

JUNE 30, 2021

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES



Self-Determination Program Interim Report to the Legislature

Table of Contents

Executive Summary	2
Report Requirements	2
Introduction	2
Status of Self-Determination Program Enrollment and Participation	3
Barriers and Solutions to Implementing the Self-Determination Program	7
Barrier: Delays in Implementation of the SDP, resulting in lost momentum and enthusiasm.....	8
Barrier: Lack of Guidance by DDS to Regional Centers and consumers, resulting in inconsistent implementation of the SDP across the Regional Center system.	9
Barrier: Lack of Trainings for Regional Center Staff, Participants & Families, resulting in confusion.....	10
Barrier: Lack of Trainings for, and Development of Person-Centered Planners, Fiscal Management Services, Independent Facilitators and Service Providers, resulting in not knowing if the support and service system can deliver for participants	12
Moving Forward	14
Budget	14
Perpetuating Racial/Ethnic Disparities	14
Informal Community Supports.....	15
Evaluation	15
Early Adopters vs. Wait-and-See	15
Appendix	16

Executive Summary

July 1st, 2021 is both the release date for this interim report as well as the beginning of the statewide rollout of the long-anticipated Self-Determination program (SDP). Self-Determination promises to increase opportunities for authentic person-centered planning, informed choice and control over services and supports to eligible individuals in the regional center system. Self-Determination was first imagined and implemented in a small pilot 20 years ago and was expanded in 2018. For those individuals who opted to participate in the program over the last three years, the transition has been slow and for some, frustrating enough to withdraw. This interim report serves to highlight the progress of enrolling individuals and solutions to the challenges in implementing the program.

The Council's goal today is to provide guidance and feedback which we hope will ultimately lead to an exemplary program. In its fullest form, Self-Determination will facilitate a genuine paradigm shift in which individuals with intellectual and/or developmental disabilities will believe that they have the freedom of choice and the ability to control their own lives, and the tools to make it happen.

Report Requirements

The State Council on Developmental Disabilities (SCDD) shall issue an interim report to the Legislature by June 30, 2021 on the status of the Self-Determination Program (SDP), barriers to implementation, and recommendations to enhance effectiveness of the program. The report shall provide an update to the program's status, each regional center's (RC) cap on participation and progress toward that cap, the most recent statewide and per RC count and the historical trend in the statewide participation count since the start of the program.

Self-Determination Spotlight: "Taking Charge"

Regional Center consumers may have little experience taking charge of their services and their lives. They are used to the system doing everything for them, although they find the system inadequate to meet their needs. They find stepping out into the unknown scary and intimidating. They may well benefit from support to fully take advantage of the freedoms offered to them through Self-Determination.

-SCDD Statewide Self-Advocate Network Member

Introduction

On October 7, 2013, Governor Jerry Brown signed Senate Bill (SB) 468 (Emmerson) creating the SDP. A cornerstone of the Lanterman Act is that people with intellectual and developmental disabilities (IDD) lead self-determined lives. The SDP operationalizes this philosophy into a waived service separate yet parallel to traditional RC services.

SDP is a voluntary delivery system consisting of a defined and comprehensive mix of services and supports, selected and directed by a participant through person-centered planning, in order to meet the objectives in their individual program plan (IPP). Self-Determination services and supports are designed to assist the participant to achieve personally defined outcomes in community settings that promote inclusion. SDP allows participants the opportunity to have more control in developing their service plans and selecting service providers to better meet their needs. The SDP principles include freedom, authority, support, responsibility, and confirmation. The SDP is not new, it was created based on successful twenty-year pilot projects, which provided individuals with developmental disabilities with opportunities for authentic person-centered planning,

informed choice and control over their services and supports. The pilots resulted in better outcomes for the participants with the potential long-term cost savings.

SB 468 required California's Department of Developmental Services (DDS) to apply for a new Home and Community Based Services (HCBS) waiver from the Center for Medicare and Medicaid Services (CMS). The waiver was developed over a period of several years and was submitted to CMS on March 13, 2018. CMS approved the waiver application on June 7, 2018. The approval of the waiver initiated a three-year phase-in period for up to 2,500 individuals. The initial 2,500 participants were selected October 1, 2018 and a second selection of approximately an additional 500 participants were selected on November 22, 2019. The three-year phase-in period gave the opportunity to implement the SDP, address any issues in implementation, test processes, learn from common errors, and identify best practices and apply them systemically as SDP became available more broadly. SDP will become available to all individuals receiving services from the RCs on July 1, 2021.

The purpose of this report is to provide the status of the implementation, identify barriers, and provide recommendations to improve the SDP. In sum, the lessons learned so far include:

- Transitioning from traditional services to SDP is slow, some clients are going at their own pace, while some have been slowed by the process.
- There are many details to address in setting up a new program, while some of the challenges and details can be anticipated, others cannot.
- Many problems can be worked out through implementation.

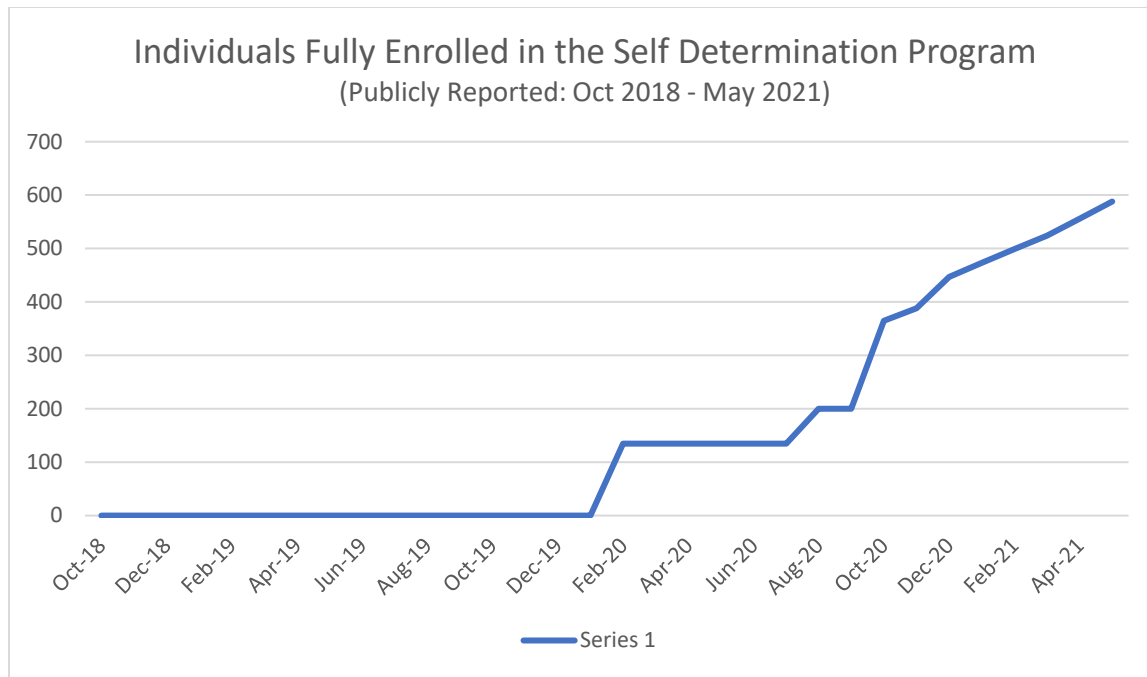
Self-Determination Spotlight: "North Star"

It might be helpful to view your Self-Determination Plan as a project with the final outcome being your north star. All the steps, timelines, procedures, and milestones are focused with one purpose, reaching that north star. I am very happy with Self-Determination, and I encourage everyone who is dissatisfied with traditional service to give it a consideration.

-SCDD Statewide Self-Advocate Network Member

Status of Self-Determination Program Enrollment and Participation

The most recent data from May 2021 shows that 3,329 people have been selected to participate in SDP, 1,235 have withdrawn, 2,094 are interested in continuing, and 663 are fully enrolled. The 663 individuals in SDP include 588 people who are new to the SDP plus 75 original pilot participants. Since October 2020, there have been on average 32 new people per month fully transitioning into the SDP.



Self-Determination Spotlight: "Implementation Delays"

From the middle of 2019 until early in 2020 we waited as details of how to proceed in the program were worked out and eventually dispensed to participants and families. In early February my daughter attended the self-determination orientation at the regional center. In March 2020, my daughter completed her five-page written person-centered plan. The COVID-19 shutdown was announced at almost the same time. Everything regarding self-determination stopped and did not resume until September 2020.

