

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, October 27, 2021

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
75 Rancho Camino Drive
Pomona, CA 91766

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

Wednesday, October 27, 2021 at 7:15 p.m.
Videoconference Meeting
ZOOM Meeting ID: 234 566 141
Password: 916227

BOARD OF DIRECTORS

Penelope Fode, Board President

Sheila James, 1st Vice President

Shannon Hines, 2nd Vice President

Bill Stewart, Treasurer

Anabel Franco - Vizcaino, Secretary

Gisele Ragusa, Immediate Past President

Susan Stroebel, VAC Chairperson

Preeti Subramaniam

Georgina Molina

Natalie Webber

Julie Lopez

Sherry Meng

Mary Soldato

		ACTION	MATERIAL	COLOR
7:15 - 7:20	CALL TO ORDER (Penelope Fode, President)	None	None	None
	• Roll Call	Quorum	None	None
	• Review Agenda	Info	Attached	White
7:20 – 7:25	GENERAL PUBLIC INPUT	Info	None	None
7:25 – 7:30	EXECUTIVE/FINANCE COMMITTEE (Penelope Fode, Anthony Hill & Roy Doronila) Contract Language Update C-1 Amendment	Action	Attached	Ivory
7:30-7:35	REVIEW - Performance Contract (Salvador Gonzalez)	Action	Attached	White
7:35 – 8:35	BOARD TRAINING - <i>Benchmarking and Performance Outcomes Communication</i> By Salvador Gonzalez and Staff	Info	Attached	Orange
8:35	OTHER BOARD & COMMUNITY ANNOUNCEMENTS	Info	None	None
<u>ADJOURNMENT OF THE BOARD OF DIRECTORS MEETING</u>				
8:35	EXECUTIVE SESSION – Personnel Matter	Info	None	None

There won't be a meeting in November. See you on 12/8/2021!

SAN GABRIEL/POMONA DEVELOPMENTAL SERVICES, INC.
BOARD OF DIRECTORS
***DRAFT* Minutes of the Meeting of the Board of Directors**
(A California Corporation)

September 22, 2021

ATTENDANCE

The following members of the Board of Directors were present at said meeting:

PRESENT:

Penelope Fode
Sheila James
Shannon Hines
Bill Stewart
Anabel Franco – Vizcaino
Gisele Ragusa
Susan Stroebel
Preeti Subramaniam
Natalie Webber
Georgina Molina
Mary Soldato
Julie Lopez

STAFF:

Anthony Hill, Executive Director
Lucina Galarza, Director of Community Services
Daniela Santana, Director of Client Services
Roy Doronila, Chief Financial Officer
Salvador Gonzalez, Director of Community Outreach and Compliance
Yvonne Gratianne, Manager of Communications & Public Relations
Erika Gomez, Exec. Assistant BOD
Willanette Satchell, Executive Assistant

ABSENT:

Sherry Meng

GUESTS:

Bruce Cruickshank
Sofia Benitez
Nikisia Simmons
Joseph Huang

A. CALL TO ORDER:

Penelope Fode, Board President, called the meeting to order at 7:16 p.m. Roll call was taken, and a quorum was established. Introductions of all participants were made.

- The agenda was reviewed, and an Executive Session was added regarding a personnel matter.
- The minutes for the August 25, 2021 meeting were reviewed and approved by the Board.

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

B. PUBLIC INPUT:

None

C. EXECUTIVE/FINANCE COMMITTEE

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

Financial Report

In regional center operations, the allocation based on the B3 Amendment is projected to meet expenditure projections. Projections include estimated cost of wage enhancements, vacation buyouts and continuation of projects identified in the prior year. The operations allocation for fiscal year 2020-21 is currently at \$32,367,211 with projected expenditures of \$32,048,711. The current month's expenditure amounted to \$220,200 and the year-to-date expenditures is \$30,171,498 with projected remaining expenditures of \$1,944,157. This reflects a surplus of **\$251,556** 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 \$1,688,719. Expenditures for the year are projected to be within the allocated amount.

The Purchase of Service allocation is based on the B3 amendment in the amount of \$283,327,207. The current month's expenditure amounted to \$6,803,512 bringing the year-to-date expenditures for services to \$275,735,117. The remaining projected expenditures and late bills are in the amount of \$3,965,118 leaving a surplus, **\$9,061,047**. POS expenses directly related to COVID19 are included in this projection. CPP POS is in a separate line item, SG/PRC is missing an allocation for \$ 75,836 in start-up but is projected to be funded in future allocation.

The C1 Amendment will require the Board President's signature when it is received in a week or so.

D. COMMUNITY RELATIONS/LEGISLATIVE COMMITTEE

Julie Lopez shared that the committee received the monthly Community Outreach

Report and discussed bills that could impact the developmentally disabled community, such as: AB-455 and SB-639.

E. ADVISORY COMMITTEE FOR INDIVIDUALS SERVED AND THEIR FAMILIES

Shannon Hines reported that the committee was provided with a presentation on the regional centers' internal process for Self Determination. Mrs. Hines invited the members and public to attend the Advisory Committee for Individuals Served and Their Families meetings as they have informational trainings every month.

F. VENDOR ADVISORY COMMITTEE (VAC)

Susan Stroebel shared that the Early Intervention Subcommittee met several times to discuss the authorization system that has been changed. The Day Program Subcommittee has also been meeting to plan for the Trunk or Treat event happening on October 29, 2021. There is a Residential Subcommittee meeting scheduled for September 30, 2021. Lastly, Mrs. Stroebel thanked Mr. Hill for volunteering to be a part of the workgroup to help with the staffing crisis.

G. STRATEGIC DEVELOPMENT COMMITTEE

Gisele Ragusa reported that the committee reviewed the Board Survey and the future Board training topics were developed from the feedback. A memo with that information will be sent to DDS, as required. The training topics are as follows:

- October 27, 2021 - *Benchmarking and Performance Outcomes Communication*
- February 23, 2022 - *Advanced Strategic Planning and Development*
- April 27, 2022 - *Understanding Diversity, Equity and Inclusion (DEI)*
- July 27, 2022 - *Self-Determination: Full Implementation Update*

H. BOARD OVERVIEW

Penelope Fode shared the following information:

- ARCA Board Delegate Update
 - There was a training earlier that the following Board members attended: Preeti Subramaniam, Shannon Hines, Penelope Fode
 - There are a couple of meetings scheduled for October and Ms. Fode will provide an update about the information provided.

I. EXECUTIVE DIRECTOR'S REPORT:

Anthony Hill, Executive Director, discussed the following:

- Medical Enrollment Process – Staff were notified that the process changed and DDS provided some guidance moving forward. SG/PRC was the first

regional center to submit the forms but will have to resubmit with the requested changes. Mr. Hill will request more clarification on the requirements and the reason for them as some Board members expressed concern and confusion about the process.

- Brief COVID 19/Operations Overview:
 - Effective August 9th, 2021, SG/PRC employees were mandated to receive the COVID-19 vaccine or demonstrate proof of a valid exemption allowable under the guidance of the Equal Employment Opportunity Commission. SG/PRC has achieved 100% compliance in that all staff are either fully vaccinated or have an allowable legal exemption.
 - SG/PRC employees are required to disclose vaccination status immediately when conducting agency business at residential facilities, intermediate care facilities, skill nursing facilities, adult family homes, supported living arrangements, schools and any setting where an individual served lives, and upon request at jails, homeless shelters or other community or governmental agencies that might require disclosure. SG/PRC employees were designated as healthcare workers from the Los Angeles County Department of Public Health (LACDPH) during February 2021.

J. PERFORMANCE CONTRACT PROCESS

Salvador Gonzalez, Director of Community Outreach and Compliance, presented on the following information:

- The Process
- The Timelines
- Public Policy Measures
- Disparity/Equity Measures
- Compliance Measures
- 2021 Additional Suggestions
-

The Board will get the opportunity to approve the Performance Contract at the next meeting.

K. EXECUTIVE SESSION

Personnel Matter

Next meeting on Wednesday, October 27, 2021 at 7:15 p.m.

BOARD MINUTES FROM THE SEPTEMBER 22, 2021 MEETING

Submitted by:

Anabel Franco, Board Secretary

Date

SAN GABRIEL/POMONA
REGIONAL CENTER

Committee Reports & Information



September–October 2021

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

October 13, 2021

PRESENT

Penelope Fode, President
Shannon Hines, 2nd VP
Gisele Ragusa, Immediate
Past President
Bill Stewart, Treasurer
Natalie Webber, Director

STAFF:

Anthony Hill, Executive Director
Lucina Galarza, Director of Community Services
Roy Doronila, Chief Financial Officer
Willanette Satchell, Executive Assistant
Erika Gomez, Executive Assistant - BOD

GUESTS:

Tracy Evanson

ABSENT:

Sheila James, 1st VP
Anabel Franco - Vizcaino, Secretary

**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 August 2021 in the Fiscal Year 2021-22. These expenditures are for services paid through September 20, 2021.

ITEMS DISCUSSED

A. CALL TO ORDER

Penelope Fode, Board President, called the meeting to order at 7:19 pm. A quorum was established.

The committee reviewed the agenda.

The committee reviewed and approved the minutes of the September 8, 2021 meeting with the following change: Gisele Ragusa led the conversation about the future Board training topics and not Penelope Fode.

