only to re-direct the individual/family and GGRC back to the DDS Directive that the planning team does the Spending Plan. That left confusion as GGRC's first experience to complete Spending Plan was with the 'flexible agency.' Another concern was, "What kind of questions should the individual/family ask the FMS agency to find the best match for them?"

How GGRC is addressing it: Regarding the questions to ask FMS agencies, the SDP Sup. S.W. obtained a list of questions to ask only recently, after a phone conversation with a SDP resource outside of GGRC's catchment area. In reference to unfamiliarity with the different FMS agencies, this is being remedied by speaking with the FMS' contact person and asking them directly about their expectations. SDP Sup. S.W. also joined a parent to interview FMS agencies when it was clear parent was very confused during the process.

Participate Follow Through (please explain)

? Unsure of this – do you mean participant follow-through?

Spending Budget (please explain)

Barrier: (Should read: Spending Plan – not 'Budget') 1) Not knowing who is mainly responsible for writing up the Spending Plan if no I.F. for individual. 2) Not knowing if there is a particular Spending Plan template to use or acceptable by the FMS. 3) Also see above (FMS).

How GGRC is addressing it: #1 Due to the fact that there were not any I.F.'s for the individual, whoever was most comfortable writing up the spread sheet was the one who did it. In at least a couple cases, the parent did it. In one of those two cases, the FMS agency tweaked it for the individual/family. That was the agency that was aforementioned as the 'flexible agency.' #2 - Communicated directly with FMS for clarification.

Budget (please explain)

Barrier: Misconception by individual/family that they can add money to budget to purchase services typically not funded by the regional center.

How GGRC is addressing it: Taking time to have individual/family understand how money is added to the budget. Explain benefit SDP may have for individual. Sup. S.W. has begun asking individual/families upfront, during orientation, what they hope to gain from SDP. Educating them right from the beginning to better explain budget process. De-mystifying process for GGRC staff by meeting with social work unit and one-on-one (two/three ☺) with social

worker/supervisor/manager.

Other (please explain)

Barrier: 1) Overwhelming amount of information and detail for individual/family and GGRC staff – specifically Regional Center Services staff. 2) General workload for GGRC staff has been so overwhelming – especially now with the pandemic. It is understood workload is heavy for everyone – individuals/families, community/service providers, regional center, etc.

How GGRC is addressing it: 1) Developed simplified version SDP steps, adding details such as who does what. Tried to reduce anxieties by reassuring that they (individual/family/social worker) will be given assistance every step of the way. 2) SDP Sup. S.W. providing added support to RCS staff as they have other crises on their caseloads requiring immediate attention.

What trainings has your regional center held since the last Statewide meeting?

(Please check all that apply)

Independent Facilitation

As aforementioned, GGRC has hired an Independent Facilitator Consulting group. This was finalized last month.

Person Centered Planning

We had our one PCP vendor provide “training” during an orientation with a couple Spanish-speaking parents. Fortunately, this provider is Spanish-speaking as well. It was not purely training so the parents could do the PCP – as they typically wouldn’t do it, but it was an overview of PCP, which in turn helped the individuals’ social workers better understand PCP . Otherwise, no formal PCP training provided since last Statewide meeting.

FMS

None - No overall large group trainings – just one-to-one for now when working w/ individual SDP participants and their planning team.

Budget Development

None - No overall large group trainings – just one-to-one for now when working w/ individual

SDP participants and their planning team.

IPP

None - No overall large group trainings – just one-to-one for now when working w/ individual SDP participants and their planning team.

Other (please list)

None - No overall large group trainings – just one-to-one for now when working w/ individual SDP participants and their planning team.

One of the members of our SDLAC, a self-advocate in SDP, has recommended that these issues re: FMS agencies be covered in DDS directives. Our committee SDLAC discussed these points and the following incorporates comments from our committee discussion.

