

SAN GABRIEL/POMONA **REGIONAL CENTER**

NOTICE OF TRAINING

Notice is hereby given that the Board of Directors of the San Gabriel/Pomona Valleys Developmental Services, Inc. will hold their monthly Board meeting on the following date and at the listed location:

DATE: Wednesday, February 24, 2020

TIME: 7:15 p.m.

**PLACE: San Gabriel/Pomona Regional Center
75 Rancho Camino Drive
Pomona, CA 91766**

**THE TRAINING SESSION
IS OPEN TO THE PUBLIC VIA
VIDEOCONFERENCE.**

**Join Zoom Meeting:
Meeting ID: 234 566 141
Password: 916227**

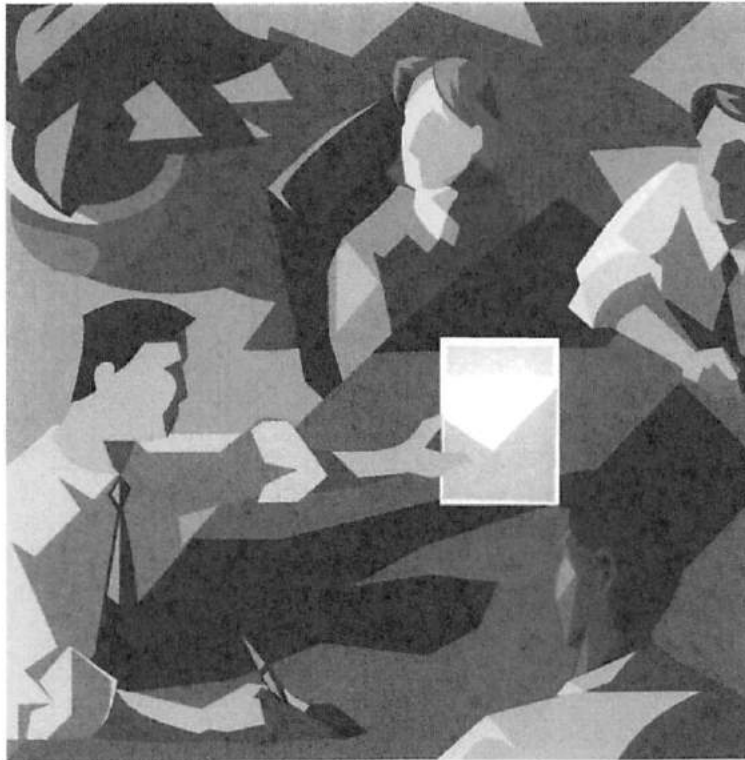
The upcoming meeting will be convened via videoconference.

75 Rancho Camino Drive, Pomona, CA 91766
(909) 620-7722

Program of San Gabriel/Pomona Valleys Developmental Services, Inc.

SAN GABRIEL/POMONA
REGIONAL CENTER

Committee Reports & Information



January – February 2021

SAN GABRIEL/POMONA
 REGIONAL CENTER
 75 Rancho Camino Drive
 Pomona, CA 91766

MEETING AGENDA
BOARD OF DIRECTORS MEETING
 (Meets 4th Wednesday of each Month)

Wednesday, February 24, 2021 at 7:15 p.m.
 Videoconference Meeting

BOARD OF DIRECTORS

Gisele Ragusa, Board President	Sheila James 1st Vice President
Julie Chetney, 2nd Vice President	Shannon Hines, Secretary
Mary Soldato, Treasurer	David Bernstein, VAC Chairperson
Georgina Molina	Preeti Subramaniam
Daniel Rodriguez	John Randall
Natalie Webber	Penne Fode
Sherry Meng	Julie Lopez

		ACTION	MATERIAL	COLOR
7:15 - 7:25	CALL TO ORDER (Gisele Ragusa, President)	None	None	None
	• Roll Call	Quorum	None	None
	• Review Agenda	Info	Attached	White
7:25 – 7:30	GENERAL PUBLIC INPUT	Info	None	None
7:30 – 7:50	Special Presentation: Annual Purchase of Services (POS) Expenditure Data by Carol Tomblin, Director of Compliance	Info	None	None
7:50 – 8:30	Board Training Understanding Roles and Services of Vendors - Panel of Lucina Galarza, Director of Community Services & Providers: David Bernstein – Residential Care Howard Chudler – ABA Victor Lira – Repite Rosalind Ford – Work/Day Programs Nancy Bunker – ILS/SLS Dr. Garry Van Zee – Infant Programs	Info	None	None

ADJOURNMENT OF THE BOARD OF DIRECTORS MEETING

8:30	EXECUTIVE SESSION - None	Info	None	None
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**SAN GABRIEL/POMONA REGIONAL CENTER
DEVELOPMENTAL SERVICES, INC.
BOARD OF DIRECTORS
DRAFT Minutes of the Meeting of the Board of Directors
(A California Corporation)**

January 27, 2021

ATTENDANCE

The following members of the Board of Director's were present at said meeting:

PRESENT:

Gisele Ragusa
Sheila James
Julie Chetney
David Bernstein
Preeti Subramaniam
Shannon Hines
Natalie Webber
Georgina Molina
Penne Fode
Julie Lopez
Mary Soldato
David Bernstein

STAFF:

Anthony Hill, Executive Director
Lucina Galarza, Director of Community Services
Joe Alvarez, Associate Director of Clinical Services
Daniela Santana, Director of Client Services
Roy Doronila, Chief Financial Officer
Tricia Vannucci, Associate Director, Adult & Residential Services
Willanette Satchell, Exec. Assistant in Management
Erika Gomez, Exec. Assistant BOD

GUESTS:

Jacqueline Gaytan, DDS
Bruce Cruikshank
Sofia Cervantes, SCDD

ABSENT:

John Randall (LOA)
Daniel Rodriguez
Sherry Meng

A. CALL TO ORDER:

Gisele Ragusa, Board President, called the meeting to order at 7:20 p.m. Roll call was taken, and a quorum was established.

- The minutes for the December 9, 2020 meeting were reviewed and approved by the Board.

M/S/C (James & Hines) The Board approved the minutes.

Abstain: Soldato & Bernstein

B. PUBLIC INPUT:

None

C. SPECIAL DISCUSSION:

Supports for Aging Parents by Perla Zuniga, Manager Adult Services III shared on the following information:

- Aging Families
 - Service Coordination
 - Person Centered Process
 - Working collaboratively and in partnership to coordinate supports
- Service Coordination
 - Familiarity with generic resources
 - Familiarity with RC services and supports
 - Diverse caseloads
- Person Centered Processes
 - Mapping out the family supports
 - Who is part of the circle of supports?
 - How do these individuals provide supports?
- Relationship Map
- Coordinating supports: community resources/RC funded
- Community/Generic Resources
 - IHSS
 - SCIL
 - Convalescent Aid Society
 - Local community centers
 - Grocery store deliveries
- Planning team maximizing supports
 - Coordination of services and supports
 - Reviewing schedules ad frequency
 - Implementing and addressing emergency preparedness needs
- Resources

D. EXECUTIVE/FINANCE COMMITTEE

Roy Doronila, Chief Financial Officer, reported on the following:

SG/PRC received approval of CARES Act grant in the amount of \$538,241. These funds will offset the projected operations expenses, therefore significantly reducing

- Participate in SG/PRC's Onboarding sessions to encourage SCs to refer individuals served and families to consider joining the Board.
- Board members should also join in on the weekly VAC meeting to encourage vendors to refer individuals served and families to consider joining the Board.

I. BOARD OVERVIEW

Dr. Gisele Ragusa shared the following information:

- ARCA – ARCA sent out various directives. Web based trainings are available to the Board. Trainings will be every other month .
- Mr. Hill shared that ARCA is pleased with the new budget.

J. EXECUTIVE DIRECTOR'S REPORT:

Anthony Hill, Executive Director, discussed SG/PRC's continuous response to Covid-19:

- Workforce is currently at 90% working remotely.
- Established a sophisticated temperature and mask test when entering the building for those working on-site and for the public.
- Intake and Early Start assessments are operating fully with an average of 40 cases a week
- SG/PRC reached an MOU partnership with Valencia Laboratories so that SG/PRC can be a testing site.
- Mr. Hill and staff are putting their efforts into having SG/PRC become a vaccination site.
- There was a discussion about the individuals that staff are advocating for to be prioritized for the vaccine such as those in ILS and SLS programs.
- Directors continue to meet every morning to assess the latest COVID-19 information.
- SG/PRC continues to host weekly COVID-19 Vendor Advisory Committee Meetings (on Mondays) and weekly Community Meetings (on Tuesdays).
- Joe Alvarez provided individual stats on COVID-19; spoke about the spikes, presented information on the DDS report to the Board.

- Lucina Galarza reported on hot spots and updated strategies with respect to the registries.

EXECUTIVE SESSION

None

Next meeting on Wednesday, February 24, 2021 at 7:15 p.m.

BOARD MINUTES FROM THE JANUARY 27, 2020 MEETING

Submitted by:

Gisele Ragusa, Board President

Date

the overall budget deficit.

Financial Report

Operations

- In regional center operations, and based on the B-1 contract amendment, the allocation is projected to not meet expenditure projections, pending receipt of B-2. The operations allocation for fiscal year 2020-21 is currently at \$31,674,844 with projected expenditures of \$31,444,842. The current month's expenditure amounted to \$2,261,844 and our year-to-date expenditures is \$12,459,132, with projected remaining expenditures of \$19,265,547. This reflects a surplus of \$230,002 in regular operations.
- The Family Resource Center allocation is projected to meet expenditure projections, resulting in a zero balance remaining in allocation. The current allocation is \$154,564 with projected expenditures of \$154,564.
- The Lanterman Foster Grandparent/Senior Companion program has a current allocation in the amount of \$1,209,748, staff expect to spend the full amount. The Fairview program's is included in this amount.
- The Community Placement Plan (CPP) and DC ongoing Workload operations allocation is currently allocated at \$889,472. Expenditures for the year are projected to be \$1,404,309 resulting in a deficit of \$514,837 which we expect to be funded in future allocations.

Purchase of Service

The Purchase of Service Projections were based on the B-1 contract amendment and actual expenditures through December 17, 2020 claim. The B-1 POS allocation is at \$271,307,068. The current month's claim amounted to \$22,929,974 bringing the year-to-date expenditures for services to \$103,024,029. Projected expenditures and late bills remaining are in the amount of \$279,403,357 leaving a deficit of \$7,996,289. Staff expect to be funded in full in future allocations. POS expenses directly related to COVID19 are included in these projections under the other items section.

- CPP POS is in a separate line item and projected to be within the allocated amount.

Independent Audit

Mr. Doronila led a brief overview of the Independent Audit results. The Executive Finance Committee reviewed the audit extensively. The report was a clean.

M/S/C (Soldato & Subramaniam) The Board approved the Independent Audit Report.

Contracts Review - Presented by Lucina Galarza, Director of Community Services

- *Quick Transport*

The Board reviewed the contracts based on their policy for contracts over \$250,000.

M/S/C (Hines & Soldato) The Board approved the contract.

Abstain: Bernstein

E. COMMUNITY RELATIONS/LEGISLATIVE COMMITTEE

Mr. Hill shared that at the meeting the committee reviewed the Governor's Budget and were also presented the Community Outreach Report.

F. CLIENT SERVICES ADVISORY COMMITTEE

Shannon Hines reported that the committee received a special presentation on Self Determination. Part 2 of that presentation will be shared next month. Also, the members will review the Behavior Intervention Policy the February meeting. Lastly, staff provided updates on the impact brought on by Covid-19 to individuals served and their families.

G. VENDOR ADVISORY COMMITTEE (VAC)

David Bernstein shared that in-person services are challenging at the moment. There are two vacancies that are expected to be filled next week.

H. STRATEGIC DEVELOPMENT COMMITTEE

Julie Chetney shared that due to the pandemic, recruiting is proving to be a difficult task. The members discussed ideas to work around these challenges and they came up with the following:

**SAN GABRIEL/POMONA VALLEYS
DEVELOPMENTAL SERVICES, INC.
Executive/Finance Committee Meeting Minutes**

February 10, 2021

PRESENT

Gisele Ragusa, President
Sheila James, 1st VP
Julie Chetney, 2nd VP
Shannon Hines, Secretary
Mary Soldato, Treasurer
Natalie Webber, Director
Daniel Rodriguez, Director

STAFF:

Anthony Hill, Executive Director
Lucina Galarza, Director of Community Services
Roy Doronila, Chief Financial Officer
Daniela Santana, Director of Client Services
Joe Alvarez, Director of Clinical Services
Raquel Sandoval, Director of Human Resources
Willanette Steward-Satchell, Exec. Asst. (Mgmt.)
Jose De Leon, Facility Manager

GUESTS:

ABSENT:

**ACTIONS TAKEN BY THE EXECUTIVE/FINANCE COMMITTEE
PURSUANT TO SECTION 20.04 OF THE BYLAWS**

All actions taken by the Executive/Finance Committee on behalf of the Board of Directors shall be reported at the next meeting of the Board. The actions taken by the Executive/ Finance Committee at this meeting were:

Approval of Financial Report- For the month of December 2020, for services paid through January 19, 2021

ITEMS DISCUSSED

A. CALL TO ORDER

Gisele Ragusa, Board President, called the meeting to order at 7:15 pm. A quorum was established.

The committee reviewed the agenda and requested that Bylaws be moved to the agenda for the full Board meeting on March 24, 2021.

The committee reviewed and approved the minutes from the January 13, 2021 meeting.

(M/S/C James & Hines) The committee approved the minutes.

B. PUBLIC INPUT:

None

C. FINANCIAL REPORT

Roy Doronila, Chief Financial Officer, reported on the following:

Financial Report

In regional center operations, and based on the B-1 contract amendment, the allocation is projected to meet expenditure projections, pending receipt of B-2. The operations allocation for fiscal year 2020-21 is currently at \$32,213,085 with projected expenditures of \$32,014,567. The current month's expenditure amounted to \$2,325,625 and the year-to-date expenditures is \$15,084,082, with projected remaining expenditures of \$17,140,362. This reflects a surplus of \$198,518 in regular operations. Staff expect the balance to increase once we received the B-2 allocation.

The Family Resource Center allocation is projected to meet expenditure projections, resulting in a zero-balance remaining in allocation. The current allocation is \$154,564 with projected expenditures of \$154,564.

The Lanterman Foster Grandparent/Senior Companion program has a current allocation in the amount of \$1,209,748, we expect to spend the full amount. The Fairview program's is included in this amount. The Community Placement Plan (CPP) and DC ongoing workload operations allocation is currently allocated at \$889,472. Expenditures for the year are projected to be \$1,402,462 resulting in a deficit of \$512,990 which staff expect to be funded in future allocations.

The Purchase of Service Projections were based on the B-1 contract amendment and actual expenditures through January 19, 2021 claim. The B-1 POS allocation is at \$271,307,068. The current month's claim amounted to \$21,716,221 bringing the year-to-date expenditures for services to \$124,740,250. Projected expenditures and late bills remaining are in the amount of \$153,726,072 leaving a deficit of \$7,159,253. Staff expect to be funded in full in future allocations. POS expenses directly related to COVID19 are included in this projection under the other items section. CPP POS is in a separate line item and projected to be within the allocated amount.

(M/S/C – Chetney & James) The committee approved the Financial Report.

D. CONTRACTS FOR REVIEW

Lucina Galarza, Director of Community Services, presented the following contracts for informational purposes and do not need Board approval:

- Forestdale Next Step
- Inclusion Calle Marisima
- Self-Reliance

E. BOARD OVERVIEW

Board President Dr. Gisele Ragusa reported on the following:

- Agenda for the February 24, 2021 Board Meeting: Understanding Roles and Services of Vendors
 - A virtual panel of staff and vendors representing Early Start, ABA, Respite, Day Program & ILS/SLS
- Agenda items for the March 10, 2021 Executive Finance Committee meeting:
 - Financial Report
 - Covid-19
 - Contract Update

F. COVID-19 UPDATE:

Anthony Hill, Executive Director reported the following regarding Covid-19:

- Workforce is currently at 90% working remotely.
- Established a sophisticated temperature and mask test when entering the building for those working on-site and for the public.
- Intake and Early Start assessments are operating fully with an average of 40 cases a week
- SG/PRC reached an MOU partnership with Valencia Laboratories so that SG/PRC can be a testing site.
- Mr. Hill and staff are putting their efforts into having SG/PRC become a vaccination site.
- There was a discussion about the individuals that staff are advocating for to be prioritized for the vaccine such as those in ILS and SLS programs.
- Directors continue to meet every morning to assess the latest COVID-19 information.
- SG/PRC continues to host weekly COVID-19 Vendor Advisory Committee Meetings (on Mondays) and weekly Community Meetings (on Tuesdays).
- Joe Alvarez provided individual stats on COVID-19; spoke about the spikes, presented information on the DDS report to the Board.
- Lucina Galarza reported on hot spots and updated strategies with respect to the registries.

Lastly, Jose De Leon, Manager of Facilities provided an updated on the ongoing tenant improvements.

MEETING ADJOURNED

The meeting adjourned. The next regular meeting will be held on March 10, 2021

at 7:15 p.m. via teleconference.

CLOSED SESSION

The committee went into a closed session regarding Legal Related Matter;
Employee Related Matter.