(M/S/C Hines & Stewart) 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, the allocation based on the C-1 Amendment is projected to meet expenditure projections. Projections include operating continuation cost and expenditures from the prior fiscal year. The operations C-1 allocation for fiscal year 2021-22 is currently at \$34,724,969 with projected expenditures of \$32,927,773. The year-to-date expenditures is \$5,740,983 with projected remaining expenditures of \$27,186,790. This results to a surplus of **\$1,797,196** 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 \$1,218,040, 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 was **not** allocated in the C-1 amendment. Staff expected continuation funding at the same level as last year in the amount of \$1,686,264. In the event, that SG/PRC does not receive the full allocation for CPP and DC Closure Ongoing expenditures, its regular operations budget would have to absorb these costs, thereby reducing our budget balance to **\$ 110,931** for the year.

The Purchase of Service allocation is based on the C1 amendment in the amount of \$318,032,645. The current month's expenditure amounted to \$21,616,827 bringing the year-to-date expenditures for services to \$38,631,441. The remaining projected expenditures and late bills are in the amount of \$278,571,328 leaving a surplus, **\$5,829,877**.

CPP POS is in a separate line item, staff allocated \$100,000 for placement only.

Please note that the prior year (FY 20/21) information is included in the graph for comparison. (See attached).

(M/S/C Ragusa & Hines) The committee approved the Financial Report.

The committee requested the following:

- comparison of last year and this year

- more extensive financial report
- balance sheet

C1 Amendment – This will be discussed at the next Board meeting as members want an update on the contract language first.

D. CONTRACTS FOR REVIEW

Lucina Galarza, Director of Community Services presented the following contracts for information purposes:

- *People's Care Cameron*

E. BOARD OVERVIEW

Penelope Fode, Board President, led the following conversation:

- Agenda for Board Meeting – October 27, 2021 – Training, Contract Language Update, C-1
- Agenda for Executive Finance Committee Meeting – November 10, 2021 – Information about Contract

F. INFORMATION - EXECUTIVE DIRECTOR

Anthony Hill, Executive Director, reported the following:

- DDS/CDPH Vaccine Mandate - Effective August 9th, 2021, all SG/PRC employees were mandated to receive the COVID-19 vaccine or alternatively demonstrate proof of a valid exemption allowable under the guidance of the Equal Employment Opportunity Commission. SG/PRC has achieved 100% compliance in that all staff are either fully vaccinated or have an allowable legal exemption. Additionally, all SG/PRC employees are required to disclose vaccination status immediately when conducting agency business at residential facilities, intermediate care facilities, skilled nursing facilities, adult family homes, supported living arrangements, schools and any setting where an individual served lives, and upon request at jails, homeless shelters or other community or governmental agencies that might require disclosure. SG/PRC employees were designated as healthcare workers from the Los Angeles County Department of Public Health (LACDPH) during February 2021. DDS has also issued a mandate for all regional centers' employees and direct support professionals.

- Performance Incentive Program- As a part of Governor’s Newsom’s budget, the performance of regional centers and the service provider community will be measured. SG/PRC will have two representatives, Lucina Galarza and Mr. Hill, that will work on the performance measures committee. Priority areas for performance indicators and benchmarks, include the following, although not limited:
 - Equity in service access and purchase of services.
 - Consumer employment and associated metrics.
 - Integration of consumers in the community.
 - Person- centered planning.
 - Compliance with federal home and community-based standards.
 - Consumer and family experience and satisfaction.
 - Innovation in service availability and delivery.
- DSP Staffing Shortages
 - There may be a staff shortage because people are refusing to get vaccinated. This is an issue impacting the workforce in general, including SG/PRC. Retaining talent has become challenging.
 - Staff shortages is also a growing issue because of the economic pressure. There’s a lot of competition with private sectors raising their starting salaries.
 - The Executive Directors are meeting with Nancy Bargman, Director of DDS, tomorrow to discuss the strategies.
 - SG/PRC has a strategy to create a staff registry. Staff will look into the Day Programs that are not fully operational to help with the registries.
 - Disclosure of hour rate – Staff on the registries cannot disclose their salaries. Adjustments for rates don’t happen until April, but a bridge is needed in the meantime.
- COVID 19 Update – SG/PRC is in full compliance with the vaccine mandates. Staff are required to return to the office twice a week starting on October 25, 2021. Staff are also required to test weekly. SG/PRC’s testing site is now open to children as well. There is going to be a vaccine clinic shortly to get booster shots.

MEETING ADJOURNED

The meeting adjourned. The next regular meeting will be held on November 10, 2021 at 7:15 p.m. via videoconference.

CLOSED SESSION

Personnel Matter

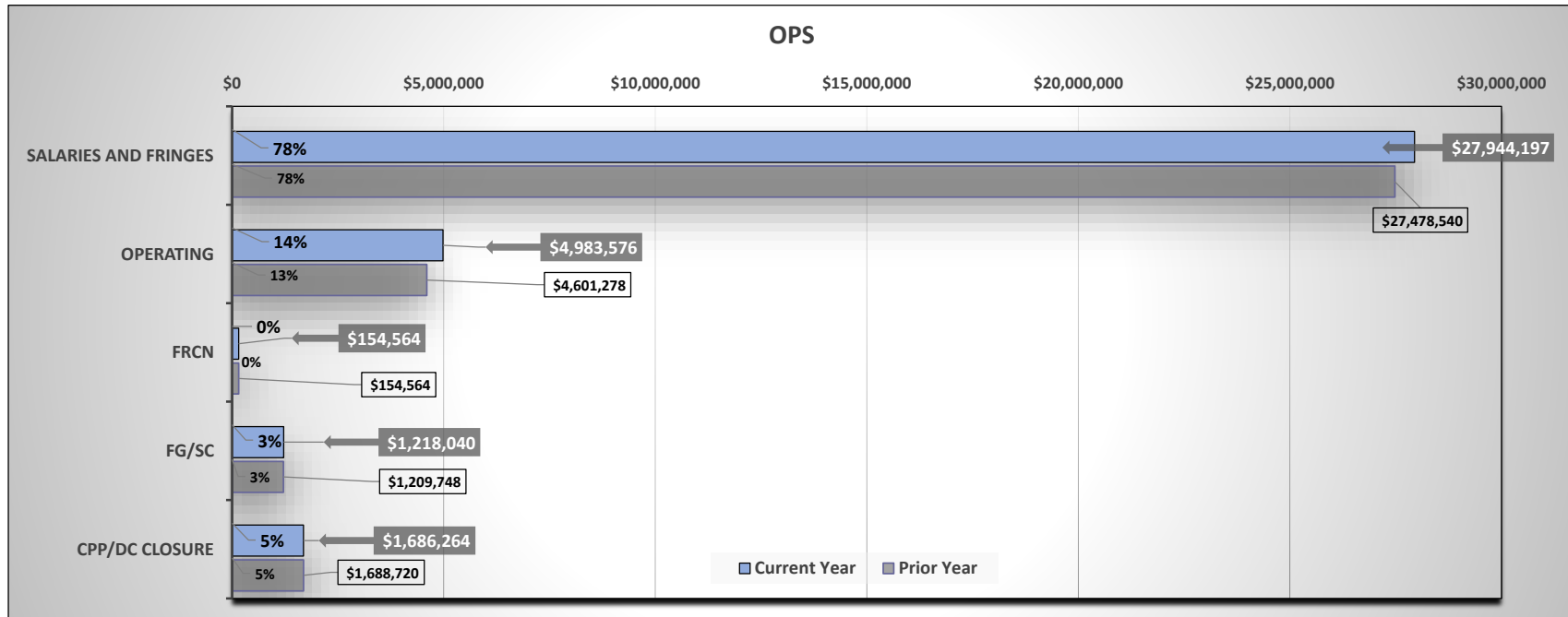
RC	B1-Ops	B1-CPP	B2-CPP	CPP-Ops	% to Ops
Golden Gate	\$ 22,717,073	\$ 1,065,311	\$ 1,488,354	\$ 2,553,665	11.2%
North Bay	\$ 20,967,046	\$ 677,892	\$ 737,952	\$ 1,415,844	6.8%
San Gab/Pomona	\$ 29,968,397	\$ 889,472	\$ 799,248	\$ 1,688,720	5.6%
Kern	\$ 22,658,679	\$ 468,374	\$ 685,249	\$ 1,153,623	5.1%
Eastern L.A.	\$ 26,662,929	\$ 586,601	\$ 565,901	\$ 1,152,502	4.3%
Westside	\$ 20,826,858	\$ 418,014	\$ 480,056	\$ 898,070	4.3%
Redwood Coast	\$ 10,726,864	\$ 82,442	\$ 370,200	\$ 452,642	4.2%
Tri-Counties	\$ 35,556,372	\$ 612,620	\$ 750,792	\$ 1,363,412	3.8%
East Bay	\$ 44,137,517	\$ 689,236	\$ 980,107	\$ 1,669,343	3.8%
San Diego	\$ 60,768,421	\$ 939,770	\$ 1,052,721	\$ 1,992,491	3.3%
Frank D. Lanterman	\$ 23,035,010	\$ 316,747	\$ 352,115	\$ 668,862	2.9%
San Andreas	\$ 37,216,756	\$ 452,009	\$ 513,583	\$ 965,592	2.6%
Far Northern	\$ 18,289,352	\$ 255,200	\$ 207,824	\$ 463,024	2.5%
Central Valley	\$ 44,249,400	\$ 458,368	\$ 502,572	\$ 960,940	2.2%
Alta California	\$ 49,923,284	\$ 496,498	\$ 587,300	\$ 1,083,798	2.2%
South Central	\$ 39,853,703	\$ 319,364	\$ 497,424	\$ 816,788	2.0%
North L.A.	\$ 53,121,482	\$ 451,298	\$ 546,332	\$ 997,630	1.9%
Inland	\$ 74,893,759	\$ 423,625	\$ 583,495	\$ 1,007,120	1.3%
Valley Mountain	\$ 32,108,702	\$ 249,675	\$ 174,920	\$ 424,595	1.3%
Harbor	\$ 32,495,111	\$ 214,972	\$ 173,767	\$ 388,739	1.2%
Orange	\$ 44,531,113	\$ 325,543	\$ (88,315)	\$ 237,228	0.5%
Total	\$744,707,828	\$10,393,031	\$11,961,597	\$22,354,628	3.0%