-SCDD Parent Councilmember

It is essential to note that the necessary and critical response to the pandemic created two competing issues. Even though RCs and others' focus was on addressing immediate health and safety issues, participants felt it was the right time to pursue SDP because of the flexibility to build a needed network of services in a safe and healthy environment. For example, one SDP participant purchased exercise equipment and hired staff to continue to be able to get exercise at home. Despite the pandemic's strain, enrollment in the SDP continued to grow.

Most Recent Statewide and Per-Regional Center Count (with RC cap)

The following chart shows the statewide totals, by Regional Center, including the spaces allocated to each Regional Center during the phase-in period, the total number of people selected, total number of people who have fully transitioned into the SDP, and that regional center's progress to meeting its cap.

Regional Center (RC)	SDP Spaces at Each RC	Total Selected to Fill Spaces	Number Receiving Services Through SDP	Percentage of total Selected in SDP	Percentage of RC Spaces (Cap) in SDP
Alta California RC	179	268	**	3%	5%
Central Valley RC	140	185	49	26%	35%
Eastern Los Angeles RC	110	144	57*	40%	52%
Far Northern RC	60	85	34	40%	57%
Frank D. Lanterman RC	73	90	23	26%	32%
Golden Gate RC	68	89	**	10%	13%
Harbor RC	99	128	21	16%	21%
Inland RC	256	320	23	7%	9%
Kern RC	95	132	71*	54%	75%
North Bay RC	66	88	**	10%	14%
North LA County RC	183	232	44	19%	24%
RC of the East Bay	154	191	35	18%	23%
RC of Orange County	151	204	24	12%	16%
Redwood Coast RC	55	65	58*	89%	105%
San Andreas RC	125	159	30	19%	24%
San Diego RC	207	271	50*/**	22%	29%
San Gabriel/Pomona RC	95	148	20	14%	21%
South Central LA RC	110	138	16	12%	15%
Tri Counties RC	110	176	12*/**	12%	19%
Valley Mountain RC	100	132	41	31%	41%
Westside RC	64	84	23	27%	36%
Statewide Totals	2,500	3,329	663	20%	27%

*Regional Center includes pilot participants

**Number of participants is less than 10 so individual count is not revealed for privacy reasons

Progress Toward the Cap

Each Regional Center's progress toward its cap shows generally slow progress across almost all Regional Centers. Three of the top four Regional Centers benefited from having pilot participants in its count.

Regional Center	SDP Spaces at Each RC	Number of Participants Receiving Services Through SDP	Percentage of RC Cap Transitioned into SDP
Redwood Coast RC	55	58*	105%
Kern RC	95	71*	75%
Far Northern RC	60	34	57%
Eastern Los Angeles RC	110	57*	52%
Valley Mountain RC	100	41	41%
Westside RC	64	23	36%
Central Valley RC	140	49	35%
Frank D. Lanterman RC	73	23	32%
San Diego RC	207	50***	29%
North Los Angeles County RC	183	44	24%
San Andreas RC	125	30	24%
RC of the East Bay	154	35	23%
Harbor RC	99	21	21%
San Gabriel/Pomona RC	95	20	21%
Tri Counties RC	110	12***	19%
RC of Orange County	151	24	16%
South Central Los Angeles RC	110	16	15%
North Bay RC	66	**	14%
Golden Gate RC	68	**	13%
Inland RC	256	23	9%
Alta California RC	179	**	5%
Statewide Totals	2500	3329	27%

*Regional Center includes pilot participants

**Number of new participants is less than 10, an estimate of 9 is used for calculations

***Number of pilot participants is less than 10, an estimate of 9 is used for pilot calculations

Withdrawals

The SDP is a voluntary program and participants can withdraw at any point. This can include withdrawing during the process of transitioning into the program or after fully enrolling in SDP. Individuals who withdraw are to receive a new IPP and other services and supports without a gap in service. A person who withdraws from SDP is eligible to return to SDP after 12 months.

As of May 2021, 1,235 individuals withdrew from the SDP out of 3,329 individuals selected during the phase-in period. The trend in withdrawals shows that the vast majority, 1,051, of those withdrew before August 2020. Overall, 37% of participants have withdrawn, while 63% continue. The pace of withdrawals has dramatically reduced, with an average of 15 people withdrawing per month between November 2020 through May 2021.

In September 2020, DDS released survey findings from people who withdrew. DDS surveyed 1,051 and received 148 responses. Of those who responded, 40% decided the services they are getting are fine. Of those who withdrew because of barriers:

- 29% found the program to be too much work
- 12% said the amount of money they can get is not enough for what they need
- 11% found it too hard to find service providers
- 10% said there are too many appointments

Additionally, 70% of all respondents found SDP information difficult to understand.

The burden of process, complex information, and program requirements point to barriers that can be addressed. Not receiving enough money in the program to meet needs points to underlying challenges in unmet needs and budget creation.

Barriers and Solutions to Implementing the Self-Determination Program

SCDD convenes the Statewide Self-Determination Advisory Committee (SSDAC). The SSDAC is to identify implementation concerns, systemic issues, and ways to enhance the SDP. The SSDAC has engaged in a multi-year effort, leading to the release in August 2020 of ["A Statewide Self-Determination Advisory Committee Report on the Barriers to Implementing the Self-Determination Program"](#) (Barriers Report). The barriers and recommendations in this report are largely, but not entirely, synthesized from information received from the SSDAC.

The Barriers Report identified significant barriers to implementation of the SDP, which fall into four broad categories. These barriers are not exhaustive. The identification of barriers should not be seen as an indictment of self-determination or a failure of the SDP. Rather, they are identified in order to progress people into SDP and to support the success of the program.

The following recommendations demonstrate that the three-year phase-in period has created its own barrier because efforts by DDS and RCs went to managing that process when other implementation tasks needed solutions. This barrier is widely expected to be overcome beginning in July 2021 as the program becomes available to all eligible individuals with disabilities receiving services from the RCs.

The following describes the four broad barriers during the initial 3-year period and solutions, including solutions that have been accomplished.

Self-Determination Spotlight: "A Better Experience"

My daughter had become a regional center consumer in November 2012. Even though she was receiving services for the first time that addressed her particular needs, I felt that more flexibility was needed in order to ensure for her a better experience. This included more agency choices, selection of individual providers, and types of available services that the Self-Determination Program seemed to offer.

-SCDD Parent Councilmember

Barrier: Delays in Implementation of the SDP, resulting in lost momentum and enthusiasm

When asked by DDS their reasons for being interested in SDP, 53% of people said getting to make their own decisions, 50% want more choices, and 37% named having more control over their own services. However, that excitement was tempered by a nearly five-year delay in seeking and obtaining approval of its federal waiver application. While DDS should be commended for shepherding the waiver application through a hard and complicated process, this resulted in a loss of momentum for and interest in the SDP by many individuals and families. An additional 3 years of slow rollout has left many RC staff, Local Advisory Committee (LAC) members, and consumers and families with low enthusiasm for the SDP. The loss of momentum has impacted systemic change in the philosophy, culture, attitude and practice of self-determination. In many instances, potential participants have expressed a lack of understanding of the program, fear of change, discouragement, and a lack of hope. A "paradigm shift" in which people believe that they have substantial freedom of choice and the ability to control their own lives has not yet occurred. We are seeing this change as the rollout picks up momentum.

Solutions:

- DDS and RCs should provide monthly reports by Regional Center that include the number of SDP participants, the pace of enrollment, withdrawals, orientation, development of person-centered plans and budgets, and full transition into SDP.
 - Status: Complete, DDS reports data monthly. SCDD recommends that this data continue to be collected in order to identify emerging issues. Additionally, data should be provided by race/ethnicity.
- DDS should establish benchmarks for implementation of the SDP by RCs. LACs should monitor progress and attainment of established goals.
 - Status: Proposed, this is part of the current budget proposal
- SSDAC should share models of success and encourage LACs to apply lessons learned to implementation
 - Status: Ongoing, this is part of the regular work of the SSDAC
- RCs should promote and encourage the SDP.
 - Status: Ongoing, this is part of the regular work of RCs.
- SSDAC should be funded through federal participation funds, including costs of quarterly meetings, such as travel, meeting expenses, etc., but also to hire staff to support the SSDAC in efforts to develop training materials and other activities as well as to evaluate the SDP.
 - Status: Proposed. This is included in the state budget proposal.

- SSDAC should train, inform, and support LACs. LACs are key to creating a successful and strong SDP. LACs have authority for oversight of the local program but are limited in current practice.
 - Status: Incomplete. LAC Chairs get information and support from the SSDAC, the entire LAC does not receive training on their role and authority.