SAN GABRIEL MONA REGIONAL CENTER
OPERATIONS FUND FINANCIAL REPORT

FISCAL YEAR 2020-21

PAYMENTS THROUGH JANUARY 19, 2021 FOR SERVICES PROVIDED THROUGH DECEMBER 31, 2020

50.0% OF YEAR ELAPSED

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CONTRACT ALLOCATIONS	Regular	CPP/CRDP DC Ongoing	Family Resource Center	Foster Grandparent Senior Companion	Covid	Total			
							D plus F	A minus G	
Preliminary Allocation	25,975,869					25,975,869			
B-1 Allocation	5,698,975	889,472	154,564	1,209,748		7,952,759			
						0			
						0			
						0			
						0			
Total Operations Contract Allocation	31,674,844	889,472	154,564	1,209,748	-	33,928,628			
	A	B	C	D	E	F	G	H	I
	Current Allocation	% of Allocation	Current Month Expenditures	Year-to-Date Expenditures	YTD Actual as % of Allocation	Projected Remaining Expenditures	Total Projected Expenditures	Projected Balance Amount	Remaining Percent
Total Operations - Actual and Projected Expenditures	33,928,628	100.00%	2,405,297	15,894,102	46.8%	19,097,117	34,781,341	(852,713)	-2.51%
PERSONAL SERVICES (REGULAR OPERATIONS)									
Salaries	21,587,302	68.15%	1,664,713	10,091,041	31.9%	11,587,745	21,468,908	118,393	0.37%
Temporary Staff	12,000	0.04%	0	9,605	0.0%	873	10,478	1,522	0.00%
Retirement (includes 403B)	2,728,792	8.62%	207,036	1,253,525	4.0%	1,439,655	2,693,180	35,612	0.11%
Social Security (OASDI)	313,016	0.99%	(13,469)	68,023	0.2%	165,177	233,201	79,815	0.25%
Health Benefits/Long Term Care	2,015,498	6.36%	157,006	1,138,150	3.6%	838,370	1,976,520	38,979	0.12%
Worker's Comp Insurance	197,164	0.62%	15,780	90,227	0.3%	103,254	193,481	3,683	0.01%
Unemployment Insurance	108,000	0.34%	0	0	0.0%	108,000	108,000	0	0.00%
Non-Industrial Disability/Life Insurance	118,298	0.37%	0	47,349	0.1%	47,349	94,698	23,601	0.07%
Clinical Consultants - Consumer Services	169,117	0.53%	0	0	0.0%	169,117	169,117	0	0.00%
Total Personal Services (Regular Operations)	27,249,187	86.03%	2,031,065	12,697,920	40.1%	14,459,539	26,947,582	301,605	0.95%
OPERATING EXPENSES (REGULAR OPERATIONS)									
Equipment Rental	60,000	0.19%	561	29,324	0.1%	23,662	52,986	7,014	0.02%
Equipment Maintenance	22,000	0.07%	1,320	12,239	0.0%	8,742	20,981	1,019	0.00%
Facility Rent	2,628,000	8.30%	219,000	1,533,000	4.8%	1,095,000	2,628,000	0	0.00%
Facility Maintenance	40,000	0.13%	0	8,592	0.0%	27,592	36,185	3,815	0.01%
Communications (postage, phones)	275,000	0.87%	(50,455)	92,107	0.3%	178,107	270,213	4,787	0.02%
General Office Expense	225,637	0.71%	(49,274)	44,705	0.1%	44,705	89,410	136,227	0.43%
Printing	27,000	0.09%	5	5,017	0.0%	19,017	24,035	2,965	0.01%
Insurance	195,000	0.62%	0	94,357	0.3%	100,357	194,714	286	0.00%
Data Processing	127,500	0.40%	5,372	24,182	0.1%	103,182	127,363	137	0.00%
Data Processing Maintenance / Licenses	161,500	0.51%	10,551	154,264	0.5%	3,807	158,071	3,429	0.01%
Interest Expense	18,000	0.06%	0	15,285	0.0%	0	15,285	2,715	0.01%
Bank Service Fees	1,500	0.00%	30	130	0.0%	130	260	1,240	0.00%
Legal Fees	215,000	0.68%	65	20,606	0.1%	193,031	213,637	1,363	0.00%
Board of Directors Expense	10,000	0.03%	0	70	0.0%	9,570	9,640	360	0.00%
Accounting Fees	65,000	0.21%	0	0	0.0%	65,000	65,000	0	0.00%
Equipment Purchases	85,000	0.27%	(144,540)	31,956	0.1%	51,866	83,822	1,178	0.00%

SAN GABRIEL/POMONA REGIONAL CENTER
OPERATIONS FUND FINANCIAL REPORT

FISCAL YEAR 2020-21

PAYMENTS THROUGH JANUARY 19, 2021 FOR SERVICES PROVIDED THROUGH DECEMBER 31, 2020

50.0% OF YEAR ELAPSED

**DRAFT
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	A	B	C	D	E	F	D plus F G	A minus G H	I
	Current Allocation	% of Allocation	Current Month Expenditures	Year-to-Date Expenditures	YTD Actual as % of Allocation	Projected Remaining Expenditures	Total Projected Expenditures	Projected Balance Remaining Amount	Percent
Contractor & Consultants - Adm Services	212,520	0.67%	12,691	67,103	0.2%	144,643	211,746	774	0.00%
Contract - ABX2 Disparities	0	0.00%	0	0	0.0%	269,140	269,140	(269,140)	-0.85%
Travel/mileage reimbursement	85,000	0.27%	1,130	9,376	0.0%	72,276	81,652	3,348	0.01%
ARCA Dues	80,500	0.25%	0	0	0.0%	80,500	80,500	0	0.00%
General Expenses	568,741	1.80%	299,485	313,409	1.0%	255,242	568,651	90	0.00%
Total Operating Expenses (Regular Operations)	5,102,898	16.11%	305,942	2,455,722	7.8%	2,745,568	5,201,291	(98,393)	-0.31%
Total Personal Services & Operating Expenses (Regular Operations)	32,352,085	102.14%	2,337,007	15,153,642	47.8%	17,205,107	32,148,873	203,212	0.64%
OTHER INCOME									
Interest & Other Income	(139,000)	-0.44%	(11,382)	(69,560)	-0.2%	(64,745)	(134,305)	(4,695)	-0.01%
Total Personal Services & Operating Expenses Net of Other Income (Regular Operations)	32,213,085	101.70%	2,325,625	15,084,082	47.6%	17,140,362	32,014,567	198,518	0.63%
RESTRICTED FUNDS									
Family Resource Center Expenses	154,564	100.00%	11,593	56,762	36.7%	97,802	154,564	0	0.00%
Foster Grandparent/Senior Companion Expenses	1,209,748	100.00%	68,079	447,266	37.0%	762,482	1,209,748	0	0.00%
Community Placement Plan Expenses	889,472	100.00%	0	305,992	34.4%	1,096,470	1,402,462	(512,990)	-36.58%
Total Restricted Funds	2,253,784		79,672	810,019	99.2%	1,956,755	2,766,774	(512,990)	-18.54%
Total Expenses (Including Restricted Funds)	34,466,869		2,405,297	15,894,102	46.1%	19,097,117	34,781,341	(314,472)	-0.90%
Total Allocation Balance (Deficit)								(314,472)	

SAN GABRIEL/POMONA REGIONAL CENTER
PURCHASE OF SERVICES FUND FINANCIAL REPORT

FISCAL YEAR 2020-21

PAYMENTS THROUGH JANUARY 19, 2021 FOR SERVICES PROVIDED THROUGH DECEMBER 31, 2020

50.0% OF YEAR ELAPSED

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CONTRACT ALLOCATIONS	Regular POS	CPP	HCBS	Total			
Preliminary Allocation (Regular POS)	200,879,483			200,879,483			
B-1 Allocation	70,427,585	100,000		70,527,585			
				0			
				0			
				0			
Total Contract Allocation	271,307,068	100,000	0	271,407,068			
	C plus E						
	A	B	C	D	E	G	
		Current Month Expenditures	Year-to-Date Expenditures	YTD Actual as percent of Allocation	Projected Remaining Expenditures	Total Projected Expenditures	YTD & Projected as percent of Allocation
Total POS Actual & Projected Expenditures		21,716,221	124,740,250	46.0%	153,826,072	278,566,321	102.6%
OUT OF HOME CARE							
Community Care Facilities		7,751,988	45,801,558	16.9%	55,515,719	101,317,277	37.3%
ICF/SNF Facilities		15,994	83,655	0.0%	247,842	331,498	0.1%
Total Out of Home Care		7,767,983	45,885,213	16.9%	55,763,561	101,648,775	37.5%
DAY PROGRAMS							
Day Care		1,082,067	4,859,410	1.8%	6,955,132	11,814,542	4.4%
Day Training		4,198,112	24,918,401	9.2%	28,159,413	53,077,813	19.6%
Supported Employment		285,805	2,248,598	0.8%	3,681,658	5,930,256	2.2%
Work Activity Program		79,084	731,097	0.3%	1,917,758	2,648,855	1.0%
Total Day Programs		5,645,068	32,757,507	12.1%	40,713,960	73,471,467	27.1%
OTHER SERVICES							
Non-Medical: Professional		529,417	3,363,108	1.2%	4,436,844	7,799,951	2.9%
Non-Medical: Programs		1,189,304	7,313,998	2.7%	11,714,406	19,028,404	7.0%
Home Care: Programs		166,087	1,168,803	0.4%	1,816,269	2,985,072	1.1%
Transportation		679,019	3,231,866	1.2%	3,695,553	6,927,419	2.6%
Transportation Contracts		800,143	3,585,534	1.3%	4,049,647	7,635,181	2.8%
Prevention		945,605	5,192,450	1.9%	6,511,702	11,704,152	4.3%
Other Authorized Services		976,728	6,879,132	2.5%	8,442,759	15,321,891	5.6%
Personal and Incidentals		13,374	78,157	0.0%	83,877	162,034	0.1%
Hospital Care		164,314	672,977	0.2%	869,000	1,541,977	0.6%

SAN GABRIEL/POMONA REGIONAL CENTER
PURCHASE OF SERVICES FUND FINANCIAL REPORT

FISCAL YEAR 2020-21

PAYMENTS THROUGH JANUARY 19, 2021 FOR SERVICES PROVIDED THROUGH DECEMBER 31, 2020

50.0% OF YEAR ELAPSED

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	C plus E					G	
	A	B	C	D	E		F
	Current Month Expenditures	Year-to-Date Expenditures	YTD Actual as percent of Allocation	Projected Remaining Expenditures	Total Projected Expenditures	YTD & Projected as percent of Allocation	
Medical Equipment	1,094	13,209	0.0%	22,397	35,605	0.0%	
Medical Service: Professional	88,628	736,029	0.3%	1,203,194	1,939,222	0.7%	
Medical Service: Programs	125,086	780,796	0.3%	799,628	1,580,424	0.6%	
Respite: In Own Home	1,226,073	6,772,840	2.5%	9,418,836	16,191,676	6.0%	
Respite: Out of Home	0	3,243	0.0%	8,645	11,888	0.0%	
Camps	0	0	0.0%	0	0	0.0%	
Total Other Services	6,904,872	39,792,141	14.7%	53,072,756	92,864,896	34.2%	
Total Estimated Cost of Current Services	20,317,922	118,434,861	43.7%	149,550,277	267,985,138	98.8%	
OTHER ITEMS							
Estimated Cost of COVID19 expenses	1,841,393	9,167,552	3.4%	7,313,632	16,481,184	6.1%	
Total Other Items	1,841,393	9,167,552	3.4%	7,313,632	16,481,184	6.1%	
Total Purchase of Services	22,159,315	127,602,412	47.0%	156,863,909	284,466,321	104.9%	
Deduct: Estimated Receipts from Intermediate Care Facilities for State Plan Amendment Services	(443,094)	(2,862,163)	-1.1%	(3,137,837)	(6,000,000)	-2.2%	
Expenditures Regular POS (Net of CPP)	271,307,068	21,716,221	124,740,250	46.0%	153,726,072	278,466,321	102.6%
Projected Allocation Balance (Deficit) Regular POS						(7,159,253)	-2.6%
COMMUNITY PLACEMENT PLAN							
Community Placement Plan (inc. CRDP)	100,000	0	0	0.0%	100,000	100,000	100.0%
Allocation Balance (Deficit) CPP and HCBS						0	0.0%
Total Projected Allocation Balance (Deficit) Regular & Community Placement Plan POS						(7,159,253)	-2.6%

**SAN GABRIEL/POMONA VALLEYS
DEVELOPMENTAL SERVICES, INC.**

**COMMUNITY RELATIONS/
LEGISLATIVE COMMITTEE**

MINUTES FROM THE JANUARY 20, 2021 MEETING

The following committee members were present at said meeting:

PRESENT

Daniel Rodriguez (Chair)
Penne Fode
Joseph Huang
Rachel McGrath
Georgina Molina

STAFF:

Anthony Hill, Executive Director
Daniela Santana, Director of Client Services
Joe Alvarez, Associate Director of Clinical Services
Carol Tomblin, Director of Yvonne Gratianne,
Manager of Communications & Public Relations
Willanette Steward-Satchell, Executive Assistant
(Management)
Erika Gomez, Executive Assistant - BOD

GUESTS

ABSENT:

Gisele Ragusa
Natalie Webber

RECOMMENDED BOARD ACTIONS

The Community Relations/Legislative Committee recommends the following:

None

CALL TO ORDER

Daniel Rodriguez, called the meeting to order at 6:04 pm. A quorum was established.

The minutes from November 18, 2020 were reviewed and approved.

M/S/C (McGrath & Molina) The committee approved the minutes.

Abstain: Rodriguez, Fode

PUBLIC INPUT

None

COMMUNITY OUTREACH MONTHLY REPORT*

Carol Tomblin, Director of Compliance, presented the monthly Outreach Report for November and December. The Community Outreach Specialist have focused on the following projects:

- Progress/Status of Continuing POS Equity Projects Funded by DDS FY 19-20 Disparity Program Grants
- Ongoing Projects Previously Funded
- Other Equity-Related Activities not supported with Disparity Grant Funds.
- Family Support/ Training

LEGISLATIVE ISSUES & OTHER INFORMATION

Anthony Hill, Executive Director reported the following:

Governor's Budget - The regional center system's budget did not have significant changes. There was a dip in the overall caseload number within the regional center system totaling 8,000.

In the budget, there was an allocation for 5 Forensic Specialists and \$2 million for the 21 Regional Center Emergency Coordinator positions. The Uniform Holiday Schedule remains suspended and the end date for provider rate increases has been extended.

COVID-19 UPDATE:

- SG/PRC lost another staff member, Joann Boutin, and a celebration of life session was held in her honor last week. Dr. Ragusa participated.
- A few weeks ago there was a fraud attempt, using the SG/PRC logo, to scam people to donate money. Staff informed the community and are working to resolve this matter.
- Regional Center Executive Directors meet every Thursday and they have discussed the importance of having staff focus on Health and Safety. Together, they composed "Creating Space for regional centers," a document that will be sent to DDS, asking that bureaucracy not be the focus during this time in order to help protect the lives of those served. A directive will come out to inform that health and safety will be priority.
- The Intake and Eligibility process was suspended for two weeks to avoid the rise of covid exposure but has since resumed.
- Staff are participating in the Check in Program which targets 570 individuals living independently. This group of people receive a call every two weeks. Staff are also checking in on 85 individuals that have been identified as high risk due to mental health issues.
- Mr. Hill continues to advocate for nonresidential providers to also be

included in the early stages of the vaccine distribution.

- PPE efforts continue and staff actively distribute to the community, including vendors.
- Joe Alvarez provided individual stats on COVID-19; spoke about the spikes, presented information on the DDS report to the Committee.

ADJOURNMENT:

The next meeting is on February 17, 2021.

Community Outreach Team Monthly Report

Community Outreach Team	Director: Carol Tomblin Community Outreach Specialists: Xochitl Gonzalez, Amos Byun
Report Date	Month of December 2020
Report to	Community Relations Committee of the SG/PRC Board of Directors
<p>Progress/ Status of Continuing Equity Projects Funded by DDS FY19-20 Disparity Program Grants</p>	<ul style="list-style-type: none"> <p>Parent Mentor Initiative (PMI) – Please note that Alma Family Services provides monthly reports for the Parent Mentor Initiative (PMI) project on the 15th of each month for the previous month. The reports to this committee are prepared the week prior to receipt of the PMI reports. Consequently, this section will always reflect a prior month's activities.</p> <p>Alma continues to provide support remotely to the families participating in PMI. In the month of November, there was one (1) additional referral, for a total of 396 parents referred and 323 initially matched to a mentor since the inception of PMI. Six (6) families were matched this month. There were nine (9) graduates in August, for a total of 123. There were 63 hours of mentoring provided to 47 participants. To date, 6,064 hours of PMI mentoring has been provided to 198 SG/PRC families who have participated since the start of this project. Families that graduated have offered positive feedback about their productive participation in PMI. Parents who have graduated are encouraged to seek other trainings and/or participate in a support group. The goal is for parents to continue to grow in their advocacy for their family member.</p> <p>Navigating the Regional Center System (NRCS) – In the month of December, outreach efforts to recruit families to attend English Language NRCS continued. This workshop series will begin Tuesday, January 12, 2021 from 6:00 to 8:00 p.m. By December 30th, 38 persons had registered. In confirming their participation, three (3) families were more comfortable with Spanish and were registered to attend the next NRCS Spanish Series; four (4) families opted to take NRCS series through our Parent Portal on our SG/PRC website. Please see flyer.</p> <p>Webinar development and hosting for parent training – Both English and Spanish versions of the Appeal and Fair Hearing Process webinar were recorded in November 2020, and the final products were provided in December 2020. Amos will modify and post on the SG/PRC Parent Portal by the end of January 2021.</p> <p>Vietnamese Outreach Specialists (VOS) – VOS translated IPP Addendum Signature Page and December 2020 VSG flyer in this month. VOS also created and sent emails to VSG members to inform and encourage VSG members to participate in Zoom VSG meetings. VOS attended the VSG 12/17/20 meeting to provide translation and support.</p>
On-going projects previously funded	<ul style="list-style-type: none"> <p>Understanding My Child's Disability (UMCD) Online Series (Previously known as Introductory Curriculum for Families) – This UMCD project was supposed to be completed in December 2020; however, this completion of project was postponed to the end of March 2021 due to delay of process. In January 2021, Amos will update English version of UMCD modules on SG/PRC Parent Portal. The progress of UMCD translation to Spanish, Chinese, Vietnamese and Korean and the rest of process will be reported in future monthly reports.</p>
Other Equity-Related Activities not supported	<ul style="list-style-type: none"> <p>Person-Centered Conversations (PCC) – During the pandemic, any PCC meeting is conducted remotely through telephone call or Zoom meeting. On 12/4/2020, Amos had a PCC with Korean mother who had an adult child and on 12/10/2020, Amos had two (2) PCC with two different Korean parents who have children served by the transition units.</p>