SAN GABRIEL/POMONA REGIONAL CENTER
FINANCIAL REPORT
FISCAL YEAR 2021-22

PAYMENTS THROUGH SEPTEMBER 20, 2021 FOR SERVICES PROVIDED THROUGH AUGUST 31, 2021

OPERATIONS (OPS)

<u>REGIONAL CENTER</u>	MTD	YTD	Remaining	Total	FY 20/21
Salaries and Fringes	\$2,128,222	\$4,624,524	\$23,319,673	\$27,944,197	\$27,478,540
Operating Expenses	\$350,366	\$1,116,459	\$3,867,117	\$4,983,576	\$4,601,278
Total	\$2,478,589	\$5,740,983	\$27,186,790	\$32,927,773	\$32,079,817
Allocation (C-1)				\$34,724,969	\$32,367,211
Surplus/(Deficit)				\$1,797,196	\$287,394
<u>RESTRICTED OPS FUNDS</u>					
Family Resource Center	\$0	\$0	\$154,564	\$154,564	\$154,564
Foster Grandparent/Senior Companion	\$52,169	\$104,749	\$1,113,291	\$1,218,040	\$1,209,748
CPP and DC Closure Ongoing	\$0	\$0	\$1,686,264	\$1,686,264	\$1,688,720
Total	\$52,169	\$104,749	\$2,954,120	\$3,058,868	\$3,053,032
Allocation (C-1)				\$1,372,604	\$3,053,032
Surplus/(Deficit)				(\$1,686,264)	\$0



SAN GABRIEL/POMONA REGIONAL CENTER

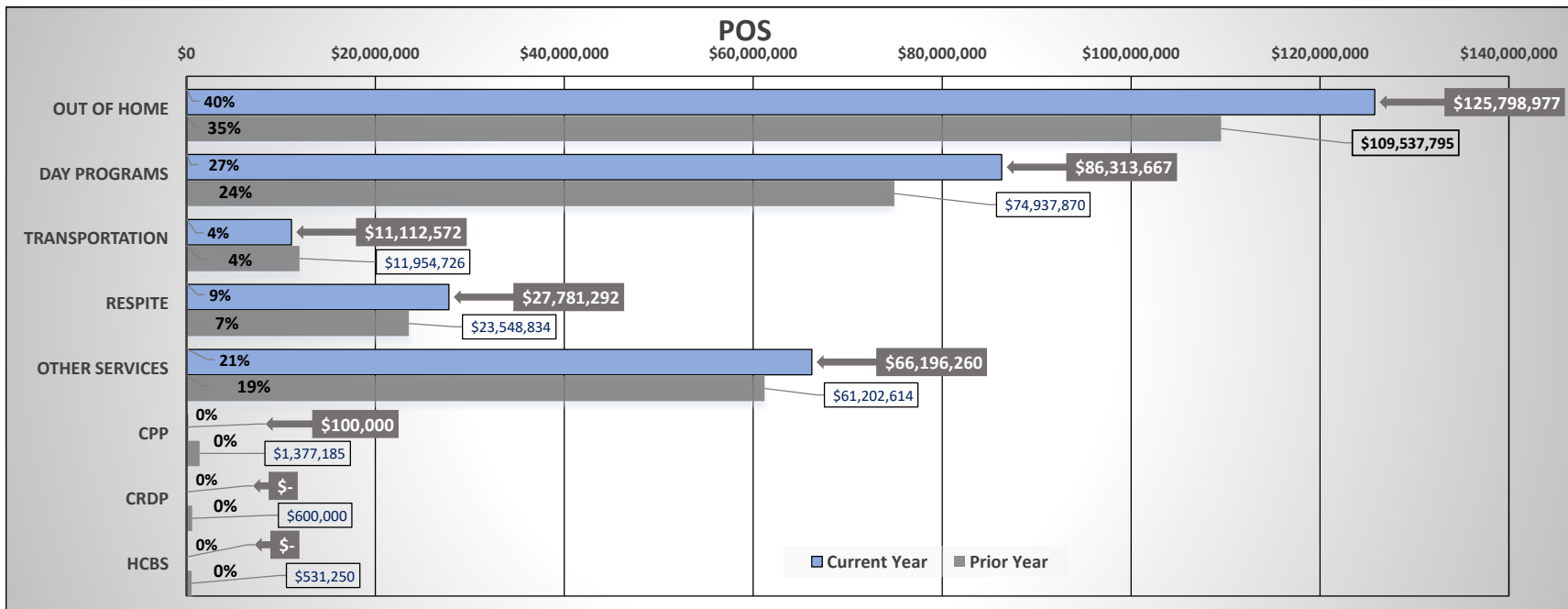
FINANCIAL REPORT

FISCAL YEAR 2021-22

PAYMENTS THROUGH SEPTEMBER 20, 2021 FOR SERVICES PROVIDED THROUGH AUGUST 31, 2021

PURCHASE OF SERVICES (POS)

REGIONAL CENTER	MTD	YTD	Remaining	Total	<i>FY 20/21</i>
Out of Home	\$9,026,408	\$16,905,946	\$108,893,032	\$125,798,977	\$109,537,795
Day Programs	\$5,652,435	\$9,769,138	\$76,544,529	\$86,313,667	\$74,937,870
Transportation	\$1,108,769	\$1,742,802	\$9,369,771	\$11,112,572	\$11,954,726
Respite	\$1,195,941	\$2,072,302	\$25,708,990	\$27,781,292	\$23,548,834
Other Services	\$4,633,274	\$8,141,254	\$58,055,006	\$66,196,260	\$61,202,614
Total	\$21,616,827	\$38,631,441	\$278,571,328	\$317,202,768	\$281,181,839
SPA/ICF Receipts				(\$5,000,000)	(\$5,518,069)
Allocation (C-1)				\$318,032,645	\$283,327,207
Surplus/(Deficit)				\$5,829,877	\$7,663,437
RESTRICTED POS FUNDS					
CPP	\$0	\$0	\$100,000	\$100,000	\$1,377,185
CRDP	\$0	\$0	\$0	\$0	\$600,000
HCBS	\$0	\$0	\$0	\$0	\$531,250
Total	\$0	\$0	\$100,000	\$100,000	\$2,508,435
Allocation (C-1)				\$100,000	\$2,432,599
Surplus/(Deficit)				\$0	(\$75,836)



SAN GABRIEL/POMONA REGIONAL CENTER

OPS and POS Allocation Summary

FISCAL YEAR 2021-22

OPERATIONS	CPP/CRDP				Total
CONTRACT ALLOCATIONS	Regular	DC Ongoing	FRCN	FGP/SC	
Preliminary Allocation	\$ 27,967,990				\$ 27,967,990
C-1 amendment	\$ 6,756,979		\$ 154,564	\$ 1,218,040	\$ 8,129,583
C-2 amendment					\$ -
C-3 amendment					\$ -
Total Operations	\$ 34,724,969	\$ -	\$ 154,564	\$ 1,218,040	\$ 36,097,573

PURCHASE OF SERVICES	CPP/CRDP			Total
CONTRACT ALLOCATIONS	Regular	DC Ongoing	HCBS	
Preliminary Allocation	\$ 250,025,837			\$ 250,025,837
C-1 amendment	\$ 68,006,808	\$ 100,000		\$ 68,106,808
C-2 amendment				\$ -
C-3 amendment				\$ -
Total Purchase of Services	\$ 318,032,645	\$ 100,000	\$ -	\$ 318,132,645

Total OPS and POS Contract Allocation	\$ 354,230,218
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SAN GABRIEL/POMONA REGIONAL CENTER
OPERATIONS FUND FINANCIAL REPORT