Barrier: Lack of Guidance by DDS to Regional Centers and consumers, resulting in inconsistent implementation of the SDP across the Regional Center system.

DDS has been slow to issue guidance and directives to RCs and SDP participants. Despite the efforts of DDS, many participants and RC staff have not understood the mechanics of self-determination. A lack of guidance inevitably leads to DDS having to react to emergent issues on a case-by-case basis, leading to geographic disparities in implementation. The lack of direction results in frustrations for participants who blame their service coordinator or the RC. Underserved communities face additional obstacles to self-determination, and evidence exists that racial and ethnic disparities are perpetuated by the SDP.

Self-Determination Spotlight: “Regional Centers: Embrace it!”

People with disabilities need to educate themselves on self-determination. We’re frustrated when Service Coordinators don’t know what to do, like calculating a certified budget. What is a simple procedure becomes a major roadblock. Regional Centers need to own their responsibility and train their staff in Self-Determination and embrace it.

-SCDD Statewide Self-Advocate Network Member

Inconsistent processes within the SDP have been developed by RCs which are accustomed to rules, forms and procedures, and therefore have not adjusted to the new self-determination normal, in which the participants are “in charge.” While flexibility and creativity are hallmarks of self-determination, “bureaucratization” of the SDP has discouraged potential participants, leading to high drop-out rates. DDS has not provided necessary oversight over and required accountability from RCs, some of which are proactively implementing the SDP and others which are overtly or covertly resisting its implementation. The result is an overall inconsistency of the rollout of the phase-in period.

Self-Determination Spotlight: “Waiting”

The service coordinator created and certified the self-determination budget and sent it to the regional center accounting department and waited for a total of approximately two months before it was processed and returned to him.

-SCDD Parent Councilmember

Solutions:

- DDS should issue clear and consistent guidance and directives to RCs and LACs, including in the following areas: orientation, person-centered planning, use of generic resources, development of spending plan and budget, and trainings.
 - Status: Partial, DDS has released guidance and directives in some of these areas. However, questions remain in all these areas. SCDD recommends a current inventory of guidance issued and guidance needed.
- DDS should identify and hire a “champion” within DDS dedicated to coordinating the implementation of the SDP with RCs.

- Status: Proposed. While the state budget proposes an SDP ombudsman, this position will not have the same coordinating role that a “champion” would.
- DDS and RCs should draw on the experience of self-determination pilot projects.
 - Status: Partial. As time goes on, the experience of original pilot participants is considered less and less. There is value in their experience in informing how policies and practices can be less bureaucratic. There is value in their experience in revitalizing excitement and interest as the program expands to RC consumers.
- RCs should develop an effective means of facilitating the dissemination of DDS guidance and directives to RC staff, whether by the establishment of “dedicated” SDP service coordinators, or through cross-training all service coordinators.
 - Status: Ongoing. While DDS disseminates guidance and directives, it is unclear how the information is received, understood, and used by service coordinators.
- There should be a clear definition of the term “unmet needs” for creating budgets.
 - Status: Incomplete
- RCs should utilize available funding for individuals’ initial person-centered planning process.
 - Status: Complete. This flexibility became constrained when additional people wanted to begin planning before the statewide expansion to all RC consumers, but this barrier will be eliminated on July 1, 2021.
- DDS should monitor implementation of the SDP by RCs for underserved participants and those with prior unmet needs in order to avoid racial and ethnic disparities.
 - Status: Ongoing. DDS made sure the initial draw achieved a racial/ethnic parity within the catchment area. Also, DDS monitored who has withdrawn and found no significant racial/ethnic disparities. Ongoing monitoring is needed as disparities may show up in spending plans and the ability for people to find service providers.
- DDS should prioritize systemic oversight and require strict accountability of RCs.
 - Status: Proposed. The state budget proposes several oversight measures.

Barrier: Lack of Trainings for Regional Center Staff, Participants & Families, resulting in confusion

DDS undertook an effort to introduce the principles of self-determination and the processes of the SDP in the Fall of 2018 by promoting and conducting six separate all-day orientation/training sessions throughout the State, in which RC staff participated. While the trainings were not exhaustive, they were well-received by those who attended. However, there has been no mandate that RC staff attend an orientation, the result of which is that many service coordinators know very little about the SDP, even though they occupy a front-line position in implementation. In some instances, service coordinators did not have an understanding that SDP participants could select an independent facilitator of their own choosing to conduct person-centered planning.

RC staff have had difficulty understanding the budget process. Some service coordinators have stated that the SDP is only for those who have uncomplicated requirements; while others view the SDP as applicable only to those who have complicated plans and large budgets. There is no systemic consistency in the presentation of the SDP opportunity to consumers and families.

Self-Determination Spotlight: “Small Changes, Onerous Process”

When I moved from one regional center to another catchment area, I was advised that it would take at least six months to move my file, let alone begin the onerous process of orientation. Here’s my advice: 1) regional centers should have resources to help consumers; 2) regional centers should establish a fast track process for consumers that move; and 3) make the orientation process less complicated so that consumers understand it completely.

-SCDD Self-Advocate Councilmember

Similarly, DDS has encouraged RCs to develop their own orientations and trainings for prospective participants. While it is a good goal to tailor the SDP to the specific constituencies within each RC, this has led to a variety of orientation and training approaches and materials. Confusion and misunderstandings have arisen, due in some instances to a lack of plain-language, uncomplicated trainings for consumers and families. There has been inconsistency among RCs in post-orientation follow-up of participants.

Solutions:

- DDS should develop mandatory, consistent training for RC staff and should provide timelines for and oversight of trainings and require accountability from RCs. Trainings should include participation by LAC members. Trainings should include a focus on the spending plan and budget processes in order to avoid confusion and inconsistent communication with participants and families.
 - Status: Proposed. The state budget proposes training all service coordinators in SDP. SCDD recommends this training include the general principles and elements of the program, as well as in-depth knowledge on guidance and directives so that any service coordinator can become an SDP ambassador. Training and guidance need to keep current.
- DDS should do an open forum for service coordinators to ask questions about guidance and directives and then send out a follow-up FAQ based on the questions asked at the open forum. Guidance and directives also need to be reviewed for plain language.
 - Status: Incomplete
- DDS should develop required orientations into a single statewide curriculum that focuses on a short, plain-language format, in English and Spanish. Explanations of the roles of financial management service and independent facilitator should be simple and presented in plain-language format. Orientations should include LAC members as active participants.
 - Status: Incomplete.
- RCs should conduct trainings and orientations at multiple times and places, including virtual presentations, in English and Spanish. Use of technology when available, combined with individual family and small-group meetings, should be initiated in order to reach all potential participants. LAC members should not only participate in orientations and trainings but should lead them. The focus of all trainings should be on purpose vs. process, including an emphasis on “who is in charge” and encouragement of individuality and creativity in the development of person-centered plans.
 - Status: Ongoing. The times and modes of trainings varies by RC. The themes of the statewide orientation recommended above are included in this recommendation.

- RCs should be required to follow up with all consumers and families who have participated in orientations. LACs should invite all SDP participants to committee meetings.
 - Status: Ongoing. Engagement and supports are keys to success. Participants should be followed up with and given the opportunity to connect with their local SDP community.

Self-Determination Spotlight: “From Freedom to Barriers”

I was intrigued by this program because it offered freedom from the constraints of the traditional service delivery system. It removed control from the regional center, which asserted “parental control” over every service request. One barrier is poor outreach efforts, “it’s uncertain whether consumers even know about their choices.” Another barrier is the required orientation training has been a barrier, 5-hours, and is not available on a virtual platform or in the evenings. “The whole enrollment process was onerous and time consuming.”
-SCDD Parent Councilmember

Barrier: Lack of Trainings for, and Development of Person-Centered Planners, Fiscal Management Services, Independent Facilitators and Service Providers, resulting in not knowing if the support and service system can deliver for participants

The success of the SDP is dependent upon participants’ ability to locate providers who they can trust. The hallmark of the self-determination pilots was the development of networks of providers who worked seamlessly to assist participants in the development of person-centered plans, creation of budgets, management of funds, location of available services and supports, and coordination with RC staff. Barriers have emerged during the rollout period due to participants’ inability to find trained independent facilitators, a slow vendorship process for FMS’, and a lack of traditional service providers who have an understanding of the opportunity to provide services and supports outside of the traditional, vendored system. There is some evidence that some vendored FMS’ have elected to not participate in the SDP statewide, or have restricted the intake of participants depending upon the complexity of plans.