<p>with Disparity Grant Funds.</p>	<ul style="list-style-type: none"> • Support of CBO Equity Project- Parenting Black Children (PBC) – On Thursday, 12/10/20 PBC held their monthly support group meeting via Zoom. Support Group meetings are recorded and shared through social media. There are 80 SG/PRC families who are members of this support group. On Saturday 12/19/20, PBC held their first Holiday Zoom Party. Each family was given a gift card. They enjoyed music, games, and other giveaways. Also, PBC partnered with two agencies to give away toys and food to support 15 SG/PRC families that were in need. PBC continues to participate at SG/PRC weekly community meetings to inform families of their activities. PPE distribution to families continues to be ongoing. • Cultural Specialist Meetings with DDS: On 2/11/20 Xochitl participated in monthly meeting. The number of applications received by the Department for new and continuing grants from DDS were discussed. Tips for progress report reporting through GrantVantage was also discussed. Two (2) CBOs presented some of their project success stories.
<p>Family Support/ Training</p>	<ul style="list-style-type: none"> • The Vietnamese Support Group (VSG) meeting through Zoom – Amos arranged for the presentation on 'IHSS Appeal' process by Aimee Delgado, Office of Clients' Rights Advocacy (OCRA), for the Zoom meeting on 12/17/20. Six (6) Vietnamese parents participated in the Zoom meeting. VSG meeting schedule for 2021 was discussed; it was decided that the monthly VSG meetings will be on the third Thursday of each month in year 2021. • Translation for Korean families – Amos provided Korean written translation of IPP Addendum Signature page. Amos also provided Korean verbal translation for a Zoom meeting with SC and residential staff and other telephone calls between SC and her Korean clients in her Family Services Unit. • Filipino American Support Group -- Due to illness of few of its members, the Holiday meeting was canceled. Next meeting is expected to be on Saturday, 1/30/21 from 10am to noon. The topic is the latest information on COVID-19 and vaccination roll out, presented by Hector Ochoa, Program Director of SCRS-IL. • Informate -- Informate is a Spanish only Educational Forum. At the request of parents, this forum will now be held on Saturdays. The topic and speaker were secured and flyer was finalized. The scheduled date is Saturday, January 23, 2021 from 10 a.m. to noon. The topic- The latest information on COVID-19 and vaccination roll out, presented by Hector Ochoa, Program Director of SCRS-IL. • Critical Issues Forum – The next Critical Issues Form will be held on Wednesday, February 24th from 10-12pm via Zoom. The topic will be the Annual POS Expenditure Data from FY19-20. The latest Purchase of Services information will be presented, along with the ongoing equity projects that benefit the individuals we serve. • Facilitating ADEPT ABA Korean Study Group – Amos recruited three (3) Korean parents for ADEPT ABA facilitation which will start again for four (4) weeks in late January 2021. This facilitation will be for families with children under 15 years of age.
<p>Outreach/ Events Participation</p>	<ul style="list-style-type: none"> • Connecting with existing groups to provide remote training opportunities for families – Amos presented to the Korean Parent Support Group California (KPSG-CA) Kinder group as a panel member on 12/12/2020 to discuss SG/PRC POS services and other related issues during the COVID-19 pandemic. Ten (10) Korean mothers participated (including 3 SG/PRC parents). Amos also provided information about ADEPT ABA and UMCD modules available

	<p>through the SG/PRC Parent Portal. On 12/13/2020, Amos also participated in the KPSG CA end of year party.</p>
<p>Other Major Activities of the Compliance and Outreach Department</p>	<ul style="list-style-type: none"> • Weekly Community Meetings: Xochitl continues to assist Edith Aburto, who provides Spanish translation for the weekly Community Zoom meetings, by managing the questions submitted through the Chat function. • The Department of Developmental Services (DDS) has transitioned to a new reporting format for what used to be called the disparity grants, now called the Service Access and Equity (SAE) Grants. This program is called GrantVantage. Xochitl and Amos each prepared and submitted to DDS two proposals for continuation funding by the December 2nd deadline. We will need to wait until March or perhaps May 2021 before we find out if we were successful in obtaining continuation funding for PMI, NRCS, Webinar Development and Community Outreach for Asian Communities. • Carol facilitated a workgroup of Service Coordinators, Client Services Manager, a couple Directors and Specialists from Community Services to prepare a response to the National Core Indicators (NCI) results for the FY 18-19 Child Family Survey and the FY 17-18 In-Person Adult Survey. The workgroup met several times to develop recommendations to provide to Mr. Hill for his review prior to submitting to DDS by the 60-day deadline, based on the public meeting/board training on October 26th.



SAN GABRIEL/POMONA
REGIONAL CENTER

Client Services/Advisory Committee
Wednesday, February 24, 2021 at 6:00 p.m.
Videoconference Meeting

Committee Members:

Staff:

Shannon Hines, Co-Chairperson	Jenny Needham	Anthony Hill
Sheila James, Co-Chairperson	Julie Lopez	Lucina Galarza
Mary Soldato	Sherry Meng	Daniela Santana
Preeti Subramaniam	Ning Yang	Joe Alvarez
Daniel Clancy	Louis Jones	Erika Gomez
Herminio Escalante	John Randall (LOA)	Elisa Herzog
David Grisey (LOA)	Victor Guzman	
	Ardena Bartlett	

AGENDA

- **Call to Order – Chairperson, Shannon Hines (6:00 – 6:05)**
- Approve Minutes of January 27, 2021 Meeting
- Public Comment (6:05 – 6:10)
- Action Item: None
 - Client Advocate – Elisa Herzog (6:10 – 6:15)

(6:15 – 6:45) – Special Presentation – Self Determination (Part 2) – By Lucina Galarza

(6:45 – 7:00) Committee Information

Shannon Hines and Sheila James, Chairs, Lucina Galarza, Director of Community Services and Daniela Santana, Director of Client Services

-Future Training Topics

-March 24, 2021 -Mental Health (Josh Trevino)

-April 28, 2021 – What is Family Home Agency?

-May 26, 2021 – CAL ABLE

-June 23, 2021 – Dental Desensitization Program

- Behavioral Intervention Policies
- Self Determination Advisory Committee Meetings & Updates
- Coronavirus Update
- Agenda for Mach 24, 2021

SAN GABRIEL/POMONA REGIONAL CENTER

DEVELOPMENTAL SERVICES, INC.

Minutes of the Meeting of the Client Services /Advisory Committee

January 27, 2021

A regular meeting of the Client Services/Advisory Committee was held on Wednesday, October 28, 2020. The following committee members were present at said meeting:

PRESENT

Pretti Subramaniam
Shannon Hines
Sheila James
Ardena Bartlett
Jenny Needham
Julie Lopez
Mary Soldato
Herminio Escalante

GUESTS:

None

STAFF:

Anthony Hill
Lucina Galarza
Daniela Santana
Joe Alvarez
Erika Gomez

ABSENT:

Victor Guzman
Daniel Clancy
David Grisey (LOA)
John Randall
Sherry Meng
Ning Yang
Louis Jones

ITEMS DISCUSSED

CALL TO ORDER

Shannon Hines called the meeting to order at 6:03 pm
A quorum was established.

The minutes of the December 9, 2020 meeting were reviewed and approved.
M/S/C (James & Subramaniam) The committee approved the minutes.
Abstain: Soldato

PUBLIC COMMENT – Mr. Hill wished everyone a Happy New Year.

CLIENT ADVOCATE – Elisa Herzog shared the information for “Client Hangout” that she will host virtually. It will be the first virtual meet up for individuals served to hang out and reconnect.

SPECIAL PRESENTATION – Self Determination

Lucina Galarza, Director of Community Services, shared about the following:

- What is Self Determination
 - SG/PRC Stats
 - Self Determination Program Overview
 - History of Self Determination
 - Points to remember
 - Person centered planning

FUTURE TRAINING TOPICS –The committee agreed on the following training topics:

- **February 24, 2021 – Self Determination (part 2)**
- **March 24, 2021 -Mental Health (Josh Trevino)**
- **April 28, 2021 – What is Family Home Agency?**
- **May 26, 2021 – CAL ABLE**
- **June 23, 2021 – Dental Desensitization Program**

BEHAVIORAL INTERVENTION POLICIES

The committee reviewed the policies last year but when Covid 19 hit, the committee did not present it to the Board for approval. They will review it again at the next couple of meetings.

SELF DETERMINATION

- People continue to be put through, there are 6-8 people in the queue.

COVID-19 DIRECTOR'S REPORT -Anthony Hill, Executive Director

Mr. Hill, Executive Director and staff shared the following:

- The budget allocated 5.3 million to the Family Resource Center. It also allocated for an Emergency Response Coordinator and five positions for Forensic Specialists.
- Workforce is currently at 90% working remotely.
- Intake and Early Start assessments are operating fully with an average of 40 cases a week
- SG/PRC reached an MOU partnership with Valencia Laboratories so that SG/PRC can be a testing site.
- Mr. Hill and staff are putting their efforts into having SG/PRC become a vaccination site.
- There was a discussion about the individuals that staff are advocating for to be prioritized for the vaccine such as those in ILS and SLS programs.

- Directors continue to meet every morning to assess the latest COVID-19 information.
- SG/PRC continues to host weekly COVID-19 Vendor Advisory Committee Meetings (on Mondays) and weekly Community Meetings (on Tuesdays).
- Joe Alvarez provided individual stats on COVID-19; spoke about the spikes, presented information on the DDS report to the Committee.
Lucina Galarza reported on hot spots and updated strategies with respect to the registries.

ADJOURN

Chairperson Shannon Hines adjourned the meeting.

The next Client Services/Advisory Committee meeting is scheduled for Wednesday, February 24, 2021 via videoconference.

**SAN GABRIEL/POMONA VALLEYS
DEVELOPMENTAL SERVICES, INC.
VENDOR ADVISORY COMMITTEE MINUTES**

February 4, 2021

The following committee members were in attendance at said meeting:

PRESENT:

David Bernstein, Chairperson
Olaf Luevano
Valerie Donelson
Bryan Chacon
Bryan Chacon
Charmayne Ross
Jose Mendoza
Jay Bhavsar
Nancy Bunker
Baldo Paseto
Nicole Mirikitani
Rosalind Ford
Vanessa Besack
Susan Stroebel

STAFF:

Anthony Hill, Executive Director
Lucina Galarza, Director Community
Services
Daniela Santana, Director of Client
Services
Dara Mikesell, Associate Director of
Community Services
Erika Gomez, Exec. Assistant – BOD
Willanette Satchel, Exec. Assistant -
Management

MEMBERS ABSENT:

RECOMMENDED ACTIONS

THE VENDOR ADVISORY COMMITTEE RECOMMENDATION:

None

A. CALL TO ORDER

David Bernstein called the meeting to order at 10:05 a.m. A quorum was established. Introductions were made of the VAC members.

The minutes from the January 7, 2021 meeting were approved.

M/S/C (Besack & Mendoza) The committee approved the minutes.

Abstain: Mirikitani

B. IMPACT OF COVID 19 AREAS OF DISCUSSION

- Most Pressing Concerns – The members shared the following:
 - Some staff want to work but do not want to get vaccinated
 - Some staff do not want to return to work, they want to continue to do telehealth
 - Some staff have serious reservations about the vaccine
 - Programs are doing a lot of vaccine education

C. VENDOR CATEGORY REPORTS

Adult Programs

Vocational – Olaf Luevano and Vanessa Besack shared that their program is providing a lot of education about the vaccine. Vanessa shared that staff are working on a strategic process to plan for the next fiscal year while keeping up with the national dialogue. She will contact Olaf to coordinate for a Vocational subcommittee. Lastly, Olaf reported that due to the “Hero Pay” several stores are closing, and this will affect individuals served that are employed at those stores.

Adult Day – Rosalind Ford will receive the second dose of the vaccine next week. She will document the process to encourage staff. She also shared that CCL has not responded to all her sites about the Mitigation Plans that were submitted.

Infant & Children Services

Infant Development Program – Charmayne Ross will also get the second dose of the vaccine soon and she too will document it to serve as an example to staff. Lastly, she shared that Early Intervention programs are getting a raise, vendors should see it soon.

Transportation

Baldo Paseta reported that he received an email from DDS about a meeting for the following day where it seems they will discuss the draft for rate methodology for transportation. The subcommittee will meet next Thursday.

Independent Living Services

ILS Services – Nicole Mirikitani thanked SG/PRC staff for advocating for the GTO raise and reminded others to apply for the minimum wage increase.

SLS Services – Nancy Bunker encouraged the members to educate staff about the vaccine and not bully, intimidate or enforce staff to get vaccinated. She also pointed out that the rate increase is only for a year and advocacy with legislators should continue so it goes beyond a year.

Residential Services

Specialized – Mr. Bernstein shared that 82% of his staff have received the first dose of the vaccine.

CCF – Jay Bhavsar and Valerie Donelson reported that pharmacies were really good about doing vaccine training via zoom. Valerie is hopeful that staff will feel comfortable getting vaccinated and is doing her part to educate her employees.

ICF- (1 Vacancy)

Other Vendored Services- Bryan Chacon shared that his program is working towards getting back in the office. They too, are working towards getting everyone educated about the vaccine and encouraging people to get vaccinated. He also reported that the California Respite Association was not involved much but now they are working towards doing strategic planning.

At Large- Susan Strobel reported that 95% of staff have been vaccinated. She suggested that families getting respite should receive an PPE emergency kit. Lastly, she shared that therapist received a raise.

D. VAC NOMINATIONS

The following individuals were interviewed and recommended to the VAC:

- At Large – Brenda Baldeon
- ICF – Grace Kano

M/S/C (Chacon & Bernstein) The committee approved the nominations.

E. LEGISLATIVE UPDATE

None

F. SG/PRC STAFF UPDATES

Lucina Galarza, Director of Community Services, shared that staff are looking to see what Day Programs can serve as vaccination sites for Day Program participants. Staff will also ask DDS if Day Program participants that don't reside in residential programs can be granted vaccines. Also, Lourdes Sanchez, Program Evaluator, reminded providers of the deadlines that need to be met to be in compliance with the HCBS Federal guidelines.

PUBLIC COMMENTS

Someone shared that in the event that someone in the household contacts Covid 19, Kaiser offers the household a prevention kit.

MEETING ADJOURNED

The next regular meeting will be held on March 4, 2021 at 10:00 a.m.

**SAN GABRIEL/POMONA VALLEYS
DEVELOPMENTAL SERVICES, INC.
STRATEGIC DEVELOPMENT COMMITTEE MINUTES**

February 10, 2021

The following committee members were present at said meeting.

MEMBERS:

Julie Chetney, Chairperson
Gisele Ragusa
Bruce Cruickshank
Bill Stewart

STAFF:

Anthony Hill, Executive Director
Lucina Galarza, Director of Community Services
Joe Alvarez, Director of Clinical Services
Daniela Santana, Director of Client Services
Willanette Steward-Satchell, Executive Assistant
(Management)

GUESTS:

MEMBERS ABSENT:

Anabel Franco

RECOMMENDED BOARD ACTIONS

**THE STRATEGIC DEVELOPMENT COMMITTEE RECOMMENDS THAT
THEY TAKE ACTION ON THE FOLLOWING:**

None.

ITEMS DISCUSSED

A. CALL TO ORDER

Julie Chetney called the meeting to order at 6:00 p.m. A quorum was established.

The Minutes from the January 13, 2021 meeting were approved by consent.

B. PUBLIC INPUT

Dr. Ragusa explained how the new process of receiving materials for meetings works.

C. GOALS AND OBJECTIVES

Strategic Plan –

- The committee discussed recruitment of new Board members. This was discussed at last week's VAC meeting. The members talked about the upcoming Transition Fair, scheduled for March 17, 2021, which will be held virtually, as a possible event to attend and recruit. Julie Chetney will attempt to attend. Dr. Ragusa and Bruce Cruickshank will also try to be available.

- Mr. Cruickshank asked that a task force or subcommittee be formed to evaluate the strategic plan. He would be happy to be a part of it. Dr. Ragusa suggested that since there are only 5 members, it may be best to meet as a Committee instead. The idea was accepted. This will be an agenda item for the new few months.

Board and Committee Needs Assessment/Training Questionnaire – The committee suggested not to revise it until the Strategic Plan timeline (to be worked on in March) gets formulated and working towards finalization. This agenda item is to be carried over for revise, maybe in April, then send out/collect items in May or June.

D. BOARD COMPOSITION

Recruitment Strategies: Dr. Ragusa suggested that Service Coordinators help get the word out on serving on the Board, as most members will be sunsetting off committees in the summer. She and Julie Chetney will draft up a letter to help design a profile of interest for recruitment purposes. There was a discussion held about partnering this strategy with SG/PRC's onboarding. Erika Gomez will discuss areas of need at next meeting.

E. COVID REPORT

Mr. Hill and staff provided an update on how Covid 19 has impacted operations.

- 95% of the workforce is working remotely
- Lucina Galarza reported on hot spots and updated strategies with respect to the registries.
- Joe Alvarez provided individual stats on COVID-19; spoke about the spikes, presented information on the DDS report to the Committee. He also reported that DDS asked that staff provide them with SG/PRC's blueprint to assist them with on site intake processes.
- There was discussion about the most pressing issues regarding the vaccine.

F. AGENDA FOR NEXT MEETING

Strategic Plan Taskforce

Board composition – Recruitment strategies

G. ADJOURNED

Meeting adjourned.

The next Strategic Development Committee meeting is scheduled for March 10, 2021.

SAN GABRIEL/POMONA REGIONAL CENTER

February 17, 2021

TO: Dr. Gisele Ragusa, Board President & Board of Directors
San Gabriel / Pomona Valleys Developmental Services, Inc.

FROM: Anthony Hill, M.A. J.D. Esq.
Executive Director

RE: Executive Director's Report

Black History Month

Black History month takes place during February every year in the U.S. and Canada to reflect on and to recognize the experiences and accomplishments of the Black community. The purpose of this tradition is to underline the importance of civil rights, strive for greater equality, and empower Black history makers to tell their own stories.

"Those who say it can't be done are usually interrupted by others doing it."

-- James Baldwin

SG/PRC's Critical Business Functions

The SG/PRC office remains open to the public on an appointment only basis. We are pleased to report that all critical functions including Intake/Eligibility, Fiscal, Clinical, Human Resources, Quality Assurance and Information Technology are at optimal levels. Our remote workforce fluctuates between 85%-95% percent.

All visitors are required to wear a face mask, and pass a contactless electronic temperature screening device. Our porter sanitizes and disinfects our office space during business hours. SG/PRC is the only regional center throughout the pandemic that has continued to safely provide in-person intake and eligibility services and Early Intervention service clinics. As expected, all of us see children and their families in our lobby waiting to receive diagnostic and counselling services. Our shared vision clearly illustrates SG/PRC's mission. This reality has not changed and will simply continue, because we embrace an unwavering commitment to meeting the needs of our community.

The following reflects our data ending January 31, 2021 (See Attachment A).

Early Intervention/Intake

785 New Referrals
767 Reviews
726 children found eligible

Lanterman/Intake

128 New Referrals
80 Reactivations
179 Eligible (Including EI transitions)

COVID-19 LA County Surge / SG/PRC Risk Mitigation Efforts

As many of you are aware, Los Angeles County during the past 90 days experienced a surge of COVID-19 transmissions. As expected, SG/PRC has experienced a concurrent rise in the reporting of positive COVID-19 cases for individuals served, service provider staff, and SG/PRC staff (See Attachment B). In response, SG/PRC leadership, Nurse Advocates and management have been working around the clock triaging and assessing service needs, engaging resource identification, developing risk mitigation strategies, and assuring follow-up activities occur to protect the health and safety of individuals served and their families. Our surge capacity including surge facilities and staffing registries have adequately supported the needs of individuals served. We have a stockpile of PPE that is delivered by our transportation providers to residential hot spots when needed and at least monthly to all SG/PRC service providers.