FISCAL YEAR 2021-22

PAYMENTS THROUGH SEPTEMBER 20, 2021 FOR SERVICES PROVIDED THROUGH AUGUST 31, 2021

16.7% OF YEAR ELAPSED

**DRAFT
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	Regular	CPP/CRDP DC Ongoing	Family Resource Center	Foster Grandparent Senior Companion	Total				
CONTRACT ALLOCATIONS									
Preliminary Allocation	27,967,990				27,967,990				
C-1 Amendment	6,756,979		154,564	1,218,040	8,129,583				
Total Operations Contract Allocation	34,724,969	-	154,564	1,218,040	-	36,097,573			
	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	Projected Balance Remaining Percent
Total Operations - Actual and Projected Expenditures	36,097,573	100.00%	2,530,758	5,845,732	16.2%	30,142,560	35,988,292	109,281	0.30%
PERSONAL SERVICES (REGULAR OPERATIONS)									
Salaries	23,888,889	68.79%	1,687,295	3,577,385	10.3%	18,709,680	22,287,065	1,601,824	4.61%
Temporary Staff	0	0.00%	0	0	0.0%	0	0	0	0.00%
Retirement (includes 403B)	3,046,111	8.77%	251,545	485,414	1.4%	2,555,517	3,040,931	5,180	0.01%
Social Security (OASDI)	286,389	0.82%	13,668	36,442	0.1%	194,447	230,890	55,499	0.16%
Health Benefits/Long Term Care	2,076,909	5.98%	151,341	466,672	1.3%	1,550,015	2,016,686	60,223	0.17%
Worker's Comp Insurance	238,889	0.69%	17,192	36,638	0.1%	194,094	230,732	8,157	0.02%
Unemployment Insurance	50,000	0.14%	0	0	0.0%	50,000	50,000	0	0.00%
Non-Industrial Disability/Life Insurance	126,789	0.37%	7,181	21,973	0.1%	65,920	87,894	38,895	0.11%
Clinical Consultants - Consumer Services	0	0.00%	0	0	0.0%	0	0	0	0.00%
Total Personal Services (Regular Operations)	29,713,976	85.57%	2,128,222	4,624,524	13.3%	23,319,673	27,944,197	1,769,779	5.10%
OPERATING EXPENSES (REGULAR OPERATIONS)									
Equipment Rental	58,000	0.17%	1,416	13,238	0.0%	44,476	57,713	287	0.00%
Equipment Maintenance	35,000	0.10%	3,091	5,013	0.0%	29,064	34,077	923	0.00%
Facility Rent	2,628,000	7.57%	219,000	657,000	1.9%	1,971,000	2,628,000	0	0.00%
Facility Maintenance	37,000	0.11%	2,136	2,466	0.0%	34,329	36,795	205	0.00%
Communications (postage, phones)	413,000	1.19%	35,871	75,207	0.2%	336,578	411,785	1,215	0.00%
General Office Expense	349,000	1.01%	25,216	45,125	0.1%	302,626	347,751	1,249	0.00%
Printing	22,000	0.06%	1,286	1,767	0.0%	18,833	20,600	1,400	0.00%
Insurance	250,000	0.72%	0	124,811	0.4%	124,811	249,622	378	0.00%
Data Processing	120,435	0.35%	6,229	12,548	0.0%	106,741	119,289	1,146	0.00%
Data Processing Maintenance / Licenses	280,000	0.81%	17,451	124,641	0.4%	150,953	275,594	4,406	0.01%
Interest Expense	15,000	0.04%	0	0	0.0%	15,000	15,000	0	0.00%
Bank Service Fees	2,000	0.01%	30	35	0.0%	1,675	1,710	290	0.00%
Legal Fees	80,000	0.23%	2,186	2,186	0.0%	75,932	78,118	1,882	0.01%
Board of Directors Expense	5,000	0.01%	0	400	0.0%	2,000	2,400	2,600	0.01%
Accounting Fees	65,000	0.19%	0	0	0.0%	65,000	65,000	0	0.00%
Equipment Purchases	260,000	0.75%	1,794	1,794	0.0%	253,969	255,763	4,237	0.01%
	A	B	C	D	E	F	D plus F G	A minus G H	I

SAN GABRIEL/POMONA REGIONAL CENTER
OPERATIONS FUND FINANCIAL REPORT

FISCAL YEAR 2021-22

PAYMENTS THROUGH SEPTEMBER 20, 2021 FOR SERVICES PROVIDED THROUGH AUGUST 31, 2021

16.7% OF YEAR ELAPSED

**DRAFT
 COPY**

	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	276,000	0.79%	38,307	53,407	0.2%	221,814	275,221	779	0.00%
Contract - ABX2 Disparities	0	0.00%	0	0	0.0%	0	0	0	0.00%
Travel/mileage reimbursement	55,000	0.16%	3,855	8,083	0.0%	43,201	51,284	3,716	0.01%
ARCA Dues	80,458	0.23%	0	0	0.0%	80,458	80,458	0	0.00%
General Expenses	55,100	0.16%	931	1,231	0.0%	52,766	53,996	1,104	0.00%
Total Operating Expenses (Regular Operations)	5,085,993	14.65%	358,799	1,128,951	3.3%	3,931,225	5,060,175	25,818	0.07%
Total Personal Services & Operating Expenses (Regular Operations)	34,799,969	100.22%	2,487,022	5,753,475	16.6%	27,250,898	33,004,372	1,795,597	5.17%
OTHER INCOME									
Interest & Other Income	(75,000)	-0.22%	(8,433)	(12,491)	0.0%	(62,457)	(74,949)	(51)	0.00%
Total Personal Services & Operating Expenses Net of Other Income (Regular Operations)	34,724,969	100.00%	2,478,589	5,740,983	16.5%	27,188,440	32,929,423	1,795,546	5.17%
RESTRICTED FUNDS									
Family Resource Center Expenses	154,564	100.00%	0	0	0.0%	154,564	154,564	0	0.00%
Foster Grandparent/Senior Companion Expenses	1,218,040	100.00%	52,169	104,749	8.6%	1,113,291	1,218,040	(0)	0.00%
Community Placement Plan Expenses	0		0	0		1,686,264	1,686,264	(1,686,264)	
Total Restricted Funds	1,372,604		52,169	104,749	99.2%	2,954,120	3,058,868	(1,686,264)	
Total Expenses (Including Restricted Funds)	36,097,573		2,530,758	5,845,732	16.2%	30,142,560	35,988,292	109,281	0.30%
Total Allocation Balance (Deficit)								109,281	

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

**DRAFT
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FISCAL YEAR 2021-22

PAYMENTS THROUGH SEPTEMBER 20, 2021 FOR SERVICES PROVIDED THROUGH AUGUST 31, 2021

16.7% OF YEAR ELAPSED

CONTRACT ALLOCATIONS	Regular POS	CPP	HCBS	Total			
Preliminary Allocation (Regular POS)	250,025,837			250,025,837			
C-1	68,006,808	100,000		68,106,808			
Total Contract Allocation	318,032,645	100,000	0	318,132,645			
	C plus E						
	A	B	C	D	E	F	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		21,198,687	37,965,509	11.9%	274,337,259	312,302,768	98.2%
OUT OF HOME CARE							
Community Care Facilities		9,010,687	16,873,944	5.3%	108,147,803	125,021,747	39.3%
ICF/SNF Facilities		15,721	32,001	0.0%	745,229	777,230	0.2%
Total Out of Home Care		9,026,408	16,905,946	5.3%	108,893,032	125,798,977	39.6%
DAY PROGRAMS							
Day Care		761,962	1,197,684	0.4%	26,387,388	27,585,072	8.7%
Day Training		4,328,248	7,801,580	2.5%	43,788,796	51,590,375	16.2%
Supported Employment		478,916	627,792	0.2%	5,221,058	5,848,850	1.8%
Work Activity Program		83,309	142,083	0.0%	1,147,287	1,289,370	0.4%
Total Day Programs		5,652,435	9,769,138	3.1%	76,544,529	86,313,667	27.1%
OTHER SERVICES							
Non-Medical: Professional		660,043	1,011,513	0.3%	9,959,279	10,970,792	3.4%
Non-Medical: Programs		1,215,231	2,200,153	0.7%	13,758,879	15,959,032	5.0%
Home Care: Programs		172,796	326,561	0.1%	2,499,672	2,826,233	0.9%
Transportation		423,612	800,527	0.3%	4,944,340	5,744,867	1.8%
Transportation Contracts		685,157	942,274	0.3%	4,425,431	5,367,706	1.7%
Prevention		968,994	1,688,125	0.5%	11,074,372	12,762,497	4.0%
Other Authorized Services		1,262,560	2,227,326	0.7%	14,712,138	16,939,464	5.3%
Personal and Incidentals		13,017	23,927	0.0%	126,447	150,374	0.0%
Hospital Care		75,561	151,123	0.0%	2,147,529	2,298,651	0.7%

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

**DRAFT
 COPY**

FISCAL YEAR 2021-22
 PAYMENTS THROUGH SEPTEMBER 20, 2021 FOR SERVICES PROVIDED THROUGH AUGUST 31, 2021
 16.7% OF YEAR ELAPSED

						C plus E	
	A	B	C	D	E	F	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
Medical Equipment		533	1,276	0.0%	51,258	52,534	0.0%
Medical Service: Professional		128,574	238,733	0.1%	2,283,233	2,521,965	0.8%
Medical Service: Programs		135,965	272,517	0.1%	1,442,198	1,714,715	0.5%
Respite: In Own Home		1,193,597	2,057,646	0.6%	25,686,471	27,744,117	8.7%
Respite: Out of Home		2,344	14,655	0.0%	22,520	37,175	0.0%
Camps		0	0	0.0%	0	0	0.0%
Total Other Services		6,937,984	11,956,357	3.8%	93,133,767	105,090,124	33.0%
Total Estimated Cost of Current Services		21,616,827	38,631,441	12.1%	278,571,328	317,202,768	99.7%
<u>OTHER ITEMS</u>							
HCBS	0	0	0		0	0	
Total Other Items		0	0	0.0%	0	0	0.0%
Total Purchase of Services		21,616,827	38,631,441	12.1%	278,571,328	317,202,768	99.7%
Deduct: Estimated Receipts from Intermediate Care Facilities for State Plan Amendment Services		(418,140)	(665,931)	-0.2%	(4,334,069)	(5,000,000)	-1.6%
Expenditures Regular POS (Net of CPP)	318,032,645	21,198,687	37,965,509	11.9%	274,237,259	312,202,768	98.2%
Projected Allocation Balance (Deficit) Regular POS						5,829,877	1.8%
<u>COMMUNITY PLACEMENT PLAN</u>							
Community Placement Plan (inc. CRDP)	100,000	0	0	0.0%	100,000	100,000	100.0%
Allocation Balance (Deficit) CPP and CRDP						0	0.0%
Total Projected Allocation Balance (Deficit) Regular & Community Placement Plan POS						5,829,877	1.8%