Self-Determination Spotlight: “Be Clear, Be Ready”

Have your dreams and desires ready. But have your documentation ready too before you meet with your Independent Facilitator to develop your Person-Centered Plan. Be clear on the services you want and have a copy of your Individual Program Plan available.”
-SCDD Self-Advocate Councilmember

There are no training materials or outreach to persons interested in becoming person-centered planners and independent facilitators, resulting in inconsistencies in the development of plans. It is anticipated that as the number of participants increases, an independent facilitator “profession” will develop. However, that has not yet occurred, resulting in excessive reliance by participants on RC’s service coordinators to develop person-centered plans and budgets. The sole required vendors in the SDP are FMS’. The requirements for statewide vendorization of FMS organizations are burdensome, thereby limiting the number and variety of FMS’ available to participants. In some instances, FMS’ have experienced delays in timely receipt of funds from RCs in order to pay for services and supports. Service providers who provide services and support in the traditional delivery system are unfamiliar with and lack knowledge of the SDP. This impacts the creativity and individuality of person-centered plans.

As the program continues, additional barriers will present challenges that can be met and solved. Currently emerging barriers include lack of FMS' available throughout the state, lack of upfront funding for FMS', FMS supplanting and lack of trained independent facilitators.

Solutions:

- DDS should develop training materials for person-centered planners and independent facilitators. However, RCs should not be restricted from developing additional training materials specific to the needs of their constituents. RCs should conduct outreach to potential person-centered planners and conduct trainings for interested persons and entities. RCs should provide opportunities for participants to meet and engage with independent facilitators. This should not be left to the "marketplace." As a marketplace develops, RCs should not limit outreach to "certified" independent facilitators which could limit choice of independent facilitators by participants.
 - Status: Declined. The state budget proposes IFs and FMS' be certified, which is contrary to this recommendation. SCDD recommends the certification come with standard training to become certified.
- DDS should develop a plain-language explanation of the role of the FMS. DDS should provide direct oversight of FMS' and require accountability and should streamline the guest vendorship process for FMS' in order to increase FMS choices for participants. DDS should publish on its website accurate information about FMS' who are available to provide services in each Regional Center. Regional Centers must timely distribute funds to FMS' so as not to delay payment to providers of services and supports, and to meet participants' immediate needs or respond to crises.
 - Status: Partial. Information about available FMS is public, but many problems continue related to delayed payments.
- FMSs should receive money monthly in advance, as was done in the pilot.
 - Status: Denied. Alternatively, the state budget proposes payments to FMS on a semi-monthly basis.
- DDS should require specific guidelines for FMSs on how to create monthly reports so that participants understand them and can make sure they don't overspend their budget.
 - Status: Incomplete
- Regional Centers should inform and educate current, vendored service providers about the SDP, and should recruit non-vendored providers to offer services to SDP participants. LACs should invite providers to attend their committee meetings in order to inform them of opportunities to provide services and supports.
 - Status: Incomplete.
- Continue the flexibility under service code 024 for direct payment of person-centered planners and continue to allow the flexibility for non-vendored planners.
 - Status: Ongoing
- The definition and purpose of a spending plan should be defined clearly in plain language (e.g., spending plans explain how participants will implement their IPP, etc.). It should be communicated clearly that spending plans are not subject to

approval by a RC and that allocation of funds aren't solely used to determine and arrive at the individual budget amount.

- Status: Incomplete.
- One approval process should be created for budget approval and spending approval.
 - Status: Incomplete.

Moving Forward

As SDP moves forward, additional barriers will arise. Consumers, families, FMS, IFs, service coordinators, regional centers, DDS, and advocates will face the same eye toward helping people succeed in SDP. We will fix what can be fixed to remove barriers, and let people enter and thrive in the program as they wish.

Budget

One consideration for the Legislature is SDP's potential to uncover unmet needs in the system and begin to balance out disparities. Most of this will happen through the budget process. When developing the individual budget, the IPP team must determine a person's services and supports based on needs and preferences of the individual. However, the state budget proposes changes, including the IPP team considering the cost effectiveness and DDS reviewing final individual budgets that are at or above a spending threshold. People seeking SDP often seek it because they want something different, and that often is because the current system is not serving their needs. This is going to naturally uncover some level of unmet need. Budgets may also be higher because people who are authorized for services but are not able to utilize those services may seek SDP so they can find non-vendored providers who can provide what they need. At a minimum, when determining the costs of the overall program, authorization must be the measure, rather than utilization. Additionally, budgets may be higher in SDP because there are CMS-allowable services available under SDP that are not available in the traditional system. Until the 2021-22 budget, one example is soc/rec/camp. Also, the pilot showed that budgets may have been higher initially, but returned to neutral or a long-term costs savings. In short, time and complexities will be needed to truly understand the costs of SDP. As long as the IPPs are based on need and the costs are CMS reimbursable, then the SDP is providing people their entitled services.

Self-Determination Spotlight: "Tiny Budget"

My individualized budget was tiny, so I had to be very economical with my spending plan. I played it conservative and basically transferred my traditional services over to my Self-Determination Plan.
- SCDD Statewide Self-Advocate Network Member

Perpetuating Racial/Ethnic Disparities

SDP has the potential to reduce racial and ethnic disparities that are throughout the service delivery system. It can reduce disparities in terms of dollars spent, the diversity of providers, and who sees the system as open and serving to them. Each practice, policy and procedure must be viewed through the lens of equity and disparate impact. For example, the cost-review proposals may have a chilling effect on who receives additional funding for their additional needs. The funding disparities in the traditional system is well documented, so efforts to maintain individual budget parity is likely to have the effect of perpetuating the current racial and ethnic funding disparities. Each policy must be looked at

through this lens by members of impacted communities who can inform through their lived experience.

Informal Community Supports

True to self-driven spirit of SDP, communities of support have popped up throughout the state, as consumers, families, and vendors support each other toward success. Some examples include:

- SCDD SDP Facebook, with 1,400 members
- Independent Facilitators Network, with 240 members
- Disability Voices United “SDP Connect” webinars, with 120-150 participants weekly
- Self-Determination Advocates, a group of 85 self-advocates

Each of these comes up around community and self-driven information sharing. Each of these is independent efforts, and any others, is a sign of a robust, healthy SDP.

Evaluation

While this is an interim report, SCDD is to deliver an evaluation in December 2022. Just as it will take time for budgets to balance out, it will take time for opinion to form on how/if people are satisfied with SDP. Ideally, to have a robust evaluation, there would be 2,500 in the program for at least a year.

Early Adopters vs. Wait-and-See

With every new advancement, there are some who are early adopters and there are some who take a wait-and-see approach. In a DDS poll, 42% of respondents said they wanted to wait until SDP was available to everyone. New program pioneers will forge ahead and pave the way for others who want the option, but when the path seems smoother. Success begets more success, and as people thrive and succeed in the program, the state should expect more people enrolling. Other states’ experience show 10%-15% of their consumers over time opting for self-determination. For California, that could mean 35,000 to 50,000 people.

The vision of this report and future work is that SDP will be ready for them and grow into a robust, dynamic system that serves people who want more freedom, authority, support, flexibility, and responsibility from their services.

*Self-Determination Spotlight: “**Thrives**”*

My daughter thrives under this person-centered individualized program that she created based on her goals for her life now and for the future.

-SCDD Parent Councilmember

Appendix

Appendix I.