Irene Litherland and Melissa Crisp-Cooper, Co-Chairpersons
SDLAC - RCEB

Proposed new directives:

1. Ensure that SDP participants or their designee approve all invoices submitted on their behalf.

Rationale: Approval by participants should be the standard and not need to be anticipated as an issue by each participant. This should be the default, with any needed exceptions agreed to in writing in advance by the participant.

2. Ensure that all correspondence related to an SDP participant is shared with the participant unless prohibited by law.

Rationale: The participant cannot be in charge of his/her self-determination program without being included in communication about it.

3. Add emergency services as a SDP budget category, including services such as personal care assistance, wheelchair repair, and accessible transportation.

Rationale: Without a budget category for emergency services, these cannot currently be billed. This is a time of increased possibility of emergency situations and SDP participant emergency needs have reportedly already been an issue.

4. Ensure the existence of an annual written agreement between the FMS provider and the SDP participant that includes such things as expectations of each party, FMS costs, detailed budget, and, when applicable, employee-related costs, explanation of employee benefits,

Rationale: The current spending plan line items are too high level and do not provide details to clarify with participants what is and is not included, such as fringe benefits, paid time off, and training time.

Regional Center Name:

REDWOOD COAST REGIONAL CENTER

Where is your regional center at in the program implementation process? Please include the current numbers (e.g. number of people enrolled, withdrawn, etc.)

SELF DETERMINATION: NEW PARTICIPANTS:	40	
WITHDRAWN:	8	
IN DEVELOPMENT:	24	
ENROLLED:	8	Near Enrollment: 5

Has your advisory committee begun to spend the funds received by DDS according to your spending plan?

The Committee recently decided how to spend the money. Much of the money is tied to training which has not yet begun.

What, if any, new barriers are your regional center seeing in light of the COVID pandemic and how is your regional center addressing them?

The barrier is obvious. You cannot meet face to face with people. The technology does not exist in this poor and rural area for staff to meet with families and clients via computers and tablets. Some do not have the needed equipment, others cannot afford the internet. Some people with more resources I do not have access to the internet because of geography.

IT WOULD BE HELPFUL IF REGIONAL CENTERS PURCHASES COMPUTER EQUIPMENT AND PAID FOR INTERNET SERVICES. WE ASK THAT DDS MAKE THIS A HIGH PRIORITY.

What new resources has your regional center started using since the last Statewide Meeting (e.g. provider lists, new technology platforms, etc.)?

Our meetings are being held in a Zoom format.

What models of success can you share with the SSDAC? (Barrier 1 Recommendation)

None

Has your local advisory committee consulted with the regional center on best practices? If so, please share below. (Barrier 2 Recommendation)

The local committee is a joint committee between the regional center and the State Council local offices. At every meeting we discuss what is working and what is not.

Has your local advisory committee invited providers to attend your committee meetings in order to inform them of opportunities to provide services and supports? If so, what was the outcome? (Barrier 4 Recommendation)

Service providers have always been welcome to attend meetings in order to create as many possibilities as possible.

Regional Center Name:

San Andreas

Where is your regional center at in the program implementation process? Please include the current numbers (e.g. number of people enrolled, withdrawn, etc.)

Current enrolled cases 109 (134 – 25 that have withdrawn). This include the cases that DDS added in the second round.

Completed orientations: 95

Person Centered Plans completed: 32

Person Centered Plans in progress: 19

Individual budget certifications completed :31

Individual budgets in progress: 3

Spending Plans completed: 22

Spending Plans in Progress: 9

FMS completed: 15

FMS in progress: 5

SD IPP's completed and signed 28

IPP's in progress: 5

Withdrawn: 25

Has your advisory committee begun to spend the funds received by DDS according to your spending plan?

No, still in the RFP process

What, if any, new barriers are your regional center seeing in light of the COVID pandemic and how is your regional center addressing them?

These issues described below are not necessarily related to Covid-19, but they are emerging now.

Self-Determination Service Gap

Emerging as an issue, in Self-Determination (for both the service coordinator and families) is the complicated and confusing budget and spending plan approval process. Negative impacts of this process include: several months of delay to certify a spending plan, families stagnating in plan development, and families withdrawing from the program altogether.