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

**COMMUNITY RELATIONS/
LEGISLATIVE COMMITTEE**

MINUTES FROM THE SEPTEMBER 15, 2021, MEETING

The following committee members were present at said meeting:

PRESENT

Julie Lopez
Joseph Huang
Rachel McGrath
Natalie Webber
Georgina Molina

GUESTS

Sofia Benitez

STAFF:

Anthony Hill, Executive Director
Salvador Gonzalez, Director of Community
Outreach and Compliance
Xochitl Gonzales, Community Outreach
Specialist
Amos Byun, Community Outreach Specialist
Willanette Satchell, Executive Assistant
Erika Gomez, Executive Assistant - BOD

ABSENT:

Ardena Bartlett
Penelope Fode

RECOMMENDED BOARD ACTIONS

The Community Relations/Legislative Committee recommends the following:

None

CALL TO ORDER

In the absence of the chairpersons when the meeting started, Natalie Webber called the meeting to order at 6:07 pm.

The minutes from August 11, 2021, were reviewed and approved.

M/S/C (Huang & Webber) The committee approved the minutes.

Abstain: Molina

PUBLIC INPUT

None

COMMUNITY OUTREACH MONTHLY REPORT*

Xochitl Gonzalez and Amos Byun, Community Outreach Specialists, presented the monthly Outreach Report for August 2021. 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

(The report is attached to these minutes.)*

LEGISLATIVE ISSUES & OTHER INFORMATION

Anthony Hill, Executive Director, and staff reported the following:

- Assembly Bill 445 - this bill was supported by SG/PRC and ARCA, sponsored by Assemblymember Calderon, removes the requirement of collection of sensitive information when individuals with developmental disabilities secure eligibility assessments and delivery of critical services. It was signed on August 31, 2021.
- Assembly Bill 580 – this bill, sponsored by Assemblymember Rodriguez, amends existing law, requiring a standardized emergency management system for use by all emergency response agencies including the appointment of representatives of the disabled community to serve on committees that will help develop policy related to the system. On September 10, 2021, ARCA submitted a formal written request for Governor Newsom to sign.
- Senate Bill 14 (SB 14) - Senator Portantino and others introduced this bill to amend Education Code Section 48205, to include accommodations related to the behavioral health needs of students, expanding the term (illness) to include mental or behavioral health for the purpose of excused absence. On September 13, 2021, ARCA submitted a formal written request for Governor Newsom to sign.

- Senate Bill 224 - Senator Portantino and others introduced this bill, that will require school districts and charter schools to include mental health instruction within health educational courses. This bill affirms that mental health is critical to overall health, well-being and academic success. It recognizes that mental health challenges affect all age groups, races, ethnicities and socioeconomic classes. On September 9, 2021, ARCA submitted a formal written request for Governor Newsom to sign.
- Public Policy Initiatives – DDS issued 26 initiatives. Mr. Hill and Lucina Galarza, Director of Community Services, form a part of the workgroup that will help determine how the initiatives will be measured.
- DDS Guidance Regarding Alternative Non-Residential Services – DDS is requiring that Service Coordinators, Service Providers and the individuals served have a conversation to get feedback about what services they feel are working, what is meeting their needs and what needs to change. This must be completed by November 1, 2021.
- Recap- Recall Election- Impact on FY 22/23 Budget Agreements - The recall of Governor Newsom was not supported. There is not much legislative action happening right now. There is hope that the January budget will include the funding that was already approved for more services coordinators.
- Vaccine Mandate/ Verification/Healthcare Workers - Effective August 9, 2021, all SG/PRC employees were mandated to receive the COVID-19 vaccine or provide proof of a valid exemption allowable under the guidance of the Equal Employment Opportunity Commission. SG/PRC has achieved 100% compliance in that all staff are either fully vaccinated or have an allowable legal exemption. SG/PRC employees are required to disclose vaccination status immediately when conducting agency business at residential facilities, intermediate care facilities, skill nursing facilities, adult family homes, supported living arrangements, schools and any setting where an individual served lives, and upon request at jails, homeless shelters or other community or governmental agencies that might require disclosure. SG/PRC employees were designated as healthcare workers from the Los Angeles County Department of Public Health (LACDPH) during February 2021. Service

providers are also considered healthcare workers and as such, are being encouraged to apply this mandate to their staff.

- Legislation Binder – Each member of this committee will receive an information binder with the upcoming bills and proposals that could impact the individuals served by the regional centers. This committee will start digging deeper and become familiar with legislation. The binders have been ordered and the members will receive them soon.
- COVID 19 Update -
 - Beginning September 13, 2021, all Service Coordinators and Client Service Managers are scheduled workdays in the office at a minimum of 1 day weekly. Directors, and staff with the Fiscal, Human Resources, Intake & Eligibility, Information Technology, Records/Indexing, and Administrative Teams are working primarily in the office.
 - Currently there are 5 hotspots. “Hotspots” are operationally defined as at least one COVID-19 positive test outcome for either an individual served that resides in a residential facility or a staff that delivers care and supervision. SG/PRC is ensuring that there is a registry in case there’s a surge of hotspots. Additionally, staff are also ensuring that there is a registry in place for staffing shortages.
- SG/PRC Logo- SG/PRC is in the final stage of the new logo concept project. Staff and the Board of Directors will vote on their favorite.

ADJOURNMENT:

The next meeting is on October 20, 2021.



SAN GABRIEL/POMONA REGIONAL CENTER

Advisory Committee for Individuals Served and Their Families

Wednesday, October 27, 2021 at 6:00 p.m.

Videoconference Meeting

ZOOM Meeting ID: 191 486 135

Password: 681356

Committee Members:

Staff:

Shannon Hines, Co-Chairperson
Sheila James, Co-Chairperson
Mary Soldato
Preeti Subramaniam
Herminio Escalante
Michelle Nelson
Sherry Meng

Rebecca Wilkins
Ning Yang
Louis Jones
Daniel Clancy
Victor Guzman
John Randall (LOA)
David Grisey (LOA)

Anthony Hill
Lucina Galarza
Daniela Santana
Joe Alvarez
Erika Gomez
Willanette Satchell

AGENDA

- **Call to Order – Chairperson, Shannon Hines and Sheila James (6:00 – 6:05)**
- Approve Minutes of August 25, 2021 and September 22, 2021 Meeting
- Public Comment (6:05 – 6:10)
- Action Item: None

(6:15 – 6:45) – Special Presentation – Provisional Eligibility Category by Guadalupe Magallanes-Angel, Associate Director of Early Intervention & Intake and Gabby Castillo, Manager of Intake

(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

December 8, 2021 - Fair Hearing Process

January 26, 2022 – Forensic Specialist

- **Self Determination Advisory Committee Meetings & Updates**
- **Coronavirus Update**
- **Agenda for December 8, 2021**

There won't be a meeting in November.

**SAN GABRIEL/POMONA REGIONAL CENTER
DEVELOPMENTAL SERVICES, INC.**

Minutes of the Meeting of the

Advisory Committee for Individuals Served and Their Families

September 22, 2021

A regular meeting of the Client Services/Advisory Committee was held on Wednesday, September 22, 2021. The following committee members were present at said meeting:

PRESENT

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

GUESTS:

Sofia Benitez
Vanessa Chay

STAFF:

Anthony Hill
Lucina Galarza
Daniela Santana
Salvador Gonzalez
Erika Gomez

ABSENT:

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

ITEMS DISCUSSED

CALL TO ORDER

Shannon Hines called the meeting to order at 6:05 pm
A quorum was not established.

The review of the minutes of the August 25, 2021, meeting was tabled.

PUBLIC COMMENT – None

**SPECIAL PRESENTATION – INTERNAL PROCESS FOR SELF
DETERMINATION**

Daniela Santana, Director of Client Services, shared on the following information:

- Mandatory SDP Orientation & SDP Manual
- Person-Centered Plan
- 12 Month Expenditure Report
- Certifying the Budget
- Independent Facilitator
- Financial Management Services
- Spending Plan
- Self Determination/Individual Program Plan
- Purchase of Service
- Submitting Changes to Purchase of Service

FUTURE TRAINING TOPICS:

- October 27, 2021 –Provisional Eligibility Category
- December 8, 2021 - Fair Hearing Process
- January 26, 2022 – Forensic Specialist

SELF DETERMINATION ADVISORY COMMITTEE MEETINGS AND UPDATES:

35 families have transitioned over to the program.

COVID 19 UPDATE:

- SG/PRC is adhering to the LA County Health Policy order that all healthcare workers be vaccinated or obtain legal exemption. Staff have a QR code that they are required to disclose. SG/PRC is 100% in compliance and all staff are required to test weekly.
- SG/PRC continues to serve as a testing site. Staff have ordered enough supplies to last for a few months as there's a fear that testing kits will dwindle.
- Staff have secured surge homes and are securing a staff registry
- Regional centers are required to collect vaccination data of those served, SG/PRC continues to be in the lead with most individuals served that have received at least one dose of the vaccine.