Current State Council on Developmental Disabilities Members

Councilmember Name	Representing
Nicole Adler, Self-Advocate	At Large
Sandra Aldana, Self-Advocate	Central Coast Region
Julie Austin, Family-Advocate	San Diego Region
Nancy Bargmann, Director	Department of Developmental Services
Mark Beckley, (Designee)	Department of Aging
Kilolo Brodie, Family-Advocate	North Valley Hills Region
Lee Bycel, Family-Advocate	At Large
Cindy Chiu, (Designee)	Department of Rehabilitation
Jeana Eriksen, Self-Advocate	North Bay Region
Wilbert Francis, (Designee)	Tarjan Center
Julio Garnica, Self-Advocate	San Bernardino Region
Mark Ghaly, Secretary	Health and Human Services Agency
Andy Imparato, Executive Director	Disability Rights California
Matthew Lagrand, Self-Advocate	Sequoia Region
Francis Lau, Family-Advocate	Bay Area Region
Will Lightbourne, Director	Department of Health Care Services
Maria Marquez, Self-Advocate	At Large
Joyce McNair, Family-Advocate	Sacramento Region
Marko Mijic, (Designee)	Health and Human Services Agency
Karen Millender, Family-Advocate	Orange County Region
Jonathan Nelson, Family-Advocate	At-Large
Richard Nelson, (Designee)	Department of Health Care Services
Julie Neward, Family-Advocate	Non-Governmental Agency
David Pegos, Family-Advocate	At Large
Kara Ponton, Self-Advocate	North Coast Region
Dr. Olivia Raynor, Director	UCEDD*, Tarjan Center
Kim Rothschild, Family-Advocate	At Large
Rosanna Ryan, Self-Advocate	North State Region
Dr. Aubyn Stahmer, Director	UCEDD*, M.I.N.D. Institute
Tony Thurmond, Superintendent	Department of Education
Kim McCoy Wade, Acting Director	Department of Aging
Nick Wavrin, (Designee)	Department of Education
Brian Winfield, (Designee)	Department of Developmental Services
Chair Wesley Witherspoon, Self-Advocate	At Large
Joe Xavier, Director	Department of Rehabilitation
Dr. Larry Yin, Director	UCEDD*, USC

**University Centers for Excellence in Developmental Disabilities Education*



A STATEWIDE SELF-DETERMINATION ADVISORY COMMITTEE
REPORT ON THE BARRIERS TO IMPLEMENTING
THE SELF-DETERMINATION PROGRAM

Table of Contents

Introduction	1
Summary of Findings	1
Barrier 1: Delay in Implementation of the SDP	2
Recommendations	2
Barrier 2: Lack of Guidance by DDS to Regional Centers and Consumers	3
Recommendations	3
Barrier 3: Lack of Trainings for Regional Center Staff, Participants & Families	4
Recommendations	4
Barrier 4: Lack of Trainings for, and Development of Person-Centered Planners, Fiscal Management Services, Independent Facilitators & Service Providers.....	5
Recommendations	5
Conclusion: Achievable Outcomes.....	6

REPORT ON BARRIERS TO IMPLEMENTATION OF THE SELF-DETERMINATION PROGRAM AND RECOMMENDATIONS TO OVERCOME THEM

Introduction

On October 7, 2013, a Statewide Self-Determination Program (SDP) was created by Governor Jerry Brown's signature of Senate Bill (SB) 468. It is based on successful multi-year self-determination pilot projects, which gave individuals with developmental disabilities authentic person-centered planning, choice and control over their services and supports, and better outcomes, with potential long-term cost savings. The legislation required California to seek federal funding for the program by the filing of a waiver application by the Department of Developmental Services (DDS), which was developed over a period of several years and submitted in March 2018. The federal government approved the waiver application on June 7, 2018, which initiated a three-year phase-in period in which 2500 interested regional center consumers were randomly selected to participate. The purpose of the phase-in period included the opportunity to implement the SDP prior to its expansion to become available to all regional center consumers on June 7, 2021.

The membership of the Statewide Self-Determination Advisory Committee (SSDAC) consists of the chairs or designees of the 21 regional centers Self-Determination Local Advisory Committees (LAC) and a statewide co-chair appointed by the State Council on Developmental Disabilities. The LACs' legislative mandate is to provide oversight and guidance on the implementation of the SDP. As of August 2020, just over 200 regional center consumers have transitioned into the SDP, of which nearly half are former participants in the 20-year-old self-determination pilot projects. The SSDAC has engaged in an exercise to identify barriers to implementation of the SDP in collaboration with regional center staff and interested/involved members of the developmental disabilities' community, and to make recommendations to overcome them.

Summary of Findings

The SSDAC found that significant barriers to implementation of the SDP fall into the following four broad categories, which are not exhaustive:

1. Delay in implementation of the SDP.
2. Lack of guidance by DDS to regional centers and consumers, resulting in inconsistent implementation of the SDP across the regional center system.
3. Lack of trainings for regional center's staff, participants and families.
4. Lack of trainings for, and development of person-centered planners, fiscal management services, independent facilitators and service providers.

Barrier 1: Delay in Implementation of the SDP

The excitement about an anticipated new and different means of delivery of services and supports to regional center consumers in 2013 has been tempered by a nearly five-year delay in seeking and obtaining approval of its federal waiver application. While DDS should be commended for shepherding the waiver application through a hard and complicated process, this delay has resulted in a loss of momentum for and interest in the SDP by many individuals and families. The inability to timely move the program forward has left many regional center staff, LAC members, and consumers and families with low enthusiasm for the SDP. This has become worse due to COVID-19. The loss of momentum has impacted systemic change in the philosophy, culture, attitude and practice of self-determination. In many instances, potential participants have expressed a lack of understanding of the program, fear of change, discouragement, and a lack of hope. A “paradigm shift” in which people believe that they have substantial freedom of choice and the ability to control their own lives has not yet occurred.

Recommendations

- DDS and regional centers should provide monthly reports to LACs which include the number of SDP participants, the pace of enrollment, orientation, development of person-centered plans and budgets, and transition into the program which are broken down by regional center, race/ethnicity, and the number of previously-interested individuals and families who have disenrolled from the SDP.
- DDS should timely share the results of the survey of those who have disenrolled from the SDP to discover and understand the rationale for disenrollment with LACs and SSDAC. Once received, the SSDAC should analyze the results and make recommendations to increase participation in the SDP.
- DDS should establish a goal for participants to transition to the SDP within six-months from the date of selection.
- DDS should establish benchmarks for implementation of the SDP by regional centers. LACs should monitor progress and attainment of established goals.
- The SSDAC should share models of success and encourage LACs to apply lessons learned to local implementation.

Barrier 2: Lack of Guidance by DDS to Regional Centers and Consumers

A common theme among members of the SSDAC is that regional centers do not have consistent SDP implementation guidelines. DDS has been slow to issue guidance and directives to regional centers and SDP participants. Despite the efforts of DDS, many participants and regional center staff have not understood the mechanics of self-determination. A lack of guidance inevitably leads to DDS having to react to emergent issues on a case-by-case basis, leading to geographic disparities in implementation. Underserved communities face additional obstacles to self-determination, and evidence exists that racial and ethnic disparities are perpetuated by the SDP. Inconsistent processes within the SDP have been developed by regional centers which are accustomed to rules, forms and procedures, and therefore have not adjusted to the new self-determination normal, in which the participants are “in charge.” While flexibility and creativity are hallmarks of self-determination, “bureaucratization” of the SDP has discouraged potential participants, leading to high drop-out rates. DDS has not provided necessary oversight over and required accountability from regional centers, some of which are proactively implementing the SDP and others which are overtly or covertly resisting its implementation. The result is an overall inconsistency of the rollout of the phase-in period.

Recommendations

- DDS should issue clear and consistent guidance and directives to regional centers and Local Advisory Committees, including in the following areas: orientation, person-centered planning, use of generic resources, development of spending plan and budget, and trainings.
- DDS should identify and hire a “champion” within DDS dedicated to coordinating the implementation of the of SDP with regional centers.
- DDS should establish and update FAQs on its website.
- DDS and regional centers should draw on the experience of self-determination pilot projects.
- Regional centers should develop an effective means of facilitating the dissemination of DDS guidance and directives to regional center staff, whether by the establishment of “dedicated” SDP service coordinators, or through cross-training all service coordinators.
- DDS should provide a clear definition of the term, “unmet needs” for systemic application.
- Regional centers should utilize available funding for individuals’ initial person-centered planning process.
- LACs should consult with regional centers on best practices and share them with the SSDAC, which should highlight “beacons,” those regional centers which are performing well.
- DDS should monitor implementation of the SDP by regional centers for underserved participants and those with prior unmet needs in order to avoid racial and ethnic disparities.
- DDS should prioritize systemic oversight and require strict accountability of regional centers.
- The goal of DDS and regional centers should be to establish continuity across all SDP systems.

Barrier 3: Lack of Trainings for Regional Center Staff, Participants & Families

DDS undertook an effort to introduce the principles of self-determination and the processes of the SDP in the Fall of 2018 by promoting and conducting six separate all-day orientation/training sessions throughout the State, in which regional center staff participated. While the trainings were not exhaustive, they were well-received by those who attended. However, there has been no mandate that regional center staff attend an orientation, the result of which is that many service coordinators know very little about the SDP, even though they occupy a front-line position in implementation. In some instances, service coordinators did not have an understanding that SDP participants could select an independent facilitator of their own choosing to conduct person-centered planning. Regional center staff have had difficulty understanding the budget process. Some service coordinators have stated that the SDP is only for those who have uncomplicated requirements; while others view the SDP as applicable only to those who have complicated plans and large budgets. There is no systemic consistency in the presentation of the SDP opportunity to consumers and families.