Anecdotal reports shared from members of the public to the SDAC indicate the following:

- Confusion about unutilized and under-utilized service, making advocacy challenging
- Inability of service coordinator to clearly explain the facts
- Uncertainty of what services are available in a traditional plan
- Uncertainty of what services are available through self-determination
- Confusion about traditional service codes vs. self-determination service codes
- Uncertainty whether what is written in person centered plan is included in IPP
- Confusion about what one wants to spend vs. what one can spend - leading to what's budgeted vs. maximizing spending plan
- Lack of independent advocacy support at time of budget negotiation
- Confusion about generic service vs. regional center service – and confusion about how to arrange, request, and receive the service and support necessary to participate in a generic service
- Services coordinators questioning spending plan arrangements that are now the responsibility and authority of the selectee and team. Such questioning places the individual on the defensive having to justify the preferred service

A response from a community member working within a Kaiser clinic notes the following: While nearly every one of my patients is a consumer of the regional center, probably about 90% of them have not heard about SDP through their service coordinators (I see all age ranges from toddlers to elderly). I've even had some patients tell me they went to the orientation, applied but were told they were denied through DDS without reason or were told that all 100 slots were full (for pilot) when the numbers for VMRC do not show this.

What new resources has your regional center started using since the last Statewide Meeting (e.g. provider lists, new technology platforms, etc.)?

The local Independent Facilitation Network continues to be active and hosts “mixers” for participants in Self-Determination.

State Council in the catchment is working toward having greater self-advocate participation in SD advocacy.

A new FMS, GT Independence, has become active in the catchment.

What models of success can you share with the SSDAC? (Barrier 1 Recommendation)

The SCDD Orange County Online IF Training offered in six segments, has been sent to the IF, Self Determination, and Vendor Community in the SARC Catchment as a means of expanding opportunities for people interested in Facilitation.

Has your local advisory committee consulted with the regional center on best practices? If so, please share below. (Barrier 2 Recommendation)

At recent SDAC meetings, issues surrounding delays in budget development and spending plan are a focus. Identification of the problem and implementation of solutions are under discussion.

Has your local advisory committee invited providers to attend your committee meetings in order to inform them of opportunities to provide services and supports? If so, what was the outcome? (Barrier 4 Recommendation)

Not presently, but there is an interest in offering a provider fair.

September 2020, Local SDAC Report to the SSDAC

Regional Center Name: South Central Los Angeles Regional Center

Where is your regional center at in the program implementation process? Please include the current numbers (e.g. number of people enrolled, withdrawn, etc.)

3 participants in SDP
20 formally withdrawn
92 orientations completed
11 completed PCP:16 PCP in process
5 budgets certified , 2 spending plans certified

Has your advisory committee begun to spend the funds received by DDS according to your spending plan?

Yes, on training materials, and translation. Other funding has not been spent yet.

What, if any, new barriers are your regional center seeing in light of the COVID pandemic and how is your regional center addressing them?

Accessing services during this time
Hiring staff
Finding news ways of service delivery
Families requesting to use SDP funds for basic necessities such as food, and housing.

What new resources has your regional center started using since the last Statewide Meeting (e.g. provider lists, new technology platforms, etc.)?

New meeting platform is zoom

What models of success can you share with the SSDAC? (Barrier 1 Recommendation)

Providing participants with clear updated information regarding SDP, training on IF, FMS, and PCP.

Unmet needs, how to request services.

Has your local advisory committee consulted with the regional center on best practices? If so, please share below. (Barrier 2 Recommendation)

SCLARC SDP Committee continuously advise the RC to have SC reach out to the potential Participants and offer additional guidance and more understanding of the problem. Informing the family that they can use any unused funds from the PCP allotment to hire an IF.

RC will try and get a better understanding of why, or what barriers made the participant withdraw.