ADJOURN

Chairperson Shannon Hines adjourned the meeting.

The next Advisory Committee for Individuals Served and Their Families meeting is scheduled for Wednesday, October 27, 2021 via videoconference.

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

October 7, 2021

The following committee members were in attendance at said meeting:

PRESENT:

Susan Stroebel, Chairperson
Valerie Donelson
Grace Kano
Charmayne Ross
Nancy Bunker
Jose Mendoza
Vanessa Besack

STAFF:

Anthony Hill, Executive Director
Lucina Galarza, Director of Community Services
Jaime Anabalon, Quality Assurance Manager
Dara Mikesell, Associate Directors of Community Services
Rosa Chavez, Associate Director, Family & Transition Services
Salvador Gonzalez, Director of Community Outreach and Compliance
Lupe Magallanes, Associate Director, Early Start and Intake Services
Erika Gomez, Executive Assistant – Board of Directors

MEMBERS ABSENT:

Baldo Pasetta
Nicole Mirikitani
Olaf Luevano
Brenda Baldeon

RECOMMENDED ACTIONS

THE VENDOR ADVISORY COMMITTEE RECOMMENDATION:
None

A. CALL TO ORDER

Susan Stroebel called the meeting to order at 10:05 a.m. A quorum was established after roll call.

The agenda was reviewed.

The minutes from the September 2, 2021 meeting were approved.
M/S/C (Ross & Kano) The committee approved the minutes.

B. VAC VACANCIES

There are vacancies in the following categories:

- Residential (Specialized)
- CCF
- Adult Day Program

Anyone interested can email egomez@sgprc.org for an application.

C. IMPACT OF COVID 19 AREAS OF DISCUSSION

The following concerns were discussed:

- Staffing issues have been made worse by the
 - vaccine mandates
 - administrator's certification
 - live scans taking abnormally longer – there is going to be communication between DDS and ARCA about the turnaround time from live scans. The vendors feel they would benefit if staff were allowed to work temporarily until the results are available. Mr. Hill will look at the clearances and see if any adjustments can be made.

D. SG/PRC STAFF UPDATES

Vendor Workgroup – Mr. Hill shared that the ask will be for money. Funding is set for April, but a bridge is needed until then.

Referral Process – Mr. Hill is not ready to discuss this yet.

CCL's VAC Meeting Participation – Lucina Galarza will follow up with CCL about attending a meeting to explain the PINs that providers are having a difficult time understanding.

E. VENDOR CATEGORY REPORTS

Adult Programs

Vocational – Vanessa Besack reported that the subcommittee met on September 30, 2021. The participants discussed staffing issues and the vaccine mandates.

Adult Day – Jose Mendoza shared that the engagement survey deadline is on November 30, 2021. He also provided clarification that the Trunk or Treat event is restricted to Day Program participants that must register.

Infant & Children Services

Infant Development Program – Charmayne Ross reported that the subcommittee met on Monday and staff were present to discuss frequency of services not lining up with the IFSPs. Co-treatments were also discussed, and service coordinators will have to educate on and promote them. She also spoke about the importance of EI vendors submitting their company surveys as only 65 were returned. Also, the subject of the IEPs transition attendance will be further discussed and researched. Lastly, the differential rate between licensed assistants and therapist is still being looked into.

Transportation

Baldo Paseta was not present.

Independent Living Services

ILS Services – Nicole Mirikitani was not present.

SLS Services – Nancy Bunker spoke about SLS providers struggling with staffing across the state. The concern is the quality of services if providers are faced with hiring staff not qualified.

Residential Services

Specialized – **One vacancy in this category**

CCF – Valerie Donelson (**one vacancy in this category**). Mrs. Donelson asked for clarification about the background check requirements for programs as it seems that everyone has different obligations.

ICF- Grace Kano shared that the workforce is struggling because of staff shortages in big part because of the vaccine mandates. She also requested that the providers get a report that gives them an idea of how many referrals there are monthly, Mr. Hill agreed to provide this report.

Other Vendored Services- Jeanette Cabrera reported that she is starting to see more burnout from new students going into the college system because of the remote learning platforms. Students that were attending college during the pandemic are applying the social risks learned into the workplace. Weekly covid testing requirements is something else that students need to navigate. Mt. Sac will require vaccine compliance starting in November.

At Large- Susan Stroebel referred to the materials for upcoming events like the

Trunk or Treat scheduled for October 29, 2021 and the Virtual Gardening.

F. **LEGISLATIVE UPDATE**

Susan Stroebel provided an update in the materials package.

PUBLIC COMMENTS

Gace Kano reminded the participants about the upcoming Richard D. Davis Foundation on October 25, 2021.

MEETING ADJOURNED

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

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

October 13, 2021

The following committee members were present at said meeting.

MEMBERS:

Gisele Ragusa
Bruce Cruickshank
Bill Stewart
Shannon Hines
Julie Chetney

STAFF:

Anthony Hill, Executive Director
Lucina Galarza, Director of Community Services
Willanette Satchell, Executive Assistant
Erika Gomez, Executive Assistant - BOD

GUESTS:

Tracy Evanson

MEMBERS ABSENT:

Anabel Franco - Vizcaino

RECOMMENDED BOARD ACTIONS

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

None.

ITEMS DISCUSSED

A. CALL TO ORDER

Gisele Ragusa, called the meeting to order at 6:04 p.m. A quorum was established.

The agenda was reviewed, and “Board Composition” was added.

The Minutes from the September 8, 2021, Strategic Development Committee meeting were approved.

M/S/C (Cruickshank & Stewart) The committee approved the minutes.

Abstain: Chetney

B. PUBLIC INPUT

None

C. STRATEGIC TIMELINE

The committee reviewed in detail the timeline with the focus of determining the process and next steps. The following was discussed:

- Goal #4 – rollover as it may be the grandest and most significant goal
- SWPT – the members agreed to use this to measure progress
- Every committee should form a focus group and meet for an hour. 45 minutes would be allocated for discussion and 15 for closing.
- The members agreed to look into having a facilitator that could help with the focus groups. They suggested an individual that once did training for the Board and they will follow up with Raquel Sandoval, Director of Human Resources, on contacting him.
- The Leadership should also form a focus group.

D. BOARD COMPOSITION

The Lanterman Act requires the Board to meet a certain criteria, including specific ethnicity representation. Every year DDS measures compliance. Last year DDS determined SG/PRC didn't meet the requirements in the Asian and Hispanic representation. SG/PRC did not meet the requirements again this year. In discussion with the members, they raised the following argument:

- The Board is smaller in size
- There is enough Hispanic and Asian representation for the size of the Board
- The goal should be to recruit African American representation
- There is diversity in the committees

E. COVID-19 UPDATE

Mr. Hill shared the following:

- SG/PRC is in full compliance with the vaccine mandates. Staff are required to return to the office twice a week starting on October 25, 2021. Staff are also required to test weekly. SG/PRC's testing site is now open to children as well. Staff are stocking up on testing kits to avoid running out.
- There is going to be a vaccine clinic on November 14, 2021.
- There is a big shortage of staffing crisis. 30% of employees globally are looking at other options as private sectors are raising starting salaries. SG/PRC put together a strategy to build a registry for covid 19 but also registries for shortage of staffing in residential, family home agencies, supported living and ILS. Staff have approached the big day programs as potential sources to supply the registries, there are 4 potential partners.
- A Health and Safety Waiver provision was given to Executive Directors. It allows modifications to existing rates for Residential providers (under the 109-program support). SG/PRC only has had 2.
- 65% of the individuals served are vaccinated, the highest number in state.

F. ADJOURNED

The meeting adjourned.

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

SAN GABRIEL/POMONA REGIONAL CENTER

October 20 , 2021

TO: Penelope Fode, 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

SG/PRC's Critical Business Functions

Beginning October 25, 2021, all Service Coordinators and Client Service Managers are scheduled workdays in the office at a minimum of 2 days weekly. Directors, and staff with our Fiscal, Human Resources, Intake & Eligibility, Information Technology, Records/Indexing, and Administrative Teams are working primarily in the office.

The SG/PRC office has remained open throughout the COVID-19 pandemic. Visitors and staff are required to wear a face mask and pass a contactless temperature screening device. We have held firm with this practice, even though guidance from local public health authorities has varied. Our Porter cleans and sanitizes our business office daily, supported by other internal health and safety protocols. We are very proud of our distinction of being the **only regional center throughout the pandemic** that has continued to provide in-person intake/eligibility assessments and early intervention clinics.

Intake/Eligibility Data First Quarter FY21/22

Early Intervention/Intake

698 New Referrals
653 Eligibility Reviews
21 Reactivations

Lanterman/Intake

132 New Referrals
147 Eligibility Reviews
174 Eligibility Reviews (EI transitions)

4 Transfer In
614 Children found eligible

97 Exiting EI/ Eligible
47 Reactivations
23 Provisional Eligible

(See Attachment A)

SG/PRC COVID-19 Data

Los Angeles County COVID-19 positivity rate 7-day average reported on October 9, 2021, is 0.88%. The SG/PRC data for COVID-19 positivity rate shows a slight increase due to breakthrough infections occurring in fully vaccinated individuals served that live in a specific congregate living setting (See Attachment B).