Similarly, DDS has encouraged regional centers to develop their own orientations and trainings for prospective participants. While it is a good goal to tailor the SDP to the specific constituencies within each regional center, this has led to a variety of orientation and training approaches and materials. Confusion and misunderstandings have arisen, due in some instances to a lack of plain-language, uncomplicated trainings for consumers and families. There has been inconsistency among regional centers in post-orientation follow-up of participants. This has resulted in unacceptable drop-out rates by those who had previously expressed interest in the SDP.

Recommendations

- DDS should develop mandatory, consistent training regimens for regional center staff, and should provide timelines for and oversight of trainings and require accountability from regional centers. Trainings should include participation by LAC members. Trainings should include a focus on the spending plan and budget processes in order to avoid confusion and inconsistent communication with participants and families.
- DDS should develop required information meetings and orientations in short, plain-language format, in English and Spanish languages. Explanations of the roles of financial management service and independent facilitator should be simple and presented in plain-language format. The SSDAC should provide feedback to LACs and regional centers on best practices and training models. Orientations should include LAC members as active participants.
- Regional centers should conduct trainings and orientations at multiple times and places, including virtual presentations, in English and Spanish. Use of technology when available, combined with individual family and small-group meetings, should be initiated in order to reach all potential participants. LAC members should not only participate in orientations and trainings but should lead them. The focus of all trainings should be on purpose vs. process, including an emphasis on “who is in charge” and encouragement of individuality and creativity in the development of person-centered plans.
- Regional centers should be required to follow up with all consumers and families who have participated in orientations. LACs should invite all SDP participants to committee meetings.

Barrier 4: Lack of Trainings for, and Development of Person-Centered Planners, Fiscal Management Services, Independent Facilitators and Service Providers

The success of the SDP is dependent upon participants' ability to locate providers who they can trust. The hallmark of the self-determination pilots was the development of networks of providers who worked seamlessly to assist participants in the development of person-centered plans, creation of budgets, management of funds, location of available services and supports, and coordination with regional center staff. Barriers have emerged during the rollout period due to participants' inability to find trained independent facilitators, a slow vendorship process for FMS', and a lack of traditional service providers who have an understanding of the opportunity to provide services and supports outside of the traditional, vendored system. There is some evidence that some vendored FMS' have elected to not participate in the SDP statewide, or have restricted the intake of participants depending upon the complexity of plans.

There are no training materials or outreach to persons interested in becoming person-centered planners and independent facilitators, resulting in inconsistencies in the development of plans. It is anticipated that as the number of participants increases, an independent facilitator "profession" will develop. However, that has not yet occurred, resulting in excessive reliance by participants on regional centers service coordinators to develop person-centered plans and budgets. The sole required vendors in the SDP are FMS'. The requirements for statewide vendorization of FMS organizations are burdensome, thereby limiting the number and variety of FMS' available to participants. In some instances, FMS' have experienced delays in timely receipt of funds from regional centers in order to pay for services and supports. Service providers who provide services and support in the traditional delivery system are unfamiliar with and lack knowledge of the SDP. This impacts the creativity and individuality of person-centered plans.

Recommendations

- DDS should develop training materials for person-centered planners and independent facilitators. However, regional centers should not be restricted from developing additional training materials specific to the needs of their constituents. Regional centers should conduct outreach to potential person-centered planners and conduct trainings for interested persons and entities. Regional centers should provide opportunities for participants to meet and engage with independent facilitators. This should not be left to the "marketplace." As a marketplace develops, regional centers should not limit outreach to "certified" independent facilitators which could limit choice of independent facilitators by participants.
- DDS should develop a plain-language explanation of the role of the FMS. DDS should provide direct oversight of FMS' and require accountability, and should streamline the guest vendorship process for FMS' in order to increase FMS choices for participants. DDS should publish on its website accurate information about FMS' who are available to provide services in each regional center. Regional centers must timely distribute funds to FMS' so as not to delay payment to providers of services and supports, and to meet participants' immediate needs or respond to crises.
- Regional centers should inform and educate current, vendored service providers about the SDP, and should recruit non-vendored providers to offer services to SDP

participants. LACs should invite providers to attend their committee meetings in order to inform them of opportunities to provide services and supports.

Conclusion: Achievable Outcomes

The foundation of the SDP is based on the principles of freedom, authority, support, responsibility and confirmation. Self-determination is not new. The program comes from California's successful, 20-year pilot projects. The opportunity to provide individuals with authentic and meaningful choice and control over their services and supports, and therefore their lives, will produce better outcomes and likely long-term cost savings. The SDP is in its infancy.

The purpose of the three-year phase-in period is to test processes, learn from common errors, and identify best practices and apply them systemically as the SDP goes statewide in 2021. DDS, regional centers, SSDAC, LACs, advocates, participants and families all have a role to play in the success of the program. The identification of barriers to implementation should not be construed as an indictment of self-determination or as a failure of the SDP. Instead, after a rigorous analysis of barriers, the recommendations contained in this report are intended to overcome barriers in order to achieve the objectives of the SDP. The SSDAC has concluded that in part, the small size of the SDP participants selected during the phase-in period is in itself, a barrier. It is widely expected to be overcome beginning in 2021 as the program becomes available to all regional center consumers and families who are interested in the SDP, which is a positive step forward to self-determination.

This is not complicated. The SDP structure and systems are in place. The SSDAC and its LAC members are committed to collaborating with DDS, State Council on Developmental Disabilities and regional centers to overcome the barriers to implementation in advance of June 2021 and thereafter. It is only with such collaboration; will the program achieve the results which were intended by the passage and signing of SB 468 in 2013.

Appendix III

Self-Determination Program - Regional Center Report Summary

Summary of Data for Continuing Participants

Updated from November 2020 Reports**

		Regional Center Self-Reporting										DDS Informational System		
SDP Spaces at Each RC	Total Selected	Total Withdrawals (2018 to Date)	Continuing Participants	Number of Continuing Participants Who Completed an Orientation**	Percentage of Continuing Participants Who Completed an Orientation ***	Number of Continuing Participants Who Have an Individual Budget Certified**	Percentage of Continuing Participants Who Have an Individual Budget Certified ***	Number of Continuing Participants Who Have a Spending Plan Completed**	Percentage of Continuing Participants Who Have a Spending Plan Completed ***	Number of Continuing Participants Who Have Obtained an FMS **	Percentage of Continuing Participants Who Have Obtained an FMS ***	Number of Participants Who Have Begun Services Through SDP (Pilot Participants)		
ACRC	179	267	154	113	83	73%	*	*	*	*	*	*		
CVRC	140	185	62	123	113	92%	65	53%	25	20%	26	21%	23	
ELARC	110	146	53	93	87	94%	30	32%	26	28%	32	34%	28 (18)	
FDLRC	73	90	39	51	48	94%	18	35%	17	33%	16	31%	14	
FNRC	60	85	34	51	41	80%	35	69%	25	49%	24	47%	25	
GGRC	68	89	26	63	52	83%	11	17%	*	*	*	*	*	
HRC	99	128	37	91	87	96%	26	29%	14	15%	14	15%	14	
IRC	256	317	46	271	178	66%	14	5%	12	4%	*	*	12	
KRC	95	133	58	75	74	99%	36	48%	38	51%	39	52%	37 (28)	
NBRC	66	88	18	70	52	74%	*	*	*	*	*	*	*	
NLACRC	183	231	69	162	147	91%	16	10%	15	9%	*	*	15	
RCEB	154	192	62	130	119	92%	21	16%	17	13%	17	13%	22	
RCOC	151	204	57	147	136	93%	54	37%	16	11%	15	10%	15	
RCRC	55	65	12	53	52	98%	38	72%	35	66%	35	66%	35 (22)	
SARC	125	158	55	103	92	89%	33	32%	27	26%	26	25%	24	
SCLARC	110	139	45	94	92	98%	*	*	*	*	*	*	*	
SDRC	207	271	68	203	155	76%	54	27%	40	20%	37	18%	37 (*)	
SGPRC	95	146	79	67	55	82%	16	24%	11	16%	13	19%	11	
TCRC	110	177	123	54	51	94%	18	33%	14	26%	*	*	*(*)	
VMRC	100	132	32	100	74	74%	50	50%	33	33%	33	33%	33	
WRC	64	83	14	69	65	94%	34	49%	14	20%	14	20%	13	
Statewide Totals	2500	3326	1143	2183	1853	85%	591	27%	399	18%	384	18%	388	72 Pilot Participants

Notes: *In accordance with DDS Data De-Identification Guidelines, counts between one and ten have been suppressed.
**Participants may engage in multiple activities related to program implementation simultaneously; numbers may be duplicative in each category and do not include participants in the process of completing a milestone.
***For the columns that express percentages, the percentage is out of the number of continuing participants.