Has your local advisory committee invited providers to attend your committee meetings in order to inform them of opportunities to provide services and supports? If so, what was the outcome? (Barrier 4 Recommendation)

SCLARC Advisory Committee invite FMS, PCF, IF, and other providers to attend the monthly meetings. Also providing opportunities for participants to meet with and ask questions.

September 2020, Local SDAC Report to the SSDAC

Regional Center Name:

North Los Angeles County Regional Center (NLACRC)

The following notes are provided to SSDAC via Jon Francis, Chair SDAC/NLACRC catchment, after compiling research of interest prior to and during monthly committee meetings (as recent as Sept.17,2020) and of course in collaboration with NLACRC, Dr. Jesse Weller, Chief of Program Services and Silvia Renteria-Haro, SDP Supervisor.

Where is your regional center at in the program implementation process? Please include the current numbers (e.g. number of people enrolled, withdrawn, etc.)

Numbers as provided by NLACRC SDP Team, led by Dr. Weller and Silvia Renteria-Haro on Sept.18,2020)

Participants continuing with SDP/SDP eligible: **159**

Participants that have decided not to continue with SDP: **73**

Participants have completed Orientation: **142**

Participants that need to attend Orientation: **17**

Total number of budgets that are certified: **13**

Total number of budgets that are in the certification process: **31**

Total number of spending plans that are approved: **11**

Total number of spending plans in progress: **2**

Total number of PCP's completed: **34**

Total number of participants that have transitioned into SDP: **11**

NLACRC has a fully staffed Self-Determination team. 3 SDP Specialists and SDP Supervisor. The Supervisor and one of the Specialist are Spanish speaking.

This includes the San Fernando Valley, Antelope Valley, Santa Clarita areas

Has your advisory committee begun to spend the funds received by DDS according to your spending plan?

NOT YET. NLACRC and SDLAC have agreed on priorities for the FY 2019/20. NLACRC submitted allocation proposal to DDS and the receipt was acknowledged. The program implementation allocation for 2019/20 is \$109,258.00. For 2020/21 NLACRC was allocated \$149,328.00 and we'll work with SDLAC to determine priorities.

This includes an allocation of \$3000 to support additional statewide meetings and was agreed upon during our LAC meeting (in August 2020). This will be incorporated and re-submitted to DDS once further guidance is issued.

Subsequent response from Rick Wood: My current understanding is that DDS intends to issue a statement (guidance?) on the coding of the allocation for SSDAC meetings (correspondence on August 21, 2020).

What, if any, new barriers are your regional center seeing in light of the COVID pandemic and how is your regional center addressing them?

NLACRC has seen an increase of Day Care and Personal Assistance needs due to pandemic. These needs have been presented as temporary needs therefore NLACRC has been assessing individual needs. We have also had a few families express concern about transitioning into SDP during a pandemic. Some families may have uncertainty that a consumer's needs may not be met if they transition into SDP. The SDP team has been reaching out to families to explain that even if they transition into SDP, NLACRC would assess need if there was a change in circumstance and there was a new need (un-met needs). Through disparity-related work, some families have expressed a need for technology to support alternative service delivery models.

What new resources has your regional center started using since the last Statewide Meeting (e.g. provider lists, new technology platforms, etc.)?

NLACRC has continued Orientations and Informational meetings via Zoom. We have noticed that attendance has increased at these meetings. SDP team has been reaching out to families that have yet to attend orientation to introduce themselves, provide orientation dates for 2020 and answer any questions that they may have. SDP team created a provider list to send email blast with SDP news and information

What models of success can you share with the SSDAC? (Barrier 1 Recommendation)

(SDAC) In the interest of transparency, the following is a sample of feedback from concerned public voices during recent LAC meetings (Sept.17, 2020) and during previous meetings:

(paraphrased)

Long delays in payment processing for PCP services provided by Independent Facilitators.

"... I have concerns for the survival of some IF's (plural), they are an integral part of implementation...that

haven't been paid since March... we are already losing some (IF's) as a result", reportedly.