COVID-19 Vaccine Data

As required by the Department of Developmental Services (DDS) Directive, SG/PRC is collecting COVID-19 vaccine data for individuals served. We are collecting the vaccine brand, whether the individual served is fully vaccinated, and whether the individual served demonstrated their choice to decline COVID-19 vaccines. SG/PRC's vaccine data collection efforts remain at **the top of the list** of regional centers according to DDS Data at www.dds.ca.gov under [COVID-19 data](#).

SG/PRC's COVID-19 Testing Clinic

Our SG/PRC testing Clinic is open Monday, Tuesday, Wednesday, and Thursdays for individuals served and their families, service provider staff and their families, and SG/PRC staff and their families. The clinic is held at the SG/PRC business office from 9 a.m. to 11:30 a.m. We are very close to securing a rapid testing option through our partnership with California Department of Public Health, Color and Valencia Branch Laboratories (See Attachment C).

SG/PRC's COVID-19 Vaccine Booster Shot and Flu Shot Clinic

On November 4th, 2021, at the SG/PRC business office, SG/PRC will be offering a Pfizer COVID-19 Booster and flu shot clinic. The Pfizer COVID-19 Booster vaccine is available for individuals 18 years of age or older; have received the Pfizer vaccine series as least six months ago and have underlying medical conditions or fit within the occupation- based category of frontline/high risk/essential workers. The Flu shot is only for individuals 18 years in age or older (See Attachment D).

SG/PRC's Dental Clinic November 6, 2021

On November 6, 2021, SG/PRC will host its 5th dental clinic during the COVID-19 pandemic. The SG/PRC dental clinic is a collaborative partnership with Dr. Banner, University of Southern California, California State University, Fullerton, University of California, Los Angeles and California State Polytechnic University, Pomona.

The clinic is held in the SG/PRC parking lot under canopy tents, allowing space for physical distancing. Attendees are required to pass a contactless temperature screening monitor, and wear face masks. The purpose of the dental clinic is to support the individual served with securing a permanent dental provider. The dental clinic offers screenings, dental x-rays and implementation of desensitization strategies relying on doctrines of applied behavior analysis (See Attachment E).

Self- Determination Program Orientation Training

We are very excited about the expansion of choice in the method of service delivery available through the Self-Determination Program (SDP). The first step along the way to becoming a participant in the Self-Determination Program is attendance and participating in the SDP orientation training. SG/PRC will host a two-part orientation series; part (1) Saturday, October 23, 2021, 9:30 a.m.- 12:30 p.m. and part (2) Saturday, October 30, 2021, 9:30 a.m. – 12.30 p.m. Please join us, if you are interested in learning more about SDP or if you have decided to participate in the SDP. During both training sessions, we will offer translation services, in Spanish, Korean, Mandarin, and Vietnamese languages. These trainings will be offered through Zoom teleconferencing (See Attachment F)

Critical Issues Forum/Special Needs Trust

On November 10, 2021, through Zoom teleconferencing format from 10 a.m. – 11:30 a.m., SG/PRC will be offering a critical issues conversation regarding special needs trust. Laura K. Miller, Master Trust Administrator, Revenue Manager with Inland Regional Center will serve as our guest presenter. Please join us as we learn about this important topic that will offer insight on how to protect an individual served eligibility for public benefits, and for that person to receive a loving gift for a specific purpose from a family member, relative or loved one (See Attachment G).

SG/PRC's Expenditures FY 21/22

According to the C-1 Amendment SG/PRC's Operations allocation is \$34,724,969 with year-to-date expenditures \$5,740,983 and projected remaining expenditures of \$27,186,790.

The Purchase of Service Allocation is \$318,032,645 with year-to-date expenditures of \$38,631,441 and projected expenditures of \$278, 571, 328 leaving a balance of \$5,829,877 yearend.

Department of Developmental Services (DDS)

Regional Center Performance Measures Workgroup

On September 22, 2021, DDS convened the Regional Center Performance Measures Workgroup.

The purpose of the workgroup is to develop recommendations before January 10, 2022, as part of the Governor's Budget. Priority areas for performance indicators and benchmarks, include the following, although not limited:

- (a) Equity in service access and purchase of services.
- (b) Consumer employment and associated metrics.
- (c) Integration of consumers in the community.
- (d) Person- centered planning.
- (e) Compliance with federal home and community-based standards.
- (f) Consumer and family experience and satisfaction.
- (g) Innovation in service availability and delivery.

The workgroup's composition is very diverse, including self-advocates, family members, key stakeholder agencies, and three regional center Executive Directors that includes the SG/PRC Executive Director. The workgroup's next meeting is scheduled for October 27, 2021, through Zoom at 2:00 p.m. (See Attachment H).

COVID-19 Vaccine Booster Shots

On September 24, 2021, DDS issued guidance regarding the Pfizer-BioNTech COVID-19 booster shot as an added layer of protection against COVID-19 infection. This Directive provides an overview of recommendations from the Centers for Disease Control and Prevention and makes specific notice that underlying medical conditions include Down Syndrome (See Attachment I).

State Public Health Order Regarding Worker Vaccination Mandate

On September 28, 2021, DDS reinstated newly issued guidance under the authority of Welfare & Institutions Code Section 4639.6 applying the Public Health Order requiring a full vaccination no later than November 30, 2021, or demonstration of legal exemption that is applied to practically all service providers and service code categories found in California Title 17 California Code of Regulations, and all regional center employees. If a worker is exempted for religious beliefs or medical reasons, they must be tested once weekly and wear a surgical mask. If a worker is exempted, their employer must retain a record of exemption and each worker's test results (See Attachment J).

Restoration of Camping, Social Recreation and Other Services Pursuant to WIC Section 4648.5

DDS issued guidance to regional centers related to restoration of camping services, associated travel expenses, and social recreation activities for all ages. Service Coordinators will discuss these restored services within conversations held during planning team meetings.

Regional Centers are required to create an outreach plan and revise their purchase of service policies and submit both to DDS before December 15, 2021 (See Attachment K).

Office of The Self-Determination Ombudsperson

On October 12, 2021, the Department of Developmental Services (DDS) announced Ms. Katie Hornberger as the Acting Self-Determination Program Ombudsperson. Ms. Hornberger has served individuals with developmental disabilities for many years as an advocate in the role of the Director of the Office of Clients' Right Advocacy. Ms. Hornberger will host two informational sessions through Zoom occurring on October 19, 2021, from 12 p.m. to 1:00 p.m. and October 22, 2021, from 3:00 p.m. to 4:00 p.m. The meeting ID is 997 9018 4809, and passcode is 174246. Ms. Hornberger can be reached at (916) 651-2025 or at Katie.Hornberger@DDS.CA.GOV.

Provider Relief Fund and American Rescue Plan

Providers or suppliers who bill Medicare, Medicaid, and Children's Health Insurance Program Services are eligible for relief for changes in operations expenses from July 1, 2020, through March 31, 2021, with \$17 billion set aside for Provider Relief Fund Phase 4. Under the American Rescue Plan (ARP) Rural funding relief is available for changes in operations expenses dating back to January 1, 2020 (See Attachment L).

Association of Regional Center Agencies (ARCA) Updates

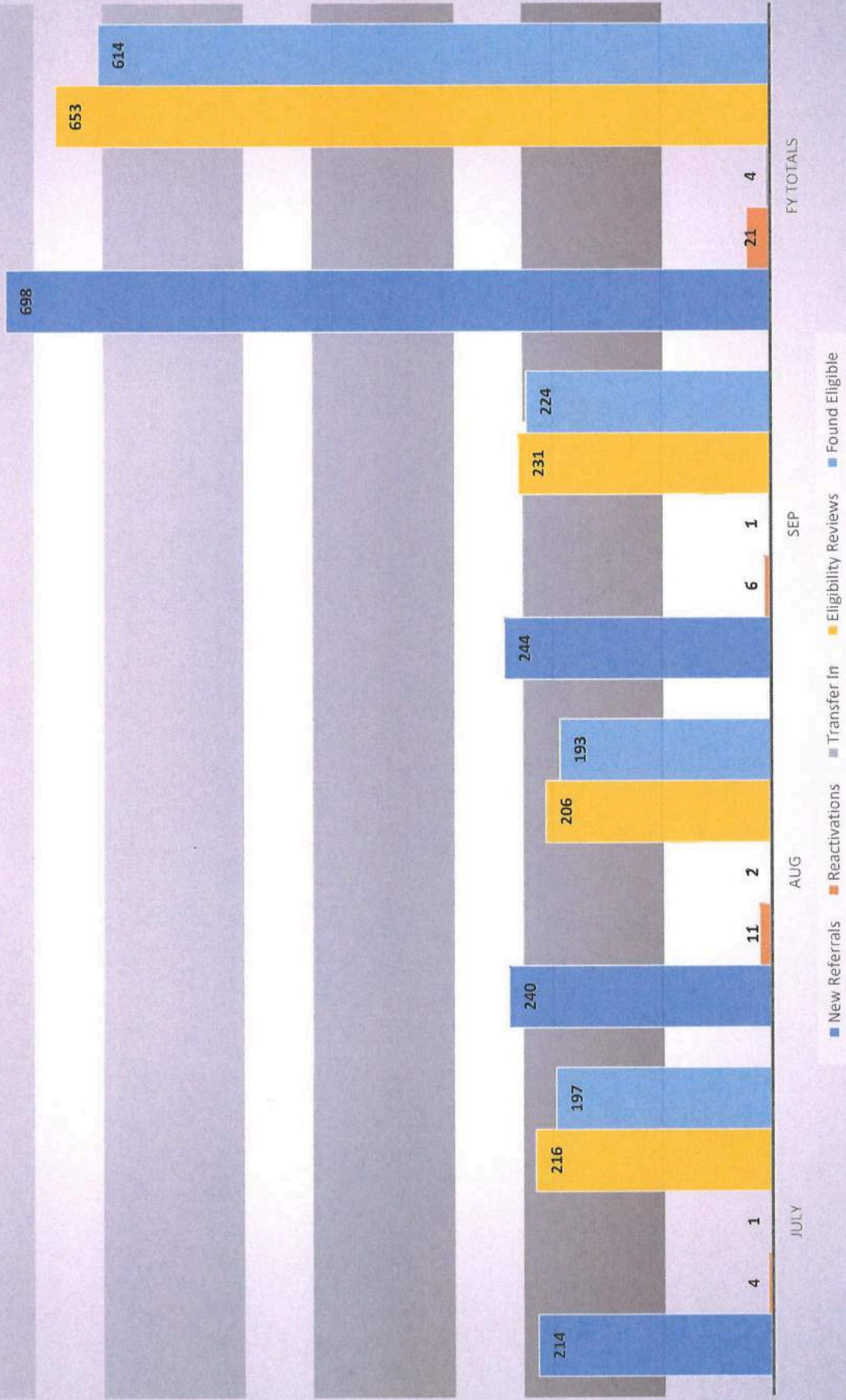
The Association of Regional Center Agencies (ARCA) represents the 21 non-profit regional centers that advocate on behalf of and coordinates services for California's over 350,000 people with developmental disabilities. The Association functions as a leader and advocate in promoting the continuing entitlement 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.