SG/PRC COVID-19 Community Outreach

SG/PRC was proactive at the onset of the COVID-19 pandemic. We held our first weekly Zoom COVID-19 meeting with our service providers on March 16th, 2020 before Governor Newsom issued his stay at home order on March 19th, 2020. We began holding weekly Zoom Community meetings on March 26, 2020. These meetings continue to occur on a weekly frequency.

Throughout the pandemic we have contacted all individuals served telephonically, text messaging or letters at least three times. We have maintained focused Check-In programs with individuals served 65 years in age and older or having co-occurring mental health diagnosis, and those that live in their own homes or are receiving supported living or independent living services. Our Check-In programs are in addition to our routine contacts that are either, quarterly, semi-annually, annually or more frequently, according to the Individual Program Plan (IPP).

On January 29, 2021 the Department of Developmental Services (DDS) issued a directive requiring that regional centers contact individuals served within 30 days, if contact had not been made prior to January 1, 2021 (See Attachment C). As a feature of these required contacts as stated in the mentioned DDS directive, Service Coordinators will assess service needs of individuals served, including supports needed to secure COVID-19 testing and vaccinations.

COVID-19 Vaccine Prioritization

LA County Department of Public Health has determined, according to its guidance, that individuals that live in congregate living settings, regional centers (including non-residential service providers and their staff and regional center staff), IHSS workers, family member health caregivers, and individuals over the age of 65 are eligible to schedule appointments and receive COVID-19 vaccines within Phase 1(A) tier (1) and tier (2) (See Attachment D).

We have provided letters for non-residential service providers and their staff, regional center staff, family member health caregivers, and individuals served living in Family Home Agency settings or that receive either independent living services or supported living services. In addition, we have created a partnership with a pharmacy that has designated vaccines for SG/PRC, specifically for individuals served over the age of 65.

There was a tidal wave of occurrences, where family member health caregivers (regional centers) in Southern California were rejected from receiving the vaccine, after reaching the front of the line. Regional Center letters were not accepted at vaccination sites. We are pleased to report that SG/PRC's vaccine letters have been accepted at a rate of 100 percent. The good news is that these unfortunate occurrences are reported at lower frequencies, after representatives with DDS, the Association for Regional Center Agencies (ARCA) and Local Public Health Authorities issued clarifying guidance creating boundaries around the definition of a regional center family member health caregiver.

As you are aware, our compelling chorus of advocacy shaped California's public health policy. Effective March 15, 2021 individuals with developmental disabilities will have access to COVID-19 vaccines (See Attachment E). Service Coordinators will contact individuals served and offer supports for securing COVID-19 testing or vaccination appointments (See Attachment F).

COVID-19 Testing and Vaccinations for our SG/PRC Community

We are pleased to announce that we have entered into an agreement with the California Department of Health and Human Services and Valencia Laboratories for offering COVID-19 testing at SG/PRC's business office for individuals served, service providers and SG/PRC staff. We anticipate a soft opening during March 2021. Our goal is to offer COVID-19 testing at least on a weekly basis.

Well over a month ago, we initiated conversations with LA County Department of Public Health officials with a goal to make SG/PRC's business office a vaccination site for individuals served, service providers and their staff, and SG/PRC staff. In addition, we have engaged productive conversations with local pharmacy partners and Home Health Agencies as critical resources to support our efforts.

COVID-19 Funeral Benefits

COVID-19 funeral benefits are available, retroactively for funerals that have taken place between January 2020 and December 31, 2020. Federal legislation was passed during December 2020 allocating 2 billion dollars to the Federal Emergency Management Agency (FEMA) to meet this need. Families that provide documents, and receipts demonstrating funeral costs and death certificates can apply and be reimbursed up to \$7,000. This program is not operational at this time (See Attachment G). We will keep our SG/PRC Community informed.

SG/PRC Community Events

Our weekly Community meetings and our website www.SGPRC.org are great resources and communication forums regarding SG/PRC's events and those special events hosted by our strategic partners.

On Thursday, February 25, 2021 through Zoom from 9 a.m. to 10:30 a.m. Dr. Larry Yin, SG/PRC's consulting physician, will host a COVID-19 "vaccine" conversation with our Community with a question-and-answer session.

On Tuesday, March 9, 2021 in lieu of our Community meeting through Zoom, from 10 a.m. to 12 noon, Mr. Chris Littlefield an inspirational speaker will provide us with tools for "Being Resilient in a Pandemic." Mr. Littlefield's clients include the United Nations, U.S. Army, U.S. Airforce, MetLife, Kraft foods, Salesforce, L.L. Bean, Fidelity Investments and many others (See Attachment H).

On Friday, March 19, 2021 from 6 p.m. to 9 p.m. in partnership with Azusa Pacific University, SG/PRC is hosting a virtual dance party for individuals served 18 years and older. The theme is the '80s. There will be a costume contest, music and a lineup of fun activities and prizes (See Attachment I).

SG/PRC Budget FY 19/20

Regional Center budgets are implemented within a three year cycle. SG/PRC's Operations (OPS) and Purchase of Services (POS) budgets retain small reserves.

SG/PRC Budget FY 20/21

SG/PRC's OPS allocation for FY 20/21 is \$32,213,085 projecting at \$32,014,567 at the end of the fiscal year. Current month expenditures are \$2,325,625 and year to date expenditures are \$15,084,082.

SG/PRC's POS allocation is \$271,307,068. Current month expenditures are \$21,716,221. Year to date expenditures are \$124,740,250. We anticipate a deficit reflecting \$7,159,253 derived from COVID-19 Health and Safety Exemption expenditures. All regional centers are required to track COVID-19 expenditures and report those specific costs to the DDS. Anticipated future allocations related to COVID-19 expenditures will yield a balanced year end budget outcome.

Audit of SG/PRC's Representative Payee Services

SG/PRC serves as the representative payee for approximately 2,071 individuals served. On January 16, 2020 SG/PRC's Client Benefits Service Programs were audited by Disability Right of California. There are no outstanding issues. The Social Security Administration has determined that SG/PRC has fulfilled its representative payee duties (See Attachment J).

Caseload Ratio Survey

Annually every regional center is required to conduct a caseload ratio survey and submit its survey to DDS. SG/PRC outperformed the statewide average in most measurable categories and its caseload ratios are near statutory thresholds, although efforts are frustrated due the core staffing formula. SG/PRC did not satisfy all statutory requirements.

The antiquated core staffing formula creates an under allocation in funding for Service Coordinator positions. SG/PRC's allocation for Service Coordinators' salaries and benefits represent \$7,146,720 and \$1,693,733 respectfully. The actual cost is \$10,394,370 and \$2,650,564. SG/PRC created its plan of corrective action through public meetings and input from its stakeholders. SG/PRC's plan was submitted to DDS on November 17, 2020. SG/PRC agreed to identify methods to create efficiencies to free up operations allocation expended for other critical functions.

The most significant element of SG/PRC's plan is to inform lawmakers in partnership with ARCA regarding the shortcomings of the outdated regional center staffing formula and gaining their support for an updated staffing model. Aptly, the cost for Service Coordinators' salary and benefits are not static at \$37,000 annually. On February 3, 2021, SG/PRC received DDS' acknowledgment that SG/PRC's plan was received and approved for implementation (See Attachment K).

Department of Developmental Services

Family / Self-Advocate Survey

The Family/Self-Advocate survey closed on December 18, 2020.

Alternative Monthly Rate / Non-Residential Services

January 2021, is the first month for implementation of the Alternative Monthly rate system. We anticipate there might be kinks that need to be ironed out after the first billing cycle. Beginning January 2021, service providers by the fifth business day of each month must submit a report for the prior month for each vendorization delivering Alternative Services using SurveyMonkey (See Attachment L).

Waiver for Payment for Financial Management Services

On February 3, 2021 DDS issued guidance waiving the requirement that Financial Management Services are funded through the Self-Determination participant's budget. This waiver is retroactive to October 1, 2020 and is effective throughout the COVID-19 pandemic (See Attachment M).

Association of Regional Center Agencies (ARCA) Updates

The Association of Regional Center Agencies (ARCA) represents the 21 non-profit regional centers that advocate on behalf of and coordinates services for California's over 350,000 people with developmental disabilities. The Association functions as a leader and advocate in promoting the continuing entitlement of individuals with developmental disabilities to achieve their full potential and highest level of self-sufficiency. The Association participates in the development of public legislative policy that impact individuals with developmental disabilities and their families.

Governor Newsom's Budget Proposal FY 21/22

On February 9, 2021 ARCA issued a position statement as a response to Governor Newsom's budget proposal (Department of Developmental Services) addressed to Senator Susan Talamantes Eggman, Chair Senate Budget Subcommittee (Health and Human Services) and Assembly Member Joaquin Arambula, Chair Assembly Committee on Budget, Subcommittee #1 (Health and Human Services).

ARCA's statement applauds the budget proposal for its status quo elements, having no budget savings, rate increases for specific service types, extension of the sunset date for the Uniformed Holiday Schedule, Supplemental Provider rate increases and new funding for 21 regional center positions to coordinate the management of natural emergencies such as fires, floods, earthquakes, heatwaves and or extended power outages.

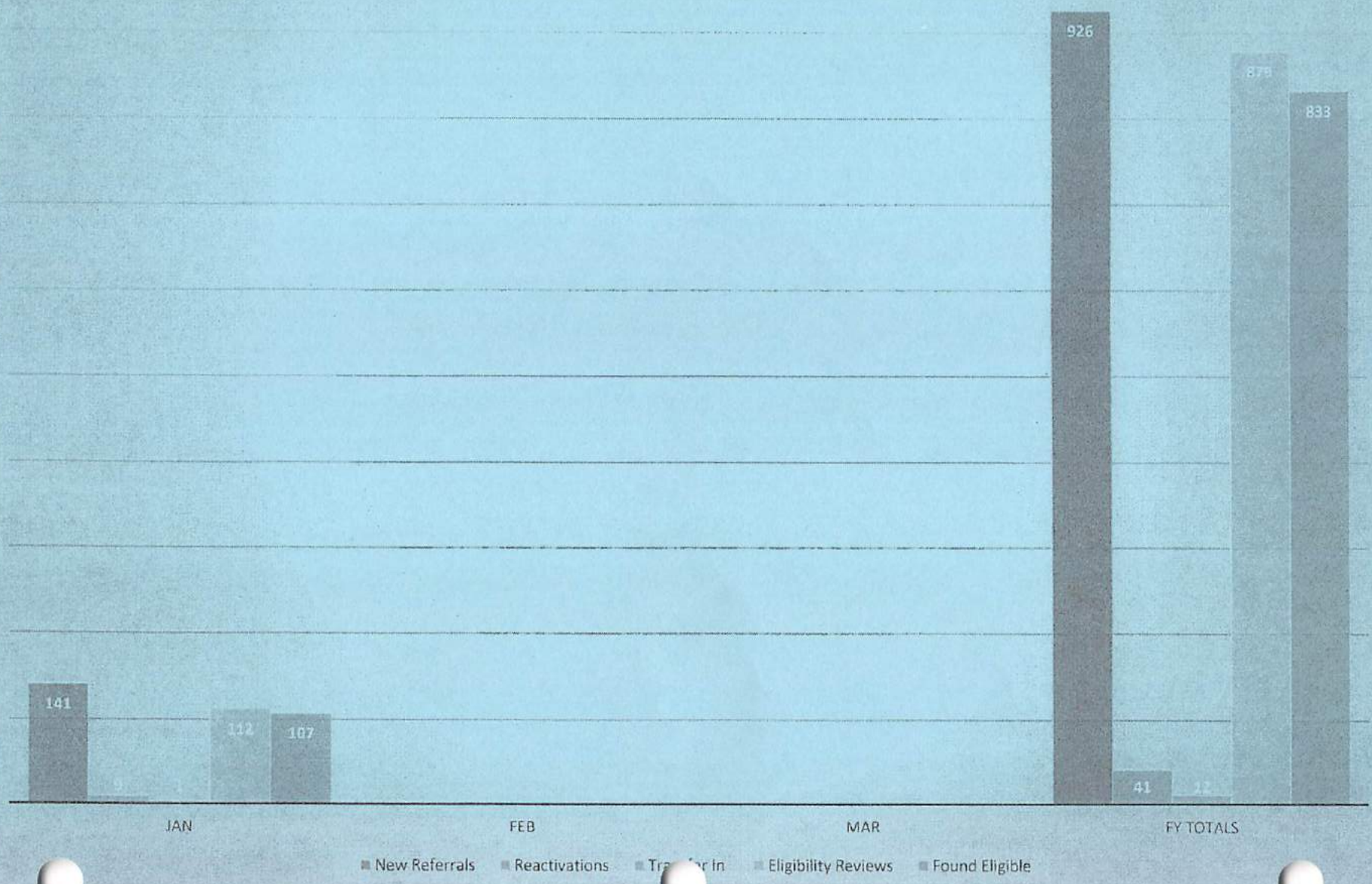
ARCA's statement affirms that California has experienced substantial budget surpluses without addressing the need to fix the antiquated core staffing formula that increases Service Coordinators' caseload ratios system wide. The average Service Coordinator caseload ratio is 75.48. A shortfall of 850 positions. This trend will continue to grow if left unchecked, compromising the regional center system's ability to efficiently meet the needs of individuals served stated within their Individual Program Plans.

ARCA is advocating for a more efficient allocation process to adjust service provider rate increases due to minimum wage increases. Also, ARCA is requesting a fully secured investment within the regional centers' service delivery infrastructure connected to the temporary down payment maturing into permanent rate increases and subsequent increases as recommended through the Burns & Associates rate study.

Finally, ARCA is requesting one-time funding to replace the outdated Uniformed Fiscal System (UFS) that was created in 1985 and is over 35 years old. The UFS accounting system has limited functionality and hampered efficiencies due to the reach of technology that existed when it was created (See Attachment N).

Attachment *

Early Start Referrals and Eligibility Reviews Third Quarter 2020-2021 Fiscal Year



■ New Referrals ■ Reactivations ■ Transfer In ■ Eligibility Reviews ■ Found Eligible

Lanterman Intake Eligibility & Reviews Third Quarter 2020-2021 Fiscal Year

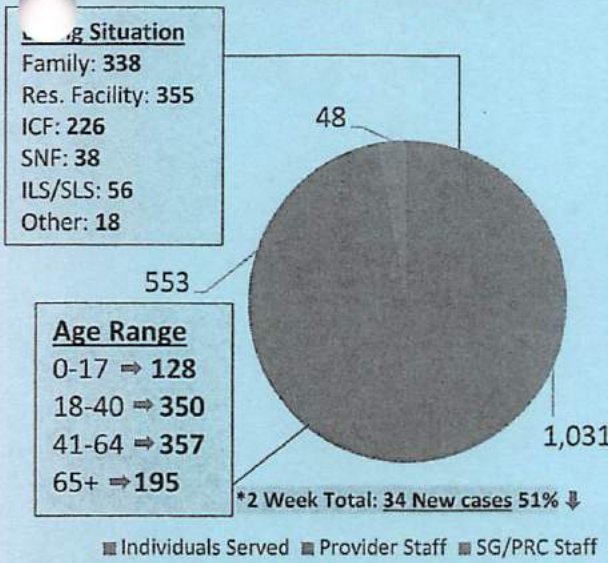


California COVID-19 Data

Total Cases: 3,406,365 (23.4%) ↓
 Hospitalizations: 9,299 (25.5%) ↓
 Deaths: 47,043

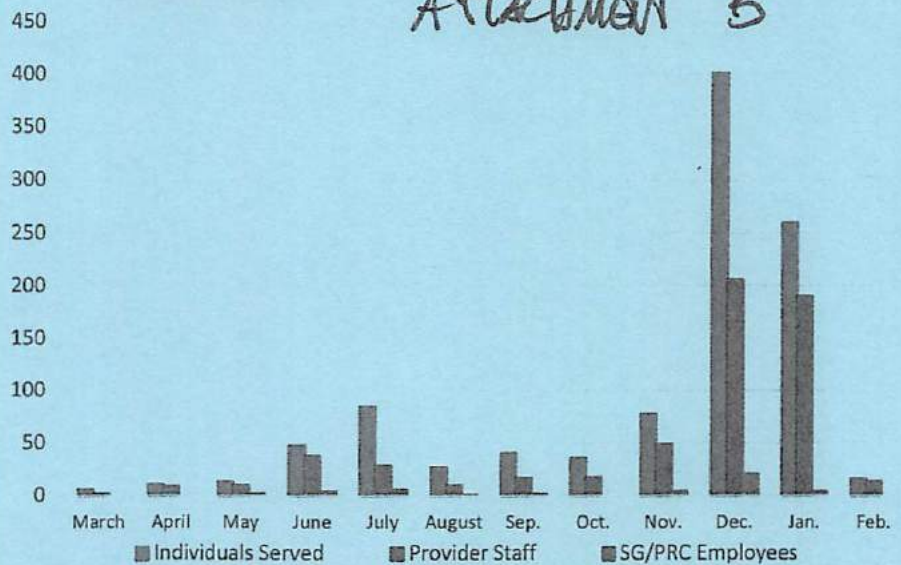
San Gabriel Pomona Regional Center COVID-19 Report Week of 2/15/21

SG/PRC TOTAL COVID-19 CASES 2020

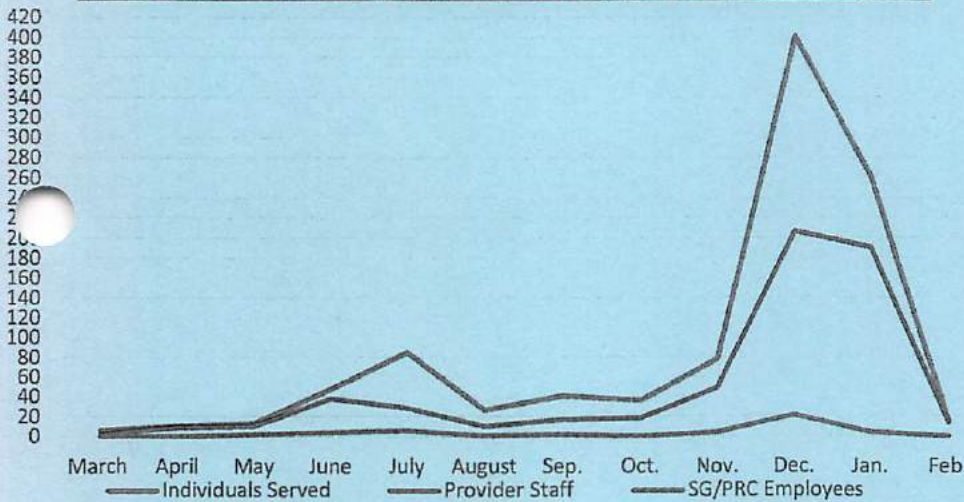


San Gabriel Pomona Regional Center Positive COVID-19 Cases 2020

ATTACHMENT B



San Gabriel Pomona Regional Center Positive COVID-19 Cases 2020



COVID-19 Deaths of Individuals Served

March	4
April	1
May	3
June	2
July	4
August	1
September	1
October	0
November	2
December	9
January	19
February	4
TOTAL	50

Los Angeles County Public Health Data

2 Day Weekend Total	5,190
Total Cases	1,168,358 (+21,704 cases) 18.2% ↓
Current Hospitalizations	3,270 29% ↓(13% - ICU Capacity)
Total Deaths	19,066
7 Day Daily Testing Average	65,989
Positivity Rate	7.1%
New Cases per 100,000	26.9 total daily
SG/PRC SERVICE AREA HOTSPOTS / TOTAL CASES	
Pomona	23,399
El Monte	16,551
Baldwin Park	12,559
West Covina	12,131

WIDESPREAD Most non-essential indoor business operations are closed.	More than 7 Daily new cases (per 100k)	More than 8% Positive tests
SUBSTANTIAL Some non-essential indoor business operations are closed.	4-7 Daily new cases (per 100k)	5-8% Positive tests
MODERATE Some business operations are open with modifications.	1-3.9 Daily new cases (per 100k)	2-4.9% Positive tests
NORMAL Most business operations are open with modifications.	Less than 1 Daily new cases (per 100k)	Less than 2% Positive tests

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 240, MS 2-13
SACRAMENTO, CA 95814
TTY: 711
(916) 654-1897



January 29, 2021

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: DEPARTMENT DIRECTIVE 01-012921: CONTACTING CONSUMERS AND PLANNING FOR COVID-19 ACTIVITIES

Welfare and Institutions (W&I) Code section 4639.6 authorizes the Director of the Department of Developmental Services (Department) to issue directives to regional centers as the Director deems necessary to protect consumer rights, health, safety, or welfare, or in accordance with W&I Code section 4434. Regional centers must comply with any directive issued by the Director pursuant to this section.