In other public forums /comments: participant's (plural) "stuck in budget" for 4 months, reportedly.

"...the information disseminated is confusing and overwhelming" and "after learning the value of sole employer vs. co-employer I then hear contradicting information and this is frustrating"

SDAC ascertains that in order to exercise its role more effectively, specific details concerning barriers impacting specific case implementation would require further meaningful and quality discussion time to be scheduled with NLACRC Team; whatever we may agree together is realistic moving forward.

Other voices have expressed the "necessity for specialized places (portal for registration) on zoom" representatives established from those regional centers championing the cause, in order to gain knowledge consistent with best practices statewide, efforts to support a person who already has purchased a PCP and thereby expediting the process to enable the drafting of a budget, spending plan and meeting unmet needs.

Obviously there exists areas where DDS guidance is of necessity and that if given a specific directive would make for a clear path for NLACRC to proceed in compliance of.

In other areas of support and successes:

NLACRC has transitioned 11 cases into SDP, reportedly. Some of which proved very complex due to not only a large budget, but having expedited the process leading up to the pandemic and enabling the participant and family with control over the budget to meet the demands they would face in the weeks that followed.

Dr. Weller, Chief of Program Services was steadfast in supporting this transition; problem solving appears to be one of his greatest gift.

In other cases it is clear that the program is working for a participant who is non-or minimally speaking and the alternative support arrangement provided with SDP is in place to ensure the participant's safety, without restricting the boundaries such that one cannot explore his reach; creatively.

NLACRC SDP Team feedback and reasoning behind barriers in general is included in the following:

Some PCP planners may need more training; invoice not submitted for payment,

Started PCP planning before a budget meeting.

Waiting for payment agreement.

Previous challenges have been addressed as regional centers have the authority to purchase \$2500 PCP plans.

Dr. Jesse Weller as well stated that IPP planning, assessing the needs and generic resources are still applicable in Self Determination.

NLACRC shares data during monthly SDLAC meetings. NLACRC agrees with the recommendations set forth for barrier 1 and are looking forward to their implementation.

Has your local advisory committee consulted with the regional center on best practices? If so, please share below. (Barrier 2 Recommendation)

To some degree yes the local advisory committee has consulted with regional center on these matters but not to the extent that would constitute a rigorous effort toward full and complete transparency on a case by case basis for example; in a general fashion yes. Transparent collaboration on the specific details of barriers impacting implementation on a case by case basis and enabling the role of the committee to advise on best practices, could enhance problem solving moving forward.

Perhaps and yes more recently these efforts have been deterred by the pandemic and local, statewide wildfires and poor air quality conditions; all of which have placed undue burden, stress on folks and frankly have resulted in a shifting of priorities. Nonetheless it is as a result of some of these natural catastrophes that SDP is at the forefront as exactly the model of service delivery to satisfy the nontraditional arrangements required to meet the day. To give the participant (and family of advocates) experiencing the disparity that level of reassurance to the person of “who’s in charge” a cornerstone of the program. Control over one’s budget at the end of the day makes it all to clear who is in charge of one’s life.

REGARDING AN ISSUE OF GUIDANCE FROM DDS:

ISSUE pertaining to an otherwise qualified “APPLICANT (for Direct care-worker position) DENIED FBI FINGER PRINT PROCESSING:

(on Sept,2020) I have heard back from Chad Newberry DDS and he has stated that “No one can be processed under the FBI yet in the SDP program. The FBI printing ability has not been approved. Any applicant that has not lived in CA for 2 years or more will need to wait until the FBI printing is approved. “That is all that I received. (as per GT Independence Representative)

(Sept.17,2020)

Original parent correspondence regarding this issue (with permission granted):

I write both as a parent/conservator of SDP participant and as a Local Advisory Committee member. This is both specific to a Participant currently in SDP and a general SDP issue.

The issue is clarification on the procedure to get a well-qualified direct service applicant through live scan when he has lived outside of California for most of the last two years. Your DDS 11/1/19 directive makes it clear that this applicant would need FBI clearance, but Chad Newberry replied this week that DDS still does not yet have a procedure for FBI fingerprint check and that the applicant should wait. Wait for what?

