

SSDAC RECOMMENDATIONS – ONGOING TRACKING

Issue/Concern/Recommendation from SSDAC		Action/Status
1.	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.	Complete, DDS reports data monthly (SCDD Report to legislature)
2.	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.	
3.	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.	
4.	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.	
5.	DDS should identify and hire a “champion” within DDS dedicated to coordinating the implementation of the of SDP with regional centers.	
6.	DDS should establish and update FAQs on its website.	Complete
7.	DDS and regional centers should draw on the experience of self-determination pilot projects.	
8.	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.	
9.	DDS should provide a clear definition of the term, “unmet needs” for systemic application.	
10.	Regional centers should utilize available funding for individuals’ initial person-centered planning process.	
11.	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.	

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12.	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.	
13.	DDS should prioritize systemic oversight and require strict accountability of regional centers.	
14.	The goal of DDS and regional centers should be to establish continuity across all SDP systems.	
15.	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.	
16.	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. Orientations should include LAC members as active participants.	Complete
17.	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. 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.	
18.	Regional centers should be required to follow up with all consumers and families who have participated in orientations.	
19.	LACs should invite all SDP participants to committee meetings.	
20.	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.	
21.	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.	

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22.	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.	
23.	DDS should publish on its website accurate information about FMS’ who are available to provide services in each regional center.	Complete
24.	DDS should develop a plain-language explanation of the role of the FMS	
25.	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.	
26.	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.	
27.	LACs should invite providers to attend their committee meetings in order to inform them of opportunities to provide services and supports.	