The Department acknowledges the extraordinary and crucial work of regional centers in response to the COVID-19 pandemic. The actions you have taken and continue to take every day to protect consumers, families and providers and to mitigate risk has contributed to saving lives. Now, with the tremendous increase in positive cases throughout the state, we must remain vigilant and increase our efforts. Consumers and families are in need now more than ever and it is critical that regional centers remain informed, in contact and increase case management activities where necessary. Pursuant to W&I Code section 4639.6, the Department is directing regional centers to take the actions stated in this Directive.

Consumer and Family Contacts

The Department is requiring regional centers to contact each consumer and family it serves within the next 30 days, unless contact has been made since January 1, 2021, and additional contact is not warranted or the consumer or family has expressed an interest in less contact. The purpose of the contact is to inquire about the health, safety and well-being of the consumer and family, and to obtain information regarding testing and vaccinations and any outstanding needs, such as services and supports and personal protective equipment (PPE). Regional centers should plan recurring follow-up contacts and increase contacts on an individual basis unless the consumer, family or authorized representative requests less frequency. For consumers residing in licensed residential facilities, the regional center may contact the home administrator or owner to establish contact with the consumer, or to obtain information, for this purpose. These contacts do not replace quality assurance and other monitoring activities required by law.

Hospital Contacts

The Department is requiring regional centers to establish and maintain contact with hospitals, families, residential service providers, or other caregivers regarding the status of any consumer who is in a hospital as a result of COVID-19. The purpose of the contacts is to obtain information that will assist the regional center in planning for discharges (e.g., identifying placement needs, additional services and support needs, etc.). Regional centers must report to the Department as soon as possible regarding any consumer who may

“Building Partnerships, Supporting Choices”

Regional Center Executive Directors
January 29, 2021
Page two

potentially need to be discharged to the Fairview Developmental Center or Porterville Developmental Center surge sites and must be prepared to discuss the consumer's status in detail. Enclosed is the Department's December 15, 2020 email with information on referrals to the surge sites.

Testing and Vaccination Plan

Each regional center must develop or include in an existing plan, the regional center's plan for COVID-19 testing and vaccinations. The plan should be brief and must address how the regional center will work with consumers, families, service providers and local entities in these efforts, with particular focus on communication to consumers, families and providers regarding plan implementation. The plan must be submitted to the Department along with information on any tangible issues related to testing and vaccinations within 30 days of the date of this Directive, to DDSC19Directives@dds.ca.gov.

Regional Center Relief

The Department is working with regional centers on statewide prioritization of workload and relief that may be granted to allow regional centers more time to focus on consumer health and safety. The Department may issue additional directives as needed. Individual regional centers may propose or request additional items that would provide relief to that regional center to assist in available resources to comply with this Directive. Proposals and requests should be submitted to DDSC19Directives@dds.ca.gov.

This Directive is effective immediately and remains in effect until further notice. Consumers, family members or providers should contact their local regional center with questions regarding this Directive. Questions from regional centers should be directed to DDSC19Directives@dds.ca.gov.

Sincerely,

Original Signed by:

NANCY BARGMANN
Director

Enclosure

cc: Regional Center Board Presidents
Regional Center Administrators
Regional Center Directors of Consumer Services
Regional Center Community Services Directors
Association of Regional Center Agencies

Hill, Anthony

From:
Sent:
To:
Cc:
Subject: Response to your letter from LA County Department of Public Health

Dear Mr. Hill,

Thank you for contacting the LA County Department of Public Health regarding COVID-19 vaccine prioritization for individuals with developmental disabilities. I am responding to your letter on behalf of Dr. Ferrer.

Since the day LA County received its first shipment of COVID vaccine on December 13, 2020, we have been following the California Department of Public Health's [COVID-19 Vaccine Plan](#), which was informed by the federal Centers for Disease Control and Prevention and the Advisory Committee on Immunization Practices.

This week, the State announced that it is changing its vaccine rollout strategy in California after completion of Phase 1B, Tier 1 (Education and Childcare, Emergency Services, Food and Agriculture). "The state will transition to **age-based eligibility**, allowing California to scale up and down quickly, while ensuring vaccine goes to disproportionately impacted communities." [To Improve Statewide Vaccinations, Governor Newsom Announces Actions to Simplify, Standardize and Address Supply Needs | California Governor.](#)

Because this was just announced, we do not have the details on how this will affect the Phases and Tiers and various industry sectors previously outlined and listed on our Public Health website.

[LA County COVID-19 Vaccine - LA County Department of Public Health.](#)

As we find out more information in the weeks ahead, we will be sharing this information on our website [VaccinateLACounty.com](#). I encourage you to sign up for our **Vaccine Newsletter** updates, as well as register for vaccination eligibility alerts from the California Department of Public Health's MyTurn website at [CDPH - CDPH \(ca.gov\)](#).

Wishing you all the best,

SUMMER NAGANO

DPH COVID-19 Response

Vaccine Stakeholder Engagement Liaison

Emergency Preparedness and Response Division

Los Angeles County Department of Public Health

snagano@ph.lacounty.gov

[VaccinateLACounty.com](#)

Hill, Anthony

Subject:

LA Times Op-Ed

<https://www.latimes.com/opinion/story/2021-01-29/covid-vaccine-disabled-people-priority>

Op-Ed: Why is California's age-based COVID-19 vaccine policy overlooking disabled people like me?

When Gov. Gavin Newsom announced the latest changes in the way California determines eligibility for COVID-19 vaccines, he chose an analogy that unintentionally revealed just how misguided the revised guidelines are.

It's like boarding an airplane, Newsom said. The gate agents don't wait for every first-class passenger to enter the plane before they let the business-class passengers on. And the customers traveling in economy don't wait until every last business-class passenger boards before they head down the jetway.

The problem? The governor failed to include those who usually get to board the plane first: people with disabilities. Like me.

Unfortunately, that oversight is hardly surprising. Since the pandemic started, we have been largely confined to our homes without the support we are used to. Quarantine means many of our caregivers stayed away, causing our family members to quit their jobs so they could fill in. Many students with disabilities aren't receiving the support they need to properly attend, and benefit from, virtual school. We feel so alone.

But now Newsom appears to have downgraded us — or overlooked us — in his vaccine distribution plan, which first gave priority to people by occupation and then by age. Neither approach accounts for the needs of the millions of Californians with disabilities.

I have cerebral palsy, use a wheelchair and communicate by typing on my iPad with my toes. Why would a healthy 50-something (albeit a healthcare worker) get the vaccine before me — a 45-year-old man with significant disabilities?

That's not only a heartless decision, it's bad policy. In dealing with the pandemic, Newsom often says he's just "following the science." He's not doing that here. Studies show that people with disabilities who contract the virus are far more likely

to die from it than the general population. In one study, researchers found that people with Down syndrome are nearly five times more likely to be hospitalized for COVID-19 than the general population and face 10 times the risk of death linked to the virus.

As Andrew Imparato of Disability Rights California told the state's vaccine advisory committee last week, "From our perspective, if we wait until May to get [vaccines] to other populations, a lot of people under 65 are going to die unnecessarily."

It's not that states are powerless to help. A fair number of other states, perhaps recognizing the grim stakes, have stepped up to make people with disabilities a priority in their vaccine distribution plans.

Ohio is already vaccinating people with developmental or intellectual disabilities and certain medical conditions. Vermont plans to give priority to those with Down syndrome. Tennessee and Indiana put people with developmental and intellectual disabilities high on their lists. And Oregon even designated a drive-through vaccination center at Portland International Airport specifically for people with disabilities and their caregivers.

Where's California's plan? It's desperately needed. Many people with disabilities are dealing with comorbidities of health that make us more vulnerable if we get the virus, while routine contact with multiple caregivers and other people who support us increases our risk of being exposed to COVID-19.

In addition, many people with disabilities are nonspeaking and may not be able to communicate that they don't feel well. Others have sensory challenges that make it difficult or impossible for them to wear protective face masks.

Yet California has offered vaccines for the caregivers who support people like me — but has not accounted for the disabled people they care for who need it more. The state may view this as a way to "protect the vulnerable," but you know what would help more? Administering the vaccine to us.

Out of the gate, California offered the COVID vaccine for staff and residents of long-term care facilities. Many people with disabilities are surrounded by such staff, but we've been left out.

As a person with cerebral palsy who lives on my own with support, I am more at risk because I rely on my staff to help me. I am exposed to multiple support people who come and go each day. Several of them have been exposed to COVID and had to isolate, although none of them have come down with it so far.

Still, I'm so afraid of getting COVID that many days I don't even go out my front door to get some fresh air. My family raised me to be as independent as possible. Since March, I've felt like I am living in an institution. I'm so isolated.

California's vaccine policy must be altered to make us a priority. The science says people with disabilities are disproportionately dying of COVID. Why isn't Gov. Newsom listening?

Tim Jin, of Fountain Valley, serves on the board of Disability Voices United.

Amy Westling

Executive Director

Association of Regional Center Agencies

(916) 446-7961

[@ARCAcalifornia](https://www.facebook.com/ARCAcalifornia)



DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 240, MS 2-13
 SACRAMENTO, CA 95814
 TTY: 711
 (916) 654-1897



February 12, 2021

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: DEPARTMENT DIRECTIVE 01-021221: CONTACTING CONSUMERS
 REGARDING ELIGIBILITY FOR COVID-19 VACCINATION

Welfare and Institutions (W&I) Code section 4639.6 authorizes the Director of the Department of Developmental Services (Department) to issue directives to regional centers as the Director deems necessary to protect consumer rights, health, safety, or welfare, or in accordance with W&I Code section 4434. Regional centers must comply with any directive issued by the Director pursuant to this section.

Outreach to Regional Center Consumers Age 65 and Older

Existing public health guidance from the California Department of Public Health states that all people in California who are age 65 or older are eligible for vaccination against COVID-19 because of the risk COVID-19 infection poses to this population. **Please note that eligibility for vaccination does not guarantee actual access to the vaccine due to limited supply.** Therefore, pursuant to W&I Code section 4639.6, to reduce risks associated with COVID-19, regional centers are directed to conduct immediate outreach to, and make contact with, **every regional center consumer age 65 and older who is not known to already be vaccinated**, their family or conservator, or with the administrator of their licensed residential facility.

This outreach and contact should be conducted in-person or by telephone or Internet platform whenever possible, with email, text, other written communication used when those efforts have been unsuccessful. If contact made pursuant to the January 29, 2021 Directive titled "Contacting Consumers and Planning for COVID-19 Activities," is compliant with the informing and data collection specifications of this Directive, that contact fulfills this requirement.

The regional center shall make every reasonable effort to provide the following information for regional center consumers:

- Information about where to obtain a vaccine.
- Information about how to schedule an appointment to receive a vaccine.
- Information about options for assistance in accessing vaccination, including regional center or vendor assistance, public telephone hotlines or websites, transportation, and similar resources.
- Information about the vaccines and their safety, such as from the Department's Frequently Asked Questions and other resources found here: <https://www.dds.ca.gov/corona-virus-information-and-resources/vaccine-testing/>

The regional center shall make every reasonable effort to obtain the following information for each regional center consumer, if the consumer or conservator agrees or has consented to provide it:

- Information necessary to populate all applicable vaccination fields required in SANDIS, including but not limited to:
 - Date(s) of vaccination
 - Brand of vaccine

"Building Partnerships, Supporting Choices"

Regional Center Executive Directors
February 12, 2021
Page two

- Any significant adverse reaction, as specified in SANDIS
- Whether the consumer or conservator declines vaccination
- Any request by a consumer for assistance in scheduling and accessing a vaccination, and the type of assistance requested.

In the interest of public health, time is of the essence. Therefore, the regional center may utilize its own employees to make these contacts, and also may utilize the individual's existing service providers to do so, if necessary. A regional center's communication efforts should include notifying consumers and/or families that someone other than their usual service coordinator may be contacting them about vaccinations, if such a decision is made.

Eligible Populations in the Future

The Governor has announced that beginning March 15, 2021, additional people will be eligible for vaccination, including the following persons:

- Individuals ages 16 through 64 who are deemed by the clinical judgment of their health care provider to be at the very highest risk for morbidity and mortality from COVID-19 as a direct result of one or more of the following severe health conditions:
 - **Cancer**, current with debilitated or immunocompromised state
 - **Chronic kidney disease**, stage 4 or above
 - **Chronic pulmonary disease**, oxygen dependent
 - **Down syndrome**
 - **Immunocompromised state** (weakened immune system) from solid organ transplant
 - **Pregnancy**
 - **Sickle cell disease**
 - **Heart conditions**, such as heart failure, coronary artery disease, or cardiomyopathies (excludes hypertension)
 - **Severe obesity** (Body Mass Index ≥ 40 kg/m²)
 - **Type 2 diabetes mellitus** with hemoglobin A1c level greater than 7.5%

OR

If as a result of a developmental or other severe high-risk disability, one or more of the following applies:

- The individual is likely to develop severe life-threatening illness or death from COVID-19 infection
- Acquiring COVID-19 will limit the individual's ability to receive ongoing care or services vital to their well-being and survival
- Providing adequate and timely COVID-19 care will be particularly challenging as a result of the individual's disability

Regional Center Executive Directors
February 12, 2021
Page three

The information above regarding "Eligible Populations in the Future" is subject to change as additional scientific evidence becomes available. The Department is providing this initial information now to assist regional centers, caregivers, providers, and consumers in their efforts to become vaccinated.

The Department will issue a future Directive for the populations outlined above who will be eligible for vaccine prioritization in the future. This future Directive will contain requirements similar to those described in this Directive and specific to persons age 65 and older. More information will be forthcoming at a later date.

This Directive is effective immediately, and is necessary to protect the health of persons age 65 and older from the risks associated with potential COVID-19 infection.

Consumers, family members or providers should contact their local regional center with any questions regarding this Directive. Questions from regional centers should be directed to DDSC19Directives@dds.ca.gov.

Sincerely,

Original Signed by:

NANCY BARGMANN
Director

cc: Regional Center Board Presidents
Regional Center Administrators
Regional Center Directors of Consumer Services
Regional Center Community Services Directors
Association of Regional Center Agencies

To: All vaccinators and local health departments

From: California Department of Public Health

Date: February 12, 2021

We thank you for your tremendous work to vaccinate Californians.

This bulletin is meant to update you on current guidance for distributing vaccine.

Vaccine Prioritization (as vaccine supply allows)

- 1) Currently vaccines may be distributed to populations identified in Phase 1A and Phase 1B, Tier 1.

- 2) Beginning March 15, healthcare providers may use their clinical judgement to vaccinate individuals age 16-64 who are deemed to be at the very highest risk for morbidity and mortality from COVID-19 as a direct result of one or more of the following severe health conditions:

- **Cancer**, current with debilitated or immunocompromised state
- **Chronic kidney disease**, stage 4 or above
- **Chronic pulmonary disease**, oxygen dependent
- **Down syndrome**
- **Immunocompromised state** (weakened immune system) from **solid organ transplant**
- **Pregnancy**
- **Sickle cell disease**
- **Heart conditions**, such as heart failure, coronary artery disease, or cardiomyopathies (excludes hypertension)
- **Severe obesity** (Body Mass Index ≥ 40 kg/m²)
- **Type 2 diabetes mellitus** with hemoglobin A1c level greater than 7.5%

OR

If as a result of a developmental or other severe high-risk disability one or more of the following applies:

- The individual is likely to develop severe life-threatening illness or death from COVID-19 infection
- Acquiring COVID-19 will limit the individual's ability to receive ongoing care or services vital to their well-being and survival
- Providing adequate and timely COVID care will be particularly challenging as a result of the individual's disability

The list of eligible conditions is subject to change as additional scientific evidence is published and as CDPH obtains and analyzes additional state-specific data.

This provider bulletin is meant to clarify and update California's vaccine administration prioritization policy. It may be updated periodically to aid all vaccinators as the state moves through its efforts to vaccinate all eligible populations and as supplies increase over time.

Thank you for your partnership and work to protect Californian's during the pandemic.



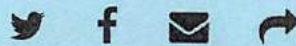
ATTACHMENT G

NATIONAL

Families can soon apply for funds to cover COVID funeral costs, Democratic lawmakers say

BY KATIE CAMERO

FEBRUARY 09, 2021 02:15 PM, UPDATED FEBRUARY 09, 2021 02:31 PM



Families that have lost loved ones to COVID-19 will soon be able to apply for FEMA funds to cover funeral expenses. They can get up to \$7,000. EMILIO MORENATTI AP



Listen to this article now

01:58

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ACCEPT COOKIES

ATTACHMENT 6

Families that have lost loved ones to COVID-19 will soon be able to apply for funds to help cover funeral expenses, Senate Majority Leader Chuck Schumer and Rep. Alexandria Ocasio-Cortez announced Monday during a news conference in New York.