Self-Determination Program - Regional Center Report Summary

Summary of Data for Continuing Participants

Updated from December 2020 Reports**

				Regional Center Self-Reporting									DDS Informational System	
SDP Spaces at Each RC	Total Selected	Total Withdrawals (2018 to Date)	Continuing Participants	Number of Continuing Participants Who Completed an Orientation**	Percentage of Continuing Participants Who Completed an Orientation ***	Number of Continuing Participants Who Have an Individual Budget Certified**	Percentage of Continuing Participants Who Have an Individual Budget Certified ***	Number of Continuing Participants Who Have a Spending Plan Completed**	Percentage of Continuing Participants Who Have a Spending Plan Completed ***	Number of Continuing Participants Who Have Obtained an FMS **	Percentage of Continuing Participants Who Have Obtained an FMS ***	Number of Participants Receiving Services Through SDP (# from the Pilot)		
ACRC	179	268	162	106	81	76%	*	*	*	*	*	*		
CVRC	140	185	72	113	103	91%	69	61%	31	27%	31	27%	29	
ELARC	110	146	53	93	87	94%	30	32%	26	28%	32	34%	33 (18)	
FDLRC	73	90	39	51	48	94%	20	39%	19	37%	18	35%	19	
FNRC	60	85	35	50	41	82%	35	70%	27	54%	23	46%	28	
GGRC	68	89	25	64	53	83%	11	17%	*	*	*	*	*	
HRC	99	128	37	91	88	97%	26	29%	17	19%	16	18%	16	
IRC	256	317	48	269	176	65%	17	6%	14	5%	15	6%	15	
KRC	95	133	58	75	74	99%	39	52%	39	52%	41	55%	39 (28)	
NBRC	66	88	20	68	51	75%	*	*	*	*	*	*	*	
NLACRC	183	231	72	159	145	91%	26	16%	25	16%	25	16%	25	
RCEB	154	191	63	128	118	92%	31	24%	25	20%	25	20%	26	
RCOC	151	204	57	147	137	93%	56	38%	18	12%	15	10%	16	
RCRC	55	65	12	53	52	98%	38	72%	35	66%	35	66%	35 (22)	
SARC	125	158	56	102	91	89%	34	33%	26	25%	25	25%	27	
SCLARC	110	139	47	92	90	98%	*	*	*	*	*	*	*	
SDRC	207	271	69	202	155	77%	56	28%	41	20%	39	19%	40 (*)	
SGPRC	95	146	79	67	55	82%	17	25%	14	21%	15	22%	14	
TCRC	110	177	122	55	52	95%	18	33%	14	25%	*	*	* (*)	
VMRC	100	132	32	100	75	75%	53	53%	34	34%	34	34%	35	
WRC	64	83	14	69	65	94%	34	49%	18	26%	20	29%	17	
Statewide Totals	2500	3326	1172	2154	1837	85%	610	28%	423	20%	409	19%	447	72 Pilot Participants

Notes: *In accordance with DDS Data De-Identification Guidelines, counts between one and ten have been suppressed.

**Participants may engage in multiple activities related to program implementation simultaneously; numbers may be duplicative in each category and do not include participants in the process of completing a milestone.

***For the columns that express percentages, the percentage is out of the number of continuing participants.

Self-Determination Program - Regional Center Report Summary

Summary of Data for Continuing Participants

Updated from January 2021 Reports**

				Regional Center Self-Reporting									DDS Informational System	
SDP Spaces at Each RC	Total Selected	Total Withdrawals (2018 to Date)	Continuing Participants	Number of Continuing Participants Who Completed an Orientation**	Percentage of Continuing Participants Who Completed an Orientation ***	Number of Continuing Participants Who Have an Individual Budget Certified**	Percentage of Continuing Participants Who Have an Individual Budget Certified ***	Number of Continuing Participants Who Have a Spending Plan Completed**	Percentage of Continuing Participants Who Have a Spending Plan Completed ***	Number of Continuing Participants Who Have Obtained an FMS **	Percentage of Continuing Participants Who Have Obtained an FMS ***	Number of Participants Receiving Services Through SDP Through SDP Through SDP (# from the Pilot)		
ACRC	179	268	162	106	81	76%	*	*	*	*	*	*		
CVRC	140	185	72	113	103	91%	70	62%	33	29%	33	29%	31	
ELARC	110	146	54	92	88	96%	39	42%	35	38%	35	38%	34 (18)	
FDLRC	73	90	39	51	48	94%	21	41%	20	39%	19	37%	20	
FNRC	60	85	35	50	41	82%	37	74%	29	58%	27	54%	28	
GGRC	68	89	25	64	53	83%	13	20%	*	*	*	*	*	
HRC	99	128	37	91	88	97%	28	31%	20	22%	18	20%	19	
IRC	256	317	51	266	176	66%	19	7%	14	5%	15	6%	16	
KRC	95	133	58	75	74	99%	42	56%	42	56%	43	57%	40 (28)	
NBRC	66	88	20	68	51	75%	*	*	*	*	*	*	*	
NLACRC	183	232	74	158	144	91%	36	23%	34	22%	26	16%	34	
RCEB	154	191	62	129	120	93%	35	27%	29	22%	28	22%	26	
RCOC	151	204	57	147	137	93%	57	39%	20	14%	18	12%	18	
RCRC	55	65	16	49	48	98%	37	76%	35	71%	35	71%	36 (22)	
SARC	125	158	56	102	91	89%	35	34%	27	26%	27	26%	27	
SCLARC	110	139	49	90	88	98%	12	13%	*	*	*	*	*	
SDRC	207	271	69	202	155	77%	57	28%	44	22%	44	22%	43 (3)	
SGPRC	95	146	79	67	55	82%	21	31%	15	22%	15	22%	14	
TCRC	110	177	123	54	52	96%	18	33%	14	26%	*	*	* (*)	
VMRC	100	132	32	100	75	75%	53	53%	35	35%	35	35%	35	
WRC	64	83	14	69	65	94%	34	49%	18	26%	20	29%	17	
Statewide Totals	2500	3327	1184	2143	1833	86%	664	31%	464	22%	438	20%	473	73 Pilot Participants

73 Pilot
Participants

Notes: *In accordance with DDS Data De-Identification Guidelines, counts between one and ten have been suppressed.

**Participants may engage in multiple activities related to program implementation simultaneously; numbers may be duplicative in each category and do not include participants in the process of completing a milestone.

***For the columns that express percentages, the percentage is out of the number of continuing participants.

Self-Determination Program - Regional Center Report Summary

Summary of Data for Continuing Participants

Updated from February 2021 Reports**

			Regional Center Self-Reporting										DDS Informational System
SDP Spaces at Each RC	Total Selected	Total Withdrawals (2018 to Date)	Continuing Participants	Number of Continuing Participants Who Completed an Orientation**	Percentage of Continuing Participants Who Completed an Orientation ***	Number of Continuing Participants Who Have an Individual Budget Certified**	Percentage of Continuing Participants Who Have an Individual Budget Certified ***	Number of Continuing Participants Who Have a Spending Plan Completed**	Percentage of Continuing Participants Who Have a Spending Plan Completed ***	Number of Continuing Participants Who Have Obtained an FMS **	Percentage of Continuing Participants Who Have Obtained an FMS ***	Number of Participants Receiving Services Through SDP	

Notes: *In accordance with DDS Data De-Identification Guidelines, counts between one and ten have been suppressed.

**Participants may engage in multiple activities related to program implementation simultaneously; numbers may be duplicative in each category and do not include participants in the process of completing a milestone.