That also means the participant must wait.

I would appreciate clarification and explanation of why this FBI procedure is not in place almost a year after that directive. Is there a work around? I have suggested doing only the DDS DOJ live scan until there is a DDS FBI process and allowing him to work based on just DOJ. My Independent Facilitator has also suggested adding the FBI fingerprint check through her agency's process.

(as per Richard Dier)

(on Sept. 17, 2020 Letter)

To Mr. Travis SDP and HCBS Regulations
Department of Developmental Services
(paraphrased)

Regarding a family ... attempting to ensure the program is staffed and that he is able to hire the necessary staff. Do you have any suggestions to assisting the qualified staff in obtaining a background check that will meet the directive set forth by DDS?

as per GT Independence Representative

(on Sept.17, 2020 Response from DDS)

(paraphrased)

...we are currently working with our Office of Protective Services about a process to address the questions that the (participants) parent has identified.

We hope to have a response to him no later than tomorrow.

Tim Travis
SDP and HCBS Regulations
Department of Developmental Services

SUBSEQUENT INFORMATION TO THIS EFFECT(as of Sept.21.2020):

The FBI is in conflict with doing business with DDS in addressing this matter due to a lack of "specifics" and/or established criteria for the individual being fingerprinted..

Has your local advisory committee invited providers to attend your committee meetings in order to inform them of opportunities to provide services and supports? If so, what was the outcome? (Barrier 4 Recommendation)

Yes. NLACRC talks about SDLAC meetings during Board Meetings and invites providers during the Vendor Advisory Meeting, AV Forum, disparity meetings and Informational Meetings. Agency's including Avenues agency and Tierra Del Sol have stepped up to provide services to name a few.

Regional Center Name:

San Diego Regional Center

Where is your regional center at in the program implementation process? Please include the current numbers (e.g. number of people enrolled, withdrawn, etc.)

Total Allocations: (207)

- **Total Individuals Enrolled:** **27**
- Still need to attend orientation: 16
- Have not taken any steps since orientation: 62
- Stated they plan to disenroll, have not formally: 12

- Person-Centered Plan – in progress 40; completed 23
- Individual Budget – in progress 32; completed 18
- Spending Plan – in progress 10; completed 3
- Selecting FMS/providers – in progress 7; completed 1
- **TOTAL:** **89**

Disenrollments (79) since initiation of the program the beginning of the program

Reasons for disenrollment:

- “content with current services”
- “no longer interested in program” (further elaboration requested, not received)
- moved out of state

It is important to note that some participants/families have been immersed in addressing basic urgent needs (food, shelter, etc.) or needed extra time to revise their spending plan as a result of a change in circumstances. Challenges include but are not limited, to procuring staff for direct support or technology to provide access to virtual services, as well as limited access to community resources/activities due to restrictions related to county guidelines. Some participants elected to postpone the planning process/needed more time to transition to the SDP service model. SDRC SDP Project Manager is working internally with service coordinators to follow-up with individuals/families to assess challenges and barriers ongoing.

Has your advisory committee begun to spend the funds received by DDS according to your spending plan?

No: SDRC submitted their plan in June 2020. We continue to work on our activity/budget plan. The SDLAC and stakeholders/community members are actively engaged in the process.

What, if any, new barriers are your regional center seeing in light of the COVID pandemic and how is your regional center addressing them?

SDRC is addressing operational challenges associated with redirecting/revising budgets. The current system has several layers and involves multiple individuals to execute changes. This has caused some delays in payment. SDRC is working on streamlining this process. (Refer to barriers/challenges addressed in question #1).

What new resources has your regional center started using since the last Statewide Meeting (e.g. provider lists, new technology platforms, etc.)?

Work in Progress-

Since May of 2020, SDRC SDLAC has converted all meetings, orientations and information session to virtual platforms. SDRC SDP Project Manager continues to add resources, PCP providers, training opportunities and miscellaneous.