Two billion dollars in Federal Emergency Management Agency (FEMA) funds were approved in a December COVID-19 relief bill. Each family that provides documentation and receipts from funeral costs, as well as death certificates, can be reimbursed up to \$7,000.

So far, the program is retroactive and applies to funerals that took place between Jan. 20, 2020, and Dec. 31, 2020, the New York Democrats said. Schumer said he and Ocasio-Cortez are working on extending the relief until the pandemic ends.

Chuck Schumer and Congresswoman AOC Alexandria Oca...



“When you suddenly lose a loved one, you’re talking about an expense of four or five, seven, \$10,000,” Ocasio-Cortez said. “And then during COVID, with overrun funeral facilities, et cetera, families also are having to deal with having to pay for the storage of the bodies of their own loved ones. This is wrong.”

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ATTACHMENT G

CLAIM OFFER

Schumer said Ocasio-Cortez brought the idea to his attention last April, but several attempts to negotiate with the then Donald Trump-run White House flopped.

“They were cold-hearted,” Schumer recalled, “... We found out that, actually, FEMA could do this on its own.” The agency delivered “special disaster funds” to families with funeral costs following Hurricane Sandy, which battered the upper east coast in 2012, he said.

Ocasio-Cortez also acknowledged concerns felt by immigrant families over fears about applying to the program.

“I think right now our families, especially under a (President Joe) Biden administration, a Democratic Senate and a Democratic House that is prioritizing immigrant rights, including those who are undocumented, [should not] have fear, and not allow that fear to further marginalize our community,” she said.

The application is expected to open “within a couple of months,” according to CBS New York.

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SAN GABRIEL/POMONA REGIONAL CENTER

Invites you to a special inspirational session with practical strategies to help better manage stress and keep you at your best in the midst of a pandemic.

Being Resilient in a Pandemic

Presented by:

Mr. Christopher (Chris) Littlefield

International Speaker specializing in Employee Appreciation, Recognition, and Workplace Culture, and the founder of Beyond Thank You.

Mr. Littlefield's clients include the United Nations, MetLife, U.S. Army, U.S. Airforce, L.L.Bean, Salesforce, Kraft foods, Fidelity Investments, Valley Mountain Regional Center and Westside Regional Center



Participants will learn...

- How a common everyday misconception in perception inadvertently drives us to burnout, and how to change that on the spot.
- Four proven strategies that trigger the parasympathetic nervous system into rest and recovery, helping to better take care of themselves and others.
- How to better understand their personal stress and recovery process in the pandemic and how to identify early warning signs and improve how they manage stress.

Save the Date!

March 9, 2021 - 10 a.m. to noon

at the Weekly Community Meeting

More information to follow



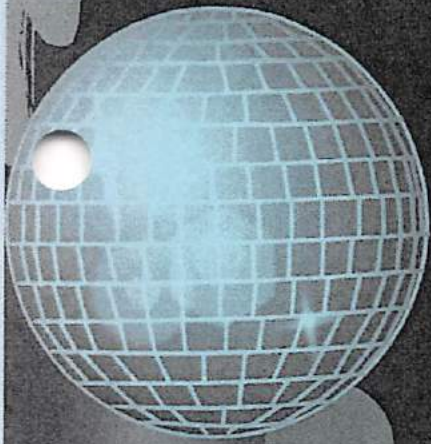
Christopher (Chris) Littlefield

Mr. Littlefield has trained thousands of leaders, across six continents, on how to understand what their people want and need to be at their best.

His work has been featured in New York, Mindful, and British Psychologies Magazines, and profiled in Harvard Business Review. Chris is a regular contributor to Forbes and Harvard Business Review and the author of the bestselling book, 75+ Team Building Activities for Remote Teams.

BRING BACK THE 80'S!

SGPRC EDITION



ATTACHMENT I

Join us for a virtual Dance Party!

18+ SGPRC Adults

GAMES

+

PRIZES

Dress in your

best 80's

attire!

FRIDAY, MARCH 19TH, 2021
@ 6-9PM

Contact: Isabella J
ljimenez@sgprc.org



Social Security Administration
Important Information

ATTACHMENT J

Social Security Administration
6401 Security Blvd.
Mail Stop 1620
Baltimore, MD 21235
Date: November 25, 2020

San Gabriel Pomona Regional Center
P O Box 2280
West Covina, CA 91793

On January 16, 2020, Disability Rights California met with you to conduct a review of your service as a representative payee. Thank you for your participation in the review.

Results Of Your Review

Disability Rights California sent you a letter on August 31, 2020, listing items requiring your action. We reviewed your actions on those items. We determined you fulfill your duties as representative payee. Your review is now complete.

If You Have Questions About The Results Of Your Review

If you have questions about the results of your review, please call Social Security at 410-965-9222.

If You Have Any Other Questions About Social Security

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

Suite 201
501 S Vincent Ave
West Covina, CA 91790-6712

Suspect Social Security Fraud?

If you suspect Social Security fraud, please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

Social Security Administration

ATTACHMENT K

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 340, MS 3-12
SACRAMENTO, CA 95814
TTY (916) 654-2054 (For the Hearing Impaired)
(916) 651-6309



EXHIBIT

A

**SAN GABRIEL/POMONA
REGIONAL CENTER**

September 16, 2020

Anthony Hill, M.A., Esq., Executive Director
San Gabriel/Pomona Regional Center
75 Rancho Camino Drive
Pomona, CA 91766

Dear Mr. Hill:

Thank you for your service coordinator caseload survey emailed to the Department of Developmental Services (Department) on March 4, 2020. The data you provided indicate that, as of March 1, 2020, San Gabriel/Pomona Regional Center (SG/PRC) did not meet all the required caseload ratios mandated by Welfare & Institutions (W&I) Code §4640.6(c). This year the service coordinator caseload survey included reporting on a new, mandated caseload ratio requirement for individuals with complex needs. W&I Code §4640(c) was amended in July 2019, to require an average caseload ratio of 1:25 for individuals with complex needs, and this category is reflected in the table below. Specifically, SG/PRC did not meet required caseload ratios for the highlighted categories. Of the highlighted categories, SG/PRC caseload ratios for individuals age thirty-six months and younger, and over three years old, non-waiver, non-mover individuals have been out of compliance for two consecutive reporting periods.

Regional Center	On Waiver	Under 3 Years*	Movers Over 24 Months	Movers Between 12 and 24 Months	Movers Within Last 12 Months	Over 3 Years, Non-Waiver, Non-Mover*	Complex Needs
W&I Code Required Ratios	1:62	1:62	1:62	1:45	1:45	1:66	1:25
SG/PRC Number of Individuals Served	4,553	1,980	112	3	1	7,142	25
SG/PRC Ratios	1:65	1:64	1:35	1:31	1:18	1:71	1:65
CA Average	1:75	1:64	1:56	1:35	1:23	1:79	1:37

*out of compliance for two consecutive reporting periods

“Building Partnerships, Supporting Choices”

ATTACHMENT K

Anthony Hill, M.A., Esq., Executive Director
September 16, 2020
Page two

Please note this is the first year in which regional centers were required to report caseload ratios for individuals with complex needs as per W&I Code §4640(c). Upon evaluation of the statewide data, the Department recognizes the methodology used to calculate the 1:25 caseload ratio may not be accurate for individuals with complex needs. The Department will work with the Association of Regional Center Association on a revised methodology.

This letter is to notify you that, as specified by W&I Code § 4640.6(f), SG/PRC is required to submit a plan of correction for the caseload ratio categories that were not met for two consecutive reporting periods. The plan of correction must be developed with input from the State Council on Developmental Disabilities, local organizations representing the individuals you serve, their family members, regional center employees, including recognized labor organizations, service providers, and other interested parties. Please include in your plan of correction how you incorporated feedback from all required stakeholders.

We encourage you to review your process for determining service coordinator caseload assignments to assist in meeting the required caseload ratios and in developing your plan of correction.

Please email your plan of correction within 60 days from the date of this letter to:

Email: OCO@dds.ca.gov

The Department is available to provide technical assistance with the development of your plan of correction. If you have questions, please contact Danielle Hurley, Research Data Specialist I, Office of Community Operations, at (916) 654-3228, or by email, at danielle.hurley@dds.ca.gov.

Sincerely,

Original signed by:

ERNIE CRUZ
Assistant Deputy Director
Office of Community Operations

- cc: Gisele Ragusa, San Gabriel/Pomona Valleys Developmental Services, Inc.
- Amy Westling, Association of Regional Center Agencies
- Brian Winfield, Department of Developmental Services
- LeeAnn Christian, Department of Developmental Services
- Uvence Martinez, Department of Developmental Services
- Jacqueline Gaytan, Department of Developmental Services
- Danielle Hurley, Department of Developmental Services

ATTACHMENT K

SAN GABRIEL/POMONA REGIONAL CENTER

November 17, 2020

Ernie Cruz, Assistant Deputy Director
Department of Developmental Services
1600 Ninth Street, Room 340, MS 3-12
Sacramento, CA 95814

Re: San Gabriel/Pomona Regional Center (SG/PRC) – Caseload Ratio Plan of Correction

Dear Mr. Cruz,

We are in receipt of your letter dated September 16, 2020. We appreciate the Department of Developmental Services (DDS) partnership. After reviewing your letter, we found that SG/PRC has outperformed the statewide average in most measurable categories and its caseload ratios are near statutory thresholds. This is a major feat, invariably frustrated by the antiquated core staffing formula that grows the prevailing gap between the cost to pay for Service Coordinator positions and the allocation that SG/PRC receives.

Currently, SG/PRC's allocation for salaries and benefits represent \$7,146,720 and \$1,693,773 respectfully. Although the actual cost is \$10,394,370 and \$2,650,564. As we know, the cost for Service Coordinators' salaries and benefits have risen since the implementation of the Core Staffing formula and simply are not fixed at \$37,000 annually.

Accordingly, SG/PRC's caseload ratio at the time of the survey occurring March 1, 2020 was 1:65 (requirement is 1:62) for individuals served on the HCBSW; 1:64 (requirement 1:62) for individuals served under three years in age; and 1:71 (requirement 1:66) for individuals served over three years in age, not on the HCBSW and not Developmental Center movers. We agree that error likely occurred when DDS calculated the ratios for caseloads with individuals having complex service needs.

In accordance with Welfare & Institutions Code Section 4640.6(f), SG/PRC has developed a plan of correction, including required notice to specific entities (State Council on Developmental Disabilities, Disability Rights of California, local entities, individuals served and their families, service providers, and all interested parties) and held a public meeting during SG/PRC's weekly Zoom Community Meeting occurring on Nov 3, 2020. SG/PRC received the following public input:

"DD waiver offers additional protections on billable services through regulatory due process and second opportunity through DD waiver also through the DD waiver you are not limited to the POS (sic)."

"Thank you for taking time and explain to all of us, and for the transparency. The whole SGPRC team ROCK!"

"Thank you, SG/PRC, for all you do in supporting the consumers, families and vendors. Be well."

75 Rancho Camino Drive, Pomona, California 91766
(909) 620-7722 www.sgprc.org

Program of San Gabriel/Pomona Valleys Developmental Services, Inc.

ATTACHMENT K

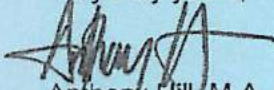
"Thank you! You guys are doing great."

SG/PRC's plan entails the following actions incorporating public input received:

1. During March and April 2020, SG/PRC adjusted its business practice, changing the age ranges for transitional service caseloads. This adjustment reduced caseload ratios for all individuals served over the age of three.
2. During April 2020, SG/PRC advertised, recruited and was successful in hiring 15 new Service Coordinators.
3. During October 2020, SG/PRC adjusted its business practice creating greater continuity between Intake and Early Intervention services. This change reduced caseload ratios for individuals served that are below 3 years in age.
4. SG/PRC is currently analyzing its 2020/2021 Operations Budget to determine if its budget can accommodate expansion Service Coordinator positions, beyond SG/PRC's growth allocation. Keep in mind, SG/PRC's operations budget is substantially stretched due to COVID-19 costs connected with Information Technology, COVID-19 Health & Safety practices, and mandated employee benefits connected with changes in federal law.
5. SG/PRC's Director of Human Resources will continue to make "best efforts" to quickly fill vacant caseload positions.
6. SG/PRC will retain floater Service Coordinator positions that are not computed within its survey of caseload ratios.
7. SG/PRC's Leadership team and Board will continue its efforts to inform lawmakers regarding the regional center system of care, essential services delivered to individuals with developmental disabilities through partnerships with service providers, and the need for adjustments to be made within the Operations Budget allocation methodology.

Mr. Cruz, SG/PRC has made progress with bridging the allocation gap and has outperformed the statewide caseload ratio average as measured against all regional centers. Unequivocally, we value our partnership with DDS. Please stay safe and remain well.

Very truly yours,



Anthony Hill, M.A. Esq.

Executive Director

San Gabriel Pomona Regional Center

Enclosure: Exhibit A. Letter Ernie Cruz (9.16.2020)

ATTACHMENT ←

cc: Gisele Ragusa, Ph.D., Board President, San Gabriel/Pomona Regional Center
Roy Doronila, SG/PRC CFO
Raquel Sandoval, SG/PRC Director of Human Resources
Daniela Santana, Director of Client Services
Carol Tomblin, Ph.D., Director of Community Outreach and Compliance
Erika Gomez, Executive Assistant to the Board of Directors
Amy Westling, Executive Director, Association of Regional Center Agencies
Brian Winfield, Chief Deputy Director, Department of Developmental Services
Uvence Martinez, Chief, Community Operations, Department of Developmental Services
Jacqueline Gaytan, Primary Regional Center Liaison, Department of Developmental Services

ATTACHMENT 1

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 320, MS 3-9
SACRAMENTO, CA 95814
TTY: 711
(916) 654-1958



February 3, 2021

Anthony Hill, M.A. Esq., Executive Director
San Gabriel/Pomona Regional Center
75 Rancho Camino Drive
Pomona, CA 91766

Dear Mr. Hill:

The Department of Developmental Services (Department) received San Gabriel/Pomona Regional Center's (SG/PRC) caseload ratio plan of correction dated November 17, 2020. In accordance with Welfare & Institutions (W&I) Code §4640.6, plans of correction shall be developed following input from the state council, local organizations representing consumers, family members, regional center employees, including recognized labor organizations, and service providers, and other interested parties. This letter indicates that SG/PRC's plan was presented at a public meeting on November 3, 2020. The plan submitted includes measures to meet the statutory requirements for caseloads and includes the following actions:

- SG/PRC will analyze its FY 20-21 Operations Budget to determine if the budget accommodates expansion of Service Coordinator positions.
- SG/PRC will strive to expeditiously fill vacant caseload positions.
- SG/PRC's leadership team and board will continue their efforts to inform lawmakers regarding the regional center system, the essential services delivered to individuals with developmental disabilities through partnerships with service providers, and the need for adjustments to the Operations Budget allocation methodology.
- SG/PRC will retain floater Service Coordinator positions.
- SG/PRC will monitor caseload growth. In March and April 2020, SG/PRC adjusted its business practice, changing the age ranges for transitional services caseloads. The adjustment resulted in reduced caseload ratios for individuals served over the age of three. In October 2020, SG/PRC made changes that enhanced continuity between Intake and Early Intervention services which resulted in reduced caseload ratios for individuals served who are below 3 years of age.

"Building Partnerships, Supporting Choices"

ATTACHMENT E

Anthony Hill, M.A. Esq., Executive Director
February 3, 2021
Page two

The Department recognizes the challenges in meeting the requirements under W&I Code §4640.6 and appreciated SG/PRC's efforts in soliciting feedback from the community and developing a plan.

If you have any questions regarding this correspondence, please contact Jacqueline Gaytan, Primary Regional Center Liaison, Office of Community Operations, at (714) 957-5692, or by email, at jacqueline.gaytan@dds.ca.gov.

Sincerely,

Original signed by:

ERNIE CRUZ
Assistant Deputy Director
Office of Community Operations

cc: Gisele Ragusa, San Gabriel/Pomona Regional Center
Amy Westling, Association of Regional Center Agencies
Brian Winfield, Department of Developmental Services
Erica Reimer Snell, Department of Developmental Services
Aaron Christian, Department of Developmental Services
Uvence Martinez, Department of Developmental Services
Jacqueline Gaytan, Department of Developmental Services

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 240, MS 2-13
SACRAMENTO, CA 95814
TTY: 711
(916) 654-1897



January 27, 2021

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: GUIDANCE REGARDING REPORTING REQUIREMENTS FOR
ALTERNATIVE NONRESIDENTIAL SERVICES

As follow up to the Department of Developmental Services' (Department) August 31, 2020 Directive regarding Alternative Nonresidential Services (Alternative Services) during the COVID-19 State of Emergency, the purpose of this correspondence is to provide additional guidance on the provider reporting requirements noted in the Directive.

For the reporting required for January 2021 and continuing until further guidance, by the fifth business day of each month, providers must submit a report for the prior month for each vendorization delivering Alternative Services using SurveyMonkey. The survey may be accessed at:

<https://www.surveymonkey.com/r/2021AlternativeServicesReporting>

Please note, once a survey is started it cannot be withdrawn or edited at a later time. Providers may request to have an incomplete survey deleted by contacting DDSC19Directives@dds.ca.gov. The request must include the program name, vendor number, service code, and specify which reporting month needs to be deleted.

Although the eBilling system has added features for reporting, providers are only required to report the days each consumer received Alternative Services when submitting invoices.

Additional guidance regarding future reporting methods is forthcoming. Any questions should be directed to DDSC19Directives@dds.ca.gov.

Sincerely,

Original Signed by:

BRIAN WINFIELD
Chief Deputy Director

cc: Regional Center Board Presidents
Regional Center Administrators
Regional Center Directors of Consumer Services
Regional Center Community Services Directors
Association of Regional Center Agencies

"Building Partnerships, Supporting Choices"

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 320, MS 3-8
SACRAMENTO, CA 95814
TTY: 711
(916) 654-1954



February 3, 2021

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: GUIDANCE REGARDING WAIVER OF SELF-DETERMINATION
PROGRAM BUDGET RESTRICTIONS FOR PAYMENTS FOR FINANCIAL
MANAGEMENT SERVICES

The Department of Developmental Services' November 19, 2020 Directive waives the requirement that the cost of financial management services (FMS) is paid by participants in the Self-Determination Program (SDP) from his or her budget.