***For the columns that express percentages, the percentage is out of the number of continuing participants.

Self-Determination Program - Regional Center Report Summary

Summary of Data for Continuing Participants

Updated from March 2021 Reports**

SDP Spaces at Each RC	Total Selected	Total Withdrawals (2018 to Date)	Continuing Participants	Number of Continuing Participants Who Completed an Orientation**	Percentage of Continuing Participants Who Completed an Orientation ***	Number of Continuing Participants Who Have an Individual Budget Certified**	Percentage of Continuing Participants Who Have an Individual Budget Certified ***	Number of Continuing Participants Who Have a Spending Plan Completed**	Percentage of Continuing Participants Who Have a Spending Plan Completed ***	Number of Continuing Participants Who Have Obtained an FMS **	Percentage of Continuing Participants Who Have Obtained an FMS ***	Number of Participants Receiving Services Through SDP (# from the Pilot)		
ACRC	179	268	162	106	81	76%	*	*	*	*	*	*		
CVRC	140	185	72	113	103	91%	70	62%	36	32%	36	32%	40	
ELARC	110	145	56	89	85	96%	41	46%	37	42%	37	42%	36 (18)	
FDLRC	73	90	39	51	48	94%	22	43%	21	41%	21	41%	22	
FNRC	60	85	37	48	40	83%	38	79%	33	69%	33	69%	32	
GGRC	68	89	28	61	51	84%	15	25%	*	*	*	*	*	
HRC	99	128	38	90	87	97%	26	29%	21	23%	20	22%	19	
IRC	256	319	55	264	190	72%	20	8%	20	8%	20	8%	17	
KRC	95	133	59	74	74	100%	43	58%	43	58%	45	61%	44 (28)	
NBRC	66	88	20	68	51	75%	12	18%	*	*	12	18%	*	
NLACRC	183	232	78	154	143	93%	41	27%	36	23%	37	24%	36	
RCEB	154	191	61	130	120	92%	37	28%	32	25%	31	24%	27	
RCOC	151	204	57	147	137	93%	59	40%	22	15%	21	14%	22	
RCRC	55	65	16	49	48	98%	36	73%	35	71%	35	71%	36 (22)	
SARC	125	158	59	99	88	89%	35	35%	26	26%	26	26%	28	
SCLARC	110	138	51	87	85	98%	17	20%	*	*	*	*	*	
SDRC	207	271	70	201	153	76%	61	30%	46	23%	46	23%	46 (*)	
SGPRC	95	147	80	67	55	82%	23	34%	16	24%	16	24%	18	
TCRC	110	176	123	53	51	96%	17	32%	14	26%	14	26%	* (*)	
VMRC	100	132	37	95	76	80%	51	54%	36	38%	36	38%	39	
WRC	64	84	14	70	65	93%	40	57%	21	30%	22	31%	19	
Statewide Totals	2500	3328	1212	2116	1831	87%	704	33%	495	23%	508	24%	524	73 Pilot Participants

Notes: *In accordance with DDS Data De-Identification Guidelines, counts between one and ten have been suppressed.

**Participants may engage in multiple activities related to program implementation simultaneously; numbers may be duplicative in each category and do not include participants in the process of completing a milestone.

***For the columns that express percentages, the percentage is out of the number of continuing participants.

Self-Determination Program - Regional Center Report Summary

Summary of Data for Continuing Participants

Updated from April 2021 Reports**

				Regional Center Self-Reporting									DDS Informational System	
SDP Spaces at Each RC	Total Selected	Total Withdrawals (2018 to Date)	Continuing Participants	Number of Continuing Participants Who Completed an Orientation**	Percentage of Continuing Participants Who Completed an Orientation ***	Number of Continuing Participants Who Have an Individual Budget Certified**	Percentage of Continuing Participants Who Have an Individual Budget Certified ***	Number of Continuing Participants Who Have a Spending Plan Completed**	Percentage of Continuing Participants Who Have a Spending Plan Completed ***	Number of Continuing Participants Who Have Obtained an FMS **	Percentage of Continuing Participants Who Have Obtained an FMS ***	Number of Participants Receiving Services Through SDP (# from the Pilot)		
ACRC	179	268	162	106	81	76%	*	*	*	*	*	*		
CVRC	140	185	72	113	103	91%	70	62%	37	33%	37	44		
ELARC	110	144	54	90	86	96%	41	46%	35	39%	35	37 (19)		
FDLRC	73	90	39	51	48	94%	24	47%	20	39%	19	22		
FNRC	60	85	38	47	38	81%	46	98%	33	70%	34	33		
GGRC	68	89	25	64	53	83%	15	23%	*	*	*	*		
HRC	99	128	38	90	87	97%	27	30%	21	23%	20	21		
IRC	256	319	62	257	179	70%	20	8%	17	7%	17	18		
KRC	95	133	60	73	73	100%	46	63%	45	62%	46	44 (28)		
NBRC	66	88	20	68	51	75%	10	15%	*	*	*	*		
NLACRC	183	232	80	152	143	94%	48	32%	43	28%	43	43		
RCEB	154	191	62	129	120	93%	37	29%	32	25%	33	30		
RCOC	151	204	59	145	136	94%	59	41%	24	17%	22	22		
RCRC	55	65	17	48	47	98%	39	81%	36	75%	35	36 (22)		
SARC	125	158	58	100	89	89%	36	36%	30	30%	26	30		
SCLARC	110	138	53	85	83	98%	22	26%	14	16%	12	14		
SDRC	207	271	69	202	155	77%	59	29%	47	23%	46	46 (*)		
SGPRC	95	148	81	67	55	82%	20	30%	16	24%	17	19		
TCRC	110	176	123	53	51	96%	18	34%	14	26%	14	10 (*)		
VMRC	100	132	42	90	76	84%	52	58%	39	43%	39	40		
WRC	64	84	14	70	68	97%	41	59%	23	33%	23	22		
Statewide Totals	2500	3328	1228	2100	1822	87%	730	35%	526	25%	518	25%	556	75 Pilot Participants

Notes: *In accordance with DDS Data De-Identification Guidelines, counts between one and ten have been suppressed.

**Participants may engage in multiple activities related to program implementation simultaneously; numbers may be duplicative in each category and do not include participants in the process of completing a milestone.

***For the columns that express percentages, the percentage is out of the number of continuing participants.

Self-Determination Program - Regional Center Report Summary

Summary of Data for Continuing Participants

Updated from May 2021 Reports*

				Regional Center Self-Reporting									DDS Informational System
SDP Spaces at Each RC	Total Selected	Total Withdrawals (2018 to Date)	Continuing Participants	Number of Continuing Participants Who Completed an Orientation**	Percentage of Continuing Participants Who Completed an Orientation ***	Number of Continuing Participants Who Have an Individual Budget Certified**	Percentage of Continuing Participants Who Have an Individual Budget Certified ***	Number of Continuing Participants Who Have a Spending Plan Completed**	Percentage of Continuing Participants Who Have a Spending Plan Completed ***	Number of Continuing Participants Who Have Obtained an FMS **	Percentage of Continuing Participants Who Have Obtained an FMS ***	Number of Participants Receiving Services Through SDP (# from the Pilot)	
ACRC	179	268	163	105	80	76%	*	*	*	*	*	*	
CVRC	140	185	74	111	102	92%	71	64%	40	36%	40	36%	49
ELARC	110	144	55	89	85	96%	40	45%	36	40%	38	43%	38 (19)
FDLRC	73	90	41	49	46	94%	25	51%	21	43%	20	41%	23
FNRC	60	85	39	46	38	83%	45	98%	35	76%	35	76%	34
GGRC	68	89	26	63	53	84%	15	24%	*	*	*	*	*
HRC	99	128	38	90	87	97%	28	31%	21	23%	21	23%	21
IRC	256	320	62	258	180	70%	28	11%	25	10%	26	10%	23
KRC	95	132	60	72	72	100%	50	69%	47	65%	47	65%	43 (28)
NBRC	66	88	20	68	51	75%	*	*	*	*	*	*	*
NLACRC	183	232	79	153	144	94%	51	33%	44	29%	49	32%	44
RCEB	154	191	62	129	120	93%	40	31%	34	26%	36	28%	35
RCOC	151	204	61	143	134	94%	62	43%	27	19%	24	17%	24
RCRC	55	65	17	48	47	98%	39	81%	36	75%	36	75%	36 (22)
SARC	125	159	58	101	89	88%	37	37%	30	30%	30	30%	30
SCLARC	110	138	51	87	84	97%	26	30%	16	18%	15	17%	16
SDRC	207	271	68	203	156	77%	61	30%	51	25%	50	25%	50 (*)
SGPRC	95	148	81	67	57	85%	27	40%	21	31%	21	31%	20
TCRC	110	176	122	54	52	96%	17	31%	16	30%	14	26%	12 (*)
VMRC	100	132	44	88	76	86%	53	60%	40	45%	40	45%	41
WRC	64	84	14	70	68	97%	41	59%	24	34%	24	34%	23
Statewide Totals	2500	3329	1235	2094	1821	87%	756	36%	564	27%	566	27%	588
													75 Pilot Participants

Notes: *In accordance with DDS Data De-Identification Guidelines, counts between one and ten have been suppressed.

**Participants may engage in multiple activities related to program implementation simultaneously; numbers may be duplicative in each category and do not include participants in the process of completing a milestone.

***For the columns that express percentages, the percentage is out of the number of continuing participants.