What models of success can you share with the SSDAC? (Barrier 1 Recommendation)

Work in Progress-

Stakeholder Engagement: The SDRC SDLAC meetings are transparent and interactive. Public input is encouraged and appreciated by all stakeholders (individuals, self-advocates, families, vendors, SDRC staff, and other service providers).

Public Awareness and Outreach: Information about training/meetings is posted on the website and distributed via community listservs. The local committee is working to develop and improve strategies to inform, educate and engage stakeholders.

Has your local advisory committee consulted with the regional center on best practices? If so, please share below. (Barrier 2 Recommendation)

Work in Progress-

SDRC and SDLAC have discussed the need to develop and promote best practices. Extensive training has occurred on Person Centered Planning which included resources provided by subject matter experts.

Has your local advisory committee invited providers to attend your committee meetings in order to inform them of opportunities to provide services and supports? If so, what was the outcome? (Barrier 4 Recommendation)

Yes- meeting notices are disseminated to SDRC staff and community listservs. Attendance varies. SDRC staff attendance has increased. Vendor agencies and provider interest is on the increase. Strategies to increase participation is in the works. A training plan which will include bimonthly sessions on high interest topics (the nut and bolts re: spending plan/budgets, person centered and more) are in the works. Demographic data and satisfaction surveys will be collected.

Regional Center Name: Valley Mountain Regional Center

Where is your regional center at in the program implementation process? Please include the current numbers (e.g. number of people enrolled, withdrawn, etc.)

- Attended Orientation—74
 - Need to Attend Orientation—23
 - Not Interested in SDP—13
 - Moved or Deceased—2
 - Person-Centered Plan/IPP Not Complete—21
 - PCP/IPP Completed—38
 - IPP Signed—15
 - Working on a Budget—13
 - Working on a Spending Plan—12
 - On SDP—28
-

Has your advisory committee begun to spend the funds received by DDS according to your spending plan?

Self Determination Guide from Tri-County Regional Center- Books purchased for participants and members of the VMRC SDAC in English & Spanish.

Approved additional money for the SCDD Statewide Self Determination Advisory Committee to meet more often in a year. \$3,000

What, if any, new barriers are your regional center seeing in light of the COVID pandemic and how is your regional center addressing them?

Many folks do not want to meet over zoom and would prefer to meet face to face which may slow the process.

Many service providers are dealing with Covid-19 and not focusing on how to be involved in the Self Determination Program.

Fires in our counties

A lot of businesses are not taking new people for services due to Covid-19

What new resources has your regional center started using since the last Statewide Meeting (e.g. provider lists, new technology platforms, etc.)?

Fiscal Management Services listed on VMRC website under Self Determination page
VMRC Self Determination staff provided a training for all participants with FMS involved in this training.

What models of success can you share with the SSDAC? (Barrier 1 Recommendation)

Started a VMRC SDAC Special Event work group to discuss self determination program ideas and bring ideas to work on. And provide outreach, presentation and trainings on -going.
Virtual events opposed to in person during Covid-19
VMRC SD staff is having every month SD orientation even during Covid-19
Mini Self Determination trainings- a 4 part series

Has your local advisory committee consulted with the regional center on best practices? If so, please share below. (Barrier 2 Recommendation)

VMRC provided funding to the Chair of the VMRC SDAC to attend the Statewide Self Determination Conference in LA to learn about best practices and share with the committee and regional center

Has your local advisory committee invited providers to attend your committee meetings in order to inform them of opportunities to provide services and supports? If so, what was the outcome? (Barrier 4 Recommendation)

CLASP (service provider agencies) is invited each month to attend the VMRC SDAC meetings
Have had some Independent Facilitator's (or agency) attend but not regularly and no other service agencies such as day program, supported living, employment services or residential care provider attended.
VMRC SDAC wants to give a Self Determination presentation to the vendor community known as CLASP- Coalition of Local Area Services Providers in the near future.