Starting October 1, 2020, an SDP participant has the flexibility and may choose to repurpose funds for FMS fees for different and/or additional services during the COVID-19 State of Emergency. If a participant chooses to utilize the funds allocated for FMS fees for different and/or additional services as a result of COVID-19, the regional center should increase the budget based on the number of months FMS fees will be repurposed. The spending plan should also be adjusted to reflect where the repurposed FMS fees will be used. Upon expiration of the Directive, adjustments may be needed in the spending plan to account for FMS fees no longer being repurposed.

Consumers, family members or providers should contact their local regional center with any questions regarding the Directive and this Guidance. Questions from regional centers should be directed to sdp@dds.ca.gov.

Sincerely,

Original signed by:

MARICRIS ACON
Deputy Director
Federal Programs Division

cc: Regional Center Board Presidents
Regional Center Administrators
Regional Center Directors of Consumer Services
Regional Center Community Services Directors
Association of Regional Center Agencies
State Council on Developmental Disabilities
Nancy Bargmann, DDS
Brian Winfield, DDS

"Building Partnerships, Supporting Choices"



980 9th Street, Suite 1450, Sacramento, California 95814 • 916.446.7961 • www.arcanel.org

February 9th, 2021

Senator Susan Talamantes Eggman
Chair, Senate Budget Subcommittee #3 on Health and Human Services

Assemblymember Joaquin Arambula
Chair, Assembly Committee on Budget, Subcommittee #1 on Health and Human Services

RE: Department of Developmental Services (4300) – Governor’s 2021-22 Proposed Budget

Honorable Senator Talamantes Eggman and Assemblymember Arambula:

The Association of Regional Center Agencies (ARCA) represents the network of 21 regional centers, community-based organizations that serve more than 350,000 Californian children and adults with developmental disabilities. We thank you for this opportunity to comment on the Governor’s proposed Budget for FY 2021-22 for the Department of Developmental Services (DDS).

Lessons Learned During the Pandemic

Prior to the release of the Governor’s Proposed Budget, the Lanterman Coalition, which is composed of many of the leading statewide developmental services organizations in California, evaluated the impact the pandemic has had on those with developmental disabilities and their families. The public health crisis, its associated economic downturn, and rapid changes in daily life challenged the developmental services system to pivot and retool in ways that few could have imagined a year ago. A few key lessons emerged from the experiences of those served, their families, and the organizations that support them, including the need to prioritize equity, sustainability, and long-term investments.

Enhancing Equity

The impacts of the pandemic differed across communities in California, with those that are economically challenged facing the poorest health outcomes due to more dense housing and a higher proportion of workers in low-wage essential jobs. While this has been a period of unprecedented flexibility in service delivery, some of the innovations have required access to remote technology that is either not readily available or not easily used in all homes or communities. Closing this digital divide must be a priority moving forward to provide all people served the same degree of choice and access.

Equity means assuring all people served by a system have access to quality services and supports they need in their communities. Some populations require dedicated supports to make this possible. ARCA appreciates the inclusion of some of these priorities in the Governor's Proposed Budget.

Diverse Communities

ARCA supports the proposals in the Governor's Budget that seek to improve access to critical developmental services for diverse communities. After four years of funding the Disparity Funds Program, it is time to both evaluate what works and expand on promising practices.

The Community Navigator program builds on work that has demonstrated the importance of providing families with a member of their community to help familiarize them with a variety of social services. Housing these programs in family resource centers ensures a connection with family members who have experience parenting a child with a disability. The success of the program will be dependent on establishment of reasonable expectations regarding: 1) The number of people who can receive support; 2) The length of time each will require support; 3) Coordination between these programs and regional centers; 4) Consistent evaluation of the programs; and 5) The recognition that the programs will need to be tailored to their own communities.

Multi-Agency Foster Youth

The more agencies a child has involved in their life, the greater the need for coordination to best support the child. ARCA supports the proposal to make the 15 regional center positions focused on coordination with child welfare and other agencies permanent.

Crisis Prevention

The Systemic, Therapeutic, Assessment, Resources and Treatment (START) model has shown efficacy in improving outcomes for those with some of the most complex psychiatric and behavioral needs. ARCA supports the proposed funding that would enable more communities to access this model, which is designed to assist people needing additional support to maintain their residential setting.

Forensic Support

Regional centers have worked closely with the court system and DDS to support people with developmental disabilities who have the added complexity of being involved in the criminal justice system. Broadening the criminal diversion program in the Fiscal Year 2020-21 Trailer Bill Language challenges regional centers to support individuals with more significant legal charges in their communities, which requires a higher degree of interface with the criminal justice system. The goal is for those supported by regional centers to spend less time in jail. ARCA appreciates the recognition of the need for regional center forensic specialists to carry out this work and better understand trends in this area. While the proposed Budget calls for funding just 5 Forensic Specialist systemwide, ARCA strongly believes each regional center needs funding for at least one of these positions given the intensity of support each person in the criminal justice system requires to efficiently move them through the courts.

Investing in Health, Equity, and Inclusion

During the pandemic period, the developmental services system has pivoted and changed to meet new and emerging needs in creative ways, including remote intake and service coordination practices, the development of Alternative Service Delivery, and expansion of Participant-Directed Services. One essential element supporting these efforts is the state's commitment to near-term sustainable funding.

FY 2020-21 Regional Center Operations

The total number of people being supported by regional centers has not grown as much as was anticipated this year, in part because people are using regional centers' primary referral sources (e.g., schools, doctors, daycare centers) differently. Regional center staff have spent more time supporting each person served through intensive service coordination, as well as pandemic-related activities including the distribution of more than 25 million pieces of personal protective equipment. ARCA appreciates and supports the proposal in the Governor's Proposed Budget to maintain budgeted funding for regional center operations "[to] support regional centers in addressing changes to the demand for services created by the COVID-19 pandemic, and address the anticipated backlog in new referrals."

Extension of Sunsets

ARCA applauds the extension of the timeline for the Supplemental Provider Rate Increases and the Uniform Holiday Schedule suspension for at least an additional 12 months. As these initiatives help people with developmental disabilities access the support they need when they need it, and proposed sunsets create additional uncertainty for providers and people served, ARCA continues to urge these suspensions be made permanent.

Reinforcing the Infrastructure

While the pandemic period has been a testament to the strength and resiliency of California's developmental services system, it has also highlighted areas that require additional long-term investment that would allow them to evolve to meet the needs of people served and their families now and in the future.

Emergency Coordination

ARCA appreciates and supports the proposal to provide funding for each regional center to carry out emergency coordination work. In the last few years, regional centers have taken an active role in helping their communities respond to fires, mudslides, mass evacuations, and a pandemic. They play a critical role in ensuring the needs of people with disabilities and their families are not overlooked in emergency planning, preparation, response, and recovery. This work involves everything from highlighting the need for shelters to be prepared to puree food, to disaster notifications, to checking on the medication supply of those who have been evacuated. As much of this work requires public-facing collaboration with community partners and the ability to make on-the-spot decisions committing the regional center's resources, the proposed salary should be adjusted to allow the recruitment and retention of a qualified management staff to fill this role.

Service Coordination

Service coordination allows regional centers to support people with developmental disabilities in seeking the most productive, community-integrated, and independent lives possible, during the pandemic and beyond. Each person's services and supports are customized through a person-centered process that takes into account their specific linguistic, cultural, and specialized needs. This work is most effective when the number of people each service coordinator supports is manageable. The pandemic has highlighted the degree to which those supported by regional centers rely upon service coordination to access not only developmental services but also to navigate other systems for economic, food, and health care support.

In 2001, budgeted salaries for service coordinators were set at a level equivalent to 285% of minimum wage and today have dropped to 117% of statewide minimum wage, which is only about 52% of the actual cost of a service coordinator. Regional centers spend more on service coordination than they receive for that function, but the last annual survey (March 2020) showed a shortfall of 850 service coordinators statewide.

The full needed solution (\$55 million GF annually) is the permanent fix. The chart below illustrates the progress that could be anticipated in achieving this goal at various levels of fiscal investment, based on March 2020 calculations.

	March 2020	\$20M	\$30M	\$40M	\$50M	\$55M
New SC Positions	0	309	464	618	773	850
Caseload Ratio	75.48	70.70	68.54	66.50	64.58	63.66
SC Shortfall	850	541	386	232	77	0

ARCA requests up to \$55 million (GF) annually to allow regional centers to provide the level of service coordination promised to those they support, to better meet the needs of critical populations, and to serve as a commitment to fully fund service coordination going forward. Average compliant caseloads would be fewer than 64 people supported by each service coordinator. If only partial funding is provided this year, a process of community involvement and input from stakeholders would inform each regional center's decisions about how to meet their local communities' needs.

Professionalization of the Direct Support Professional Workforce

The Governor's Proposed Budget includes a reduction of \$26.7 million that was earmarked for provider rate adjustments in response to the 2021 increase in statewide minimum wage. This adjustment is reflective of the failure of the current program to ensure critical funds make their way to the workers supporting people with developmental disabilities, many of whom are now paid minimum wage. To support professionalization of wages for this essential workforce as labor costs continue to rise, future statewide minimum wage adjustments should be spread across all providers as a defined percentage rate increase. This is an important step towards the implementation of a funding methodology that is responsive to actual labor costs, as California's rate study proposed.

Accounting System Replacement

ARCA requests one-time for funding to replace regional centers' Uniform Fiscal System (UFS). This antiquated information technology system is over 35 years old and cannot keep pace with the requirements put upon it, and is in desperate need of modernization. Funding to begin this project was included in the Governor's Proposed FY 2020-21 Budget but was withdrawn in the May Revise due to a focus on pandemic-related items. Greater stability in this accounting system would enable regional centers to continue processing timely payments, ensure compliance with federal funding data and reporting requirements, and provide more ready access to data to inform the work of decisionmakers. During the pandemic, the inflexibility of UFS has been a barrier to securing needed information regarding service delivery. The urgency of need to replace the existing system cannot be overstated.

Other Systems of Support

Those served by regional centers and their families rely on a variety of services funded outside the developmental services system to support their lives in the community. ARCA appreciates and supports the initiatives contained in the Governor's Proposed Budget related to enhancing funding for In-Home Supportive Services, Proposition 56 adjustments for Medi-Cal programs, special education, and the Golden State Stimulus Program. We also urge the removal of sunsets on critical programs to enhance long-term sustainability and predictability.

ARCA will continue to build on our long-standing collaborative relationships to partner with those served, their family members, the Administration, the Legislature, and community organizations. The importance of working together during these times remains critical to the health, safety and inclusion of the people we serve in their local communities. The pandemic has highlighted both ways that California's developmental services system works well and needed investments for its future. We are deeply committed to meeting today's needs with an eye towards the future. This is possible only by hearing and respecting the diverse perspectives of our system's stakeholders. By doing so, we will be able to keep the promise of the Lanterman Act for hundreds of thousands of Californians who rely on it.

Sincerely,

/s/

Amy Westling

Executive Director

Cc: Renita Polk, Consultant, Senate Budget Subcommittee #3 on Health and Human Services
Nicole Vazquez, Consultant, Assembly Budget Subcommittee #1 on Health and Human Services
David Stammerjohan, Chief of Staff, Office of Senator Eggman
Karen Jones, Legislative Aide, Office of Assemblymember Arambula
Hannah Ackley, Legislative Director, Office of Senator Melendez
Bernadette Sullivan, Legislative Director, Office of Senator Pan
Marc Engstrom, Legislative Director, Office of Assemblymember Frazier
Justin Boman, Legislative Director, Office of Assemblymember Mathis
Nick Sinclair, Legislative Aide, Office of Assemblymember Patterson
Jake Donahue, Legislative Director, Office of Assemblymember Ramos
Daniel Folwarkow, Legislative Aide, Office of Assemblymember Rubio
Liz Snow, Chief of Staff, Office of Assemblymember Wood
Rebecca Hamilton, Human Services Fiscal Consultant, Senate Republican Fiscal Office
Eric Dietz, Consultant, Assembly Republican Caucus
Alex Khan, Consultant, Assembly Republican Caucus
Marisa Shea, Principal Consultant, Senate Human Services Committee
Debra Cooper, Chief Consultant, Assembly Human Services Committee
Kelsy Castillo, Senior Consultant, Assembly Human Services Committee
Joe Parra, Principal Consultant on Human Services, Senate Republican Caucus
Mareva Brown, Policy Consultant, Office of the Senate President Pro Tempore
Gail Gronert, Policy Consultant, Office of the Speaker
Myesha Jackson, Policy Director, Office of the Speaker
Sonja Petek, Fiscal & Policy Analyst, LAO
Mark Newton, Deputy Legislative Analyst, LAO
Lauren Babb, Deputy Director, Office of Legislation, Regulations & Public Affairs, Department of Developmental Services
Nancy Bargmann, Director, Department of Developmental Services
Brent Houser, Principal Program Budget Analyst, Department of Finance
Samar Muzaffar, Assistant Secretary, Health and Human Services Agency
Marko Mijic, Deputy Secretary, Health and Human Services Agency
Michelle Baass, Undersecretary, Health and Human Services Agency
Dr. Mark Ghaly, Secretary, Health and Human Services Agency
Tam Ma, Deputy Legislative Secretary, Office of the Governor

COVID-19 System Response

ISSUE: Update on regional centers' COVID-19 response activities

BACKGROUND: Since March 2020, when stay-at-home orders in response to the COVID-19 pandemic were implemented, California's developmental services system has nimbly responded to the needs of people with developmental disabilities and their families to support their health and wellbeing as well as their changing life circumstances and schedules.

ANALYSIS/DISCUSSION:

During this time, regional centers have worked to support their communities in a variety of ways, including:

- More frequent contacts with people served and their families to check on their needs during this time;
- Distribution of over 25 million pieces of critical personal protective equipment to people served, their families, and service providers;
- Enhanced spending on family support services, such as respite, in response to increased need due to dramatic changes in daily schedules;
- Adjustment of regional center practices to allow for remote intake, assessment, and service coordination activities;
- Providing people served, their families, service providers, and the broader community critical information and updates;
- Service modifications, such as remote service delivery, Participant-Directed Services or Alternative Service Delivery to meet people's identified needs in safer ways;
- Development of "surge" housing to support people displaced due to COVID-19;
- Identification of critical resources for necessities, such as food, COVID-19 testing, and personal supplies and filling identified gaps in these areas;
- Advocacy for the availability of COVID-19 vaccines for people served by regional centers, their families, and staff who support them;
- Working closely with service providers to creatively serve emerging needs; and,
- Collaboration with DDS on the collection of critical information, needed flexibility, and problem-solving local and statewide challenges.

Regional centers remain committed to addressing the pandemic through its remaining stages as the needs of people served and their families in response to this public health crisis continue to evolve.

ATTACHMENT(S): *Regional Center COVID-19 Response Infographic*

How Are Regional Centers Supporting the Community During the Coronavirus Pandemic?

Helping

350,000+

Californians with developmental disabilities and their families navigate the pandemic



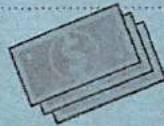
Community Outreach and Information

About rapidly-changing services, critical resources, and other time-sensitive developments



Supporting Families

To identify and access financial, food, housing, internet, and other community resources



18%

Increase in monthly spending on respite services during the pandemic to respond to increased family need and changes in daily routines



91%

Of people served by regional centers reached from March through August 2020

Additional COVID Response

Coordinating

With local public health agencies to monitor and identify needed care



Reporting

COVID exposure, positive tests, hospitalizations, and outcomes to assist with statewide planning



Adapting

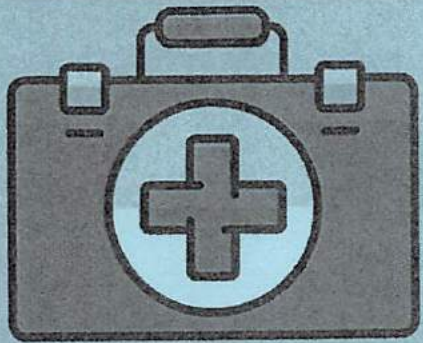
Intake, assessment, service planning, and monitoring with remote or safe in-person practices



Advocating

Vaccine prioritization for people served by regional centers, their families, and their support workers





Protecting Our Community's Health

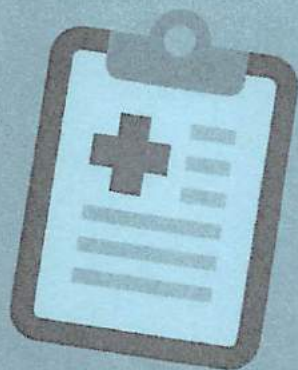
Over 25 Million Pieces of PPE

Distributed to support members of the developmental services community



Educating

Service providers, families, and people served by regional centers about staying safe during the pandemic



Responding

To positive tests, exposure, and service changes by arranging needed safety measures and additional staffing



Identifying COVID Testing Sites

For providers, families, and people served by regional centers



Providing Other Critical Support

Food Support

Food Boxes, Food Gift Cards



Education

Backpacks, Supporting Remote Learning



Personal Items

Diapers, Cleansing Wipes



Safe Services

Participant-Directed Services, Alternative Service Delivery



Securing Safe Housing

By identifying, developing, and coordinating new residential resources to care for people who are sick and limit exposure to the virus



5 Point Plan for Vaccination Equity

Vaccinate ALL 58
Together we can end the pandemic.

ATTACHMENT P

Equity is the state's "North Star" and California is committed to health and racial equity.

The COVID-19 pandemic has highlighted not only the disproportionate impact of this virus, but also the importance of focusing interventions and resources to address the health of those disproportionately impacted, including communities of color and the disabled. Consequently, as part of the vaccine distribution process, a vaccine equity framework is proposed and includes the following components.

This is not only the right thing to do, but will also help reduce the severity of the pandemic.

These are the 5 concrete steps the state is taking to ensure equity.



Allocation. Experts including medical doctors and health equity experts at the Department of Public Health will determine an allocation formula where communities most impacted by COVID-19 receive a disproportionate share of vaccines. The state will also allocate appointments to local communities at many clinics via the My Turn appointment registration system.



Network. The third party administrator (TPA) will ensure that the state vaccine provider network includes appropriate access in disproportionately impacted communities and supplements this access with evening/extended hours, transportation services, translation services, home-bound services, mobile vaccine services, and physical accessibility features at vaccination events, for example. The TPA would also implement pay for performance payments to recognize a provider's success in vaccinating persons who live in these communities and vaccine providers who collect data to document racial/ethnic equity in vaccine distribution.



Community Partners. Community based organizations have been providing critical services and information to Californians during the pandemic and are key partners in reaching Californians who have been disproportionately impacted by COVID-19. To leverage the work they've been doing, the state will invest \$30 million to support 150 community organizations to continue their outreach in target communities and to educate, motivate and activate Californians to get vaccinated when it's their turn.



Data Analytics. My Turn will be the lynchpin of the state's efforts to understand the demographics of vaccine recipients. The TPA will perform real-time data analytics to understand how the doses administered in certain zip codes compare to the age and sector prioritization framework that will be reviewed by health equity experts to adjust and intensify targeted efforts and resource allocations.

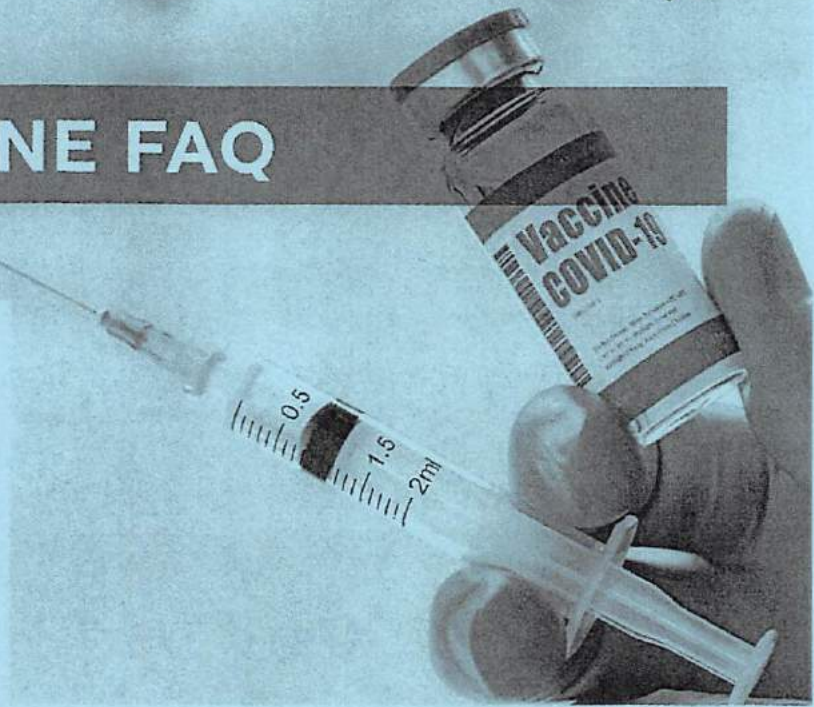


Public Education. State will provide consistent messaging through a public education campaign, create in-language content with cultural humility, and meet Californians where they are in order to reach California's diverse populations.

Additional details will continue to be shared they are finalized.

ATTACHMENTS 10

COVID-19 VACCINE FAQ



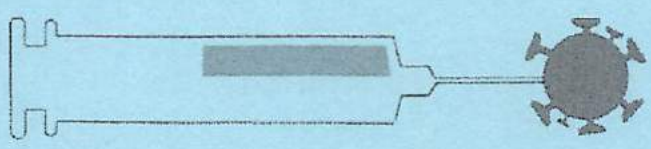
What is an mRNA vaccine and how does it work?

An mRNA vaccine uses a piece of messenger RNA – a set of instructions that tells a cell to make a specific protein. For SARS-CoV-2, this is the spike protein that is found on the surface of the viral envelope. The mRNA used in the vaccine does not enter the cell's nucleus and consequently has no interaction with a cell's DNA. It is also not a full virus and cannot replicate itself. The mRNA is rapidly broken down by the cell once the instructions have been transmitted, so it does not cause mutations or cellular defects, and has not been associated with infertility.

Once the spike protein is made, it is put on the surface of the cell, where it is seen by the immune cells and causes them to become activated and respond. The result is the production of neutralizing antibodies. If a person who is immunized becomes infected with the virus, the neutralizing antibodies will bind to the virus and prevent it from entering cells and causing disease.

Can an mRNA vaccine cause COVID-19?

No. An mRNA vaccine is not a virus and can't cause disease. Because it activates the immune system, it can cause mild symptoms in some people (e.g., fatigue, achiness, fever). Based on data from the clinical trials, the most common reactions to the vaccine are pain at the injection site, fatigue, headache, and muscle aches. These symptoms are very common with other vaccines, including the flu shot, and are a sign that the body is responding to the vaccine.



COVID-19 VACCINE FAQ, CONTINUED

When will a vaccine be available?

The FDA has authorized two mRNA vaccines for COVID-19. The Pfizer-BioNTech mRNA vaccine was authorized for individuals 16 years and older. The Moderna vaccine was authorized for individuals 18 years and older. Both vaccines were recommended by the CDC's Advisory Committee on Immunization Practices (ACIP). They will review additional vaccines when authorized by the FDA.

The first groups of people, health care workers and residents of long-term-care facilities began receiving vaccine doses at the end of December. The second phase of allocation will include front-line essential workers and individuals over 75 years of age. Remaining essential workers and those at increased risk of severe disease are next in line. Local health departments can provide more information regarding prioritized populations, and how and when to get the vaccine. Given the requirement for extreme cold to store the Pfizer-BioNTech vaccine, there will be limited sites able to administer the vaccine initially.

5 THINGS YOU NEED TO KNOW NOW

1. The Pfizer-BioNTech and Moderna vaccines require two doses, spaced 3–4 weeks apart. Mild pain at the injection site, fatigue, headache, and muscle aches are common reactions.
2. The vaccines do not contain a live virus, so they can't cause COVID-19.
3. Health care workers and residents of long-term-care facilities will be the first groups to receive the vaccine.
4. Vaccines provide protection against COVID-19, but won't prevent infection. Those who are immunized may still be able to transmit the virus.
5. It's important to continue wearing a mask, wash hands and physically distance even after getting the vaccine.

COVID-19 VACCINE FAQ, CONTINUED

What is the difference between the emergency use authorization and licensure (approval) by the FDA?

Emergency use authorization is a process by which the FDA can authorize use of a medication or vaccine with less data if the benefit of the vaccine has been shown to outweigh the risk. EUAs can be issued only during a declared emergency, such as the COVID-19 pandemic. Vaccines issued an EUA will continue to be studied and have additional safety monitoring and informed consent and education associated with them.

What are the differences between the two vaccines authorized by the FDA?

Both vaccines are mRNA vaccines that have a piece of mRNA specific for the SARS-CoV-2 spike protein. They have similar efficacy and safety profiles. The main differences between the two vaccines include the ages of individuals eligible to get the vaccines, the length of time between doses, the cold chain requirements for storage, and the preparation of the vaccine. A side by side comparison is below:

	Pfizer-BioNTech	Moderna
Ages eligible for vaccine	16 and older	18 and older
Length of time between doses	21 days	28 days
Storage requirements	-80 C; stable at 4 C for 5 days	-20 C; stable at 4 C for 30 days
Preparation of vaccine	Reconstitution of lyophilized powder—5 doses per vial	No dilution needed—10 doses per vial

Why should I get a vaccine?

The trial results for both vaccines showed >94% efficacy at preventing COVID-19. By getting vaccinated, you are reducing your risk of disease, hospitalization, severe complications, and even death. Getting vaccinated and reducing the risk of disease also helps prevent the health care system from being further overwhelmed.

What does it cost to get the vaccine?

Any COVID-19 vaccine will be available at no cost to individuals, and clinicians administering the vaccine will be able to be reimbursed for vaccine administration ([see guidance on coding and payment](#)).

COVID-19 VACCINE FAQ, CONTINUED**How many doses are needed?**

Both mRNA vaccines require two doses; the Pfizer-BioNTech vaccine should be given 21 days apart and the Moderna vaccine doses should be spaced 28 days apart to achieve an effective immune response. Recipients should get the second dose from the same manufacturer as their first dose. However, if they get a dose of a different vaccine, no additional doses are needed, and the series is considered complete.

What are the side effects of the vaccine?

Data from the clinical trials of both candidates indicate that the most common reactions were pain at the injection site, fatigue, headache, and muscle aches. These symptoms are commonly seen with other vaccines. A few people also reported fever and nausea. No serious side effects were seen in the data reported from the trials. However, the CDC and the FDA will monitor for any adverse events or side effects as the vaccines are distributed to the public.

There have been reports of a few cases of severe allergic reaction to the Pfizer-BioNTech vaccine. Individuals receiving the vaccine should be monitored for 15-30 minutes after injection.

The vaccines have not been associated with infertility or modifications to recipient DNA.

If you have concerns or questions about any side effects after receiving the vaccine, check with your family physician.

How long does immunity last?

It is not known how long immunity will last from the vaccine. In the clinical trials that have been conducted to date, the median length of follow-up was two months for vaccine recipients. It is also not known how long immunity from natural infection lasts; there are reports of waning antibody levels around three months after infection, and a few cases of reinfection have been reported. We do know that seasonal coronaviruses (a source for the common cold) do not induce a robust immune response, which leads to limited immunity to these viruses. It is likely that a vaccine will have a stronger and more lasting immune response, but data are limited and the research is ongoing.

Do I still need to wear a mask and physically distance if I have the vaccine?

Yes! While the vaccines provide protection against COVID-19 disease, they have not been shown to prevent infection, so people who are immunized may still be able to transmit the virus. Additionally, the greater than 94% efficacy in preventing disease was not observed until several weeks after the second dose of the vaccines. Everyone will still need to wear a mask and practice physical distancing until a large section of the population has developed immunity, which may not be until late 2021. Even then, more data will be needed to see how long immunity lasts. Additional rounds of immunizations may be needed.

COVID-19 VACCINE FAQ, CONTINUED

If I am vaccinated against COVID-19, can I still spread the virus to others?

The vaccine trials conducted did not look at the vaccine's ability to prevent virus transmission. We do know the vaccine is very effective at preventing illness in those receiving the vaccine. Because there are not data demonstrating the ability of the vaccines to prevent viral transmission, it is important to continue to wear a mask and socially distance even after getting vaccinated.

Can I get the vaccine if I've already had COVID-19?

Yes, although there are not enough data currently to determine how prior infection with COVID-19 affects the efficacy of the vaccine. It is known that natural immunity to the virus wanes over time, so currently, under the EUA, individuals who have previously been infected are eligible for receiving the vaccine.

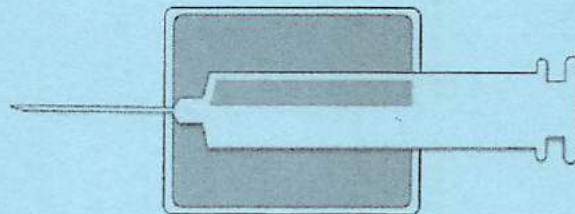
If more than one vaccine is available, would taking two different vaccines be less effective?

There have been no studies conducted looking at the effectiveness of the use of different vaccine products to complete the COVID-19 series. Current guidance states the same vaccine should be given for both dose one and two. If different vaccines are given, the recipient **does not** need to receive an additional vaccine.

Who *can't* get the vaccine?

Children and adolescents under age 16 are not eligible to receive the Pfizer-BioNTech vaccine. Those under age 19 are not eligible to receive the Moderna vaccine as there are not data on the safety and efficacy in this population. While pregnant or immunocompromised individuals were also not included in the first round of trials, patients who are pregnant, lactating, or immunocompromised are able to determine if they wish to receive the vaccine. These patients are encouraged to have a discussion on the potential benefits and risks with their family physician.

As with other vaccines, anyone who has a fever or other symptoms may not be able to get the vaccine until their symptoms resolve. This includes those who have symptoms or are positive for COVID-19. There is also caution for people with documented anaphylactic reactions to vaccines. Individuals with a known allergy to any of the vaccine components should not be immunized.



COVID-19 VACCINE FAQ, CONTINUED

Can I get other vaccines, like the flu shot, at the same time as the COVID-19 vaccine?

No, you will need to wait two weeks after getting the COVID-19 vaccine before getting other immunizations.

How do I report symptoms after the vaccine?

As with other vaccines, vaccine recipients are encouraged to report side effects (called adverse events) to the [Vaccine Adverse Event Reporting System \(VAERS\)](#). This is a nationwide program that collects data to use as signals of unexpected events from a vaccine. If you have a question on what might be considered a side effect related to the vaccine, talk with your family physician.

Because any COVID-19 vaccine will be provided under EUA, clinicians will have additional reporting requirements outlined in the EUA fact sheet from the FDA. Each state and jurisdiction has plans in place for handling reporting.

In addition to VAERS, the CDC will implement a new, smartphone-based tool called **v-safe** that will send text messages to encourage reporting of adverse events or impacts to quality of life. This system will require the use of a smartphone, and recipients must opt into the system. Information on v-safe will be provided to anyone who gets the vaccine, along with a card indicating which vaccine and dose was given, and the EUA fact sheet.

If I have allergies, can I get the COVID-19 vaccine?

Yes! Seasonal allergies and even food allergies, including allergies to shellfish and peanuts, do not exclude you from getting the COVID-19 vaccine. Individuals who had severe reactions, like anaphylaxis, to injectable medication or vaccines in the past should not get the COVID-19 vaccine at this time.

Can I get the COVID-19 vaccine if I am pregnant or breastfeeding?

There has been no data on the use of EUA approved COVID-19 vaccines in pregnant or breastfeeding women. However, these individuals are not excluded from getting the vaccine and they should talk with their physician about the risks and benefits of being vaccinated.

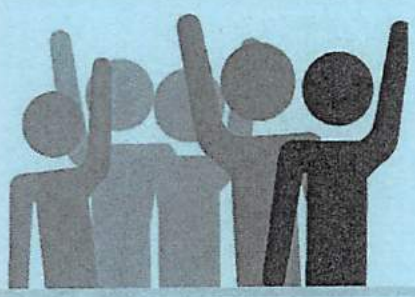
COVID-19 VACCINE FAQ, CONTINUED

Additional Resources

- AAFP COVID-19 vaccine webpage: www.aafp.org/covidvaccine
- Familydoctor.org vaccine article: <https://familydoctor.org/covid-19-vaccine/>
- CDC COVID-19 vaccine webpage: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>
- EUA fact sheet: <https://www.fda.gov/media/144413/download>
- Coding and payment resources:
 - a. COVID-19 Vaccine Coverage Requirements and Preliminary Payment Guidance: <https://www.aafp.org/dam/AAFP/documents/advocacy/prevention/vaccines/ES-COVIDVaccineCoveragePayment-121020.pdf>
 - b. First COVID-19 Vaccine CPT Codes Published: https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/covid_vaccine_codes.html

References

1. Centers for Disease Control and Prevention. Understanding mRNA vaccines. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html>. Accessed Dec. 12, 2020.
2. Centers for Disease Control and Prevention. Frequently asked questions about COVID-19 vaccine. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html>. Accessed Dec. 12, 2020.
3. U.S. Food and Drug Administration. Vaccines and Related Biological Products Advisory Committee Meeting, Dec. 10, 2020 FDA Briefing Document, Pfizer-BioNTech COVID-19 vaccine. <https://www.fda.gov/media/144245/download>. Accessed Dec. 10, 2020.
4. U.S. Food and Drug Administration. Vaccines and Related Biological Products Advisory Committee Meeting, Dec. 17, 2020 FDA Briefing Document, ModernaTX COVID-19 vaccine. <https://www.fda.gov/media/144434/download>. Accessed Dec. 17, 2020.



SG/PRC Community Conversation

Topic:

An Overview on COVID-19 Vaccines

Presented by:

Dr. Larry Yin

Director of UCEDD, Children's Hospital Los Angeles

Thursday, February 25, 2021

9:00 to 10:30 a.m.

This meeting will be held via videoconference

Followed by a Questions & Answer Session



Dr. Larry Yin is a clinician practicing both Developmental-Behavioral and General Pediatrics. Currently, he is an Associate Professor of Clinical Pediatrics at the Keck School of Medicine of the University of Southern California. He also holds the academic position of Associate Professor of Occupational Science and Occupational Therapy at USC. He is the Medical Director of the Boone Fetter Clinic at Children's Hospital Los Angeles (an Autism Speak's Autism Treatment Network Site) and the Director of the USC University Center of Excellence in Developmental Disabilities. For over 15 years, Dr. Yin has been the Medical Consultant to the San Gabriel/Pomona Regional Center. Dr. Yin has over 20 years providing care for children with neurodevelopmental disorders and special health care needs. His current research interests include: access and service delivery for children with autism spectrum disorders and other developmental disabilities, racial/ethnic health disparities in autism spectrum disorders, and pediatric obesity to name some of his scholarly work.

Join Zoom Meeting

<https://us02web.zoom.us/j/81782097781?pwd=b3lObHNFYzZKek9Gc3BRTFdJSFBsdz09>

Meeting ID: 817 8209 7781

Passcode: 790428

Find your local number:

<https://us02web.zoom.us/j/kH4b9Fncf>





980 9th Street, Suite 1450, Sacramento, California 95814 • 916.446.7961 • www.arcanet.org

February 17, 2021

Assemblymember Lisa Calderon
State Capitol, Room 2137
Sacramento, CA 95814

RE: ACR 28 - SUPPORT

Honorable Assemblymember Calderon:

The Association of Regional Center Agencies (ARCA) represents the network of 21 community-based non-profit regional centers that coordinate services for, and advocate on behalf of, over 350,000 Californians with developmental disabilities.

On behalf of ARCA, I am pleased to convey our support for ACR 28, your resolution recognizing February 19th as National Caregivers Day. People with developmental disabilities have unique needs. California has long committed to meeting those needs through a community-based regional center service system. One of the ways those needs are met are through caregivers – paid or unpaid.

ACR 28 accurately notes not only the critical roles of caregivers, but the extent to which they have stepped up to the challenge of COVID-19. Their work, across many service systems, makes community life possible for those they care for. The commitment of caregivers (in the developmental services field, often called “direct support professionals”) makes it possible for people with disabilities to live life as they choose, as valued members of their community.

Increasing awareness of caregivers’ unique role, and the positive impact an appropriately-funded caregiving can make in the lives of people who are aging or have a disability, is a worthy goal. We are grateful for your willingness to advance awareness of this issue and thank you for authoring ACR 28.

If you have any questions regarding our position, please do not hesitate to contact Daniel Savino in our office at dsavino@arcanet.org or (916) 446-7961.

Sincerely,

/s/Amy Westling
Executive Director

Cc: Lucia Saldivar, Legislative Director, Office of Assemblymember Calderon
Gloria Wong, Executive Director, Eastern Los Angeles Regional Center
Anthony Hill, Executive Director, San Gabriel/Pomona Regional Center
Patrick Ruppe, Executive Director, Harbor Regional Center

Board/Committees Attachments & Community Announcements

For materials shared at meetings, please go to www.sgprc.org