U.S. Senate Judiciary Committee Constitution Subcommittee

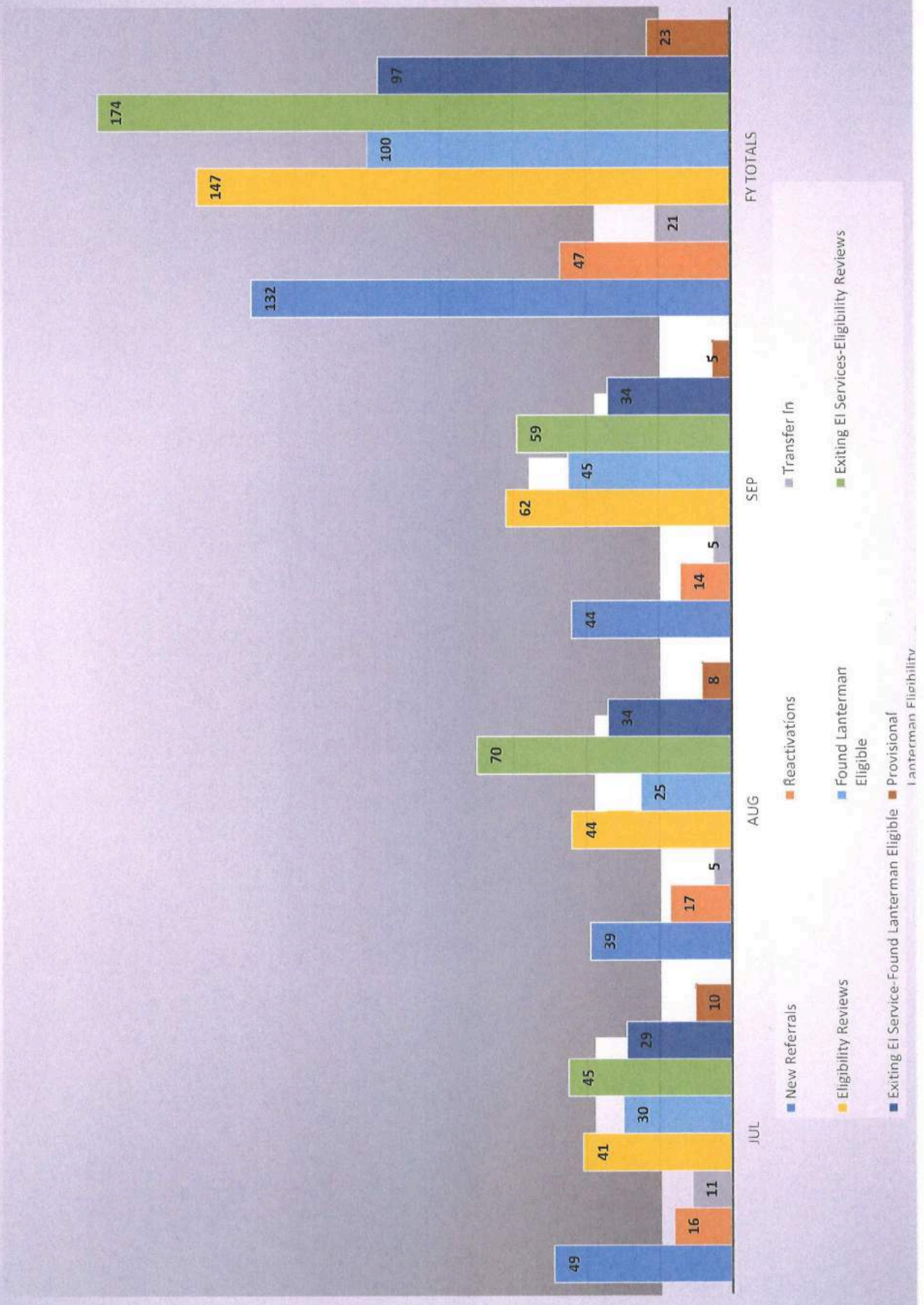
On September 28, 2021, the U. S. Senate Judiciary Committee Constitution Subcommittee held a Hearing on Toxic Conservatorships: The Need for Reform. Dr. Clarissa Kripke, Clinical Professor of Family and Community Medicine at the University of California, San Francisco provided testimony as a medical professional and as a parent of a non-speaking adult opposing Conservatorships.

Dr. Kripke articulated a three-prong analysis, offering details that (1) Conservatorships Are Not Necessary; (2) Conservatorships Do Not Protect Vulnerable People from Abuse; and (3) Supported Decision-Making Works Well in Practice (See Attachment M).

Early Start Referrals & Eligibility Reviews First Quarter-FY 2021-2022



Lanterman Intake Referrals & Eligibility Reviews First Quarter-FY 2021-2022



California COVID-19 Data

Total Cases: 4,571,467
 Positivity: 2.3% (Was 2.5%)
 Hospitalizations: 4,002 (Was 4,375)
 Deaths: 70,150

San Gabriel Pomona Regional Center COVID-19 Report Week of 10/18/21

San Gabriel Pomona Regional Center Positive COVID-19 Cases 2020/2021

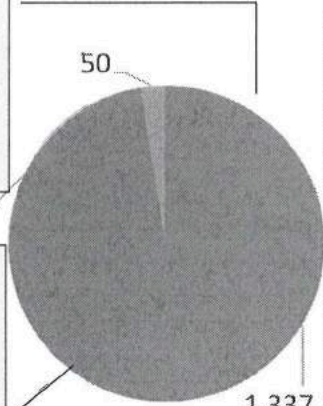
SG/PRC TOTAL COVID-19 CASES 2020/2021

Living Situation

Family: 562
 Res. Facility: 384
 ICF: 262
 SNF: 39
 ILS/SLS: 67
 Other: 23

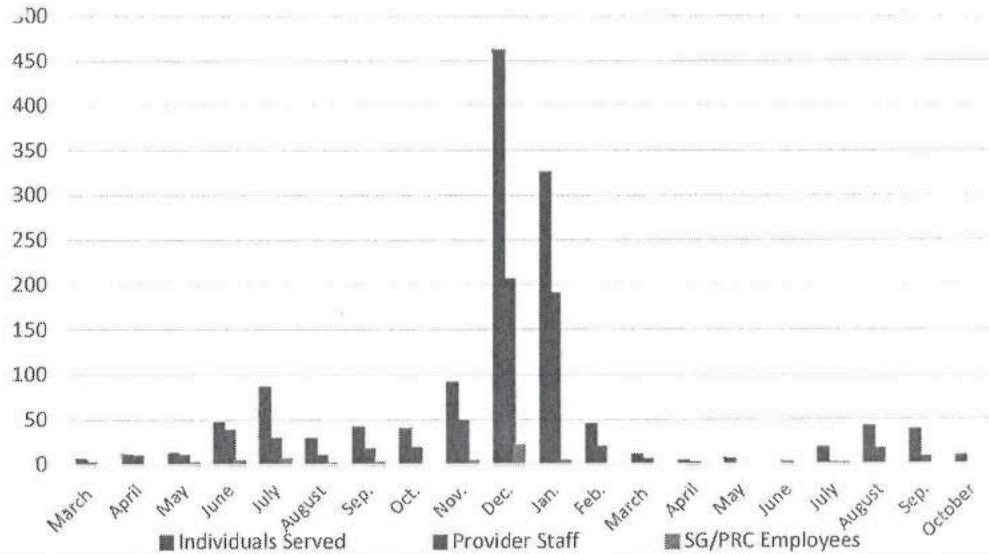
Age Range

0-17 → 256
 18-40 → 469
 41-64 → 409
 65+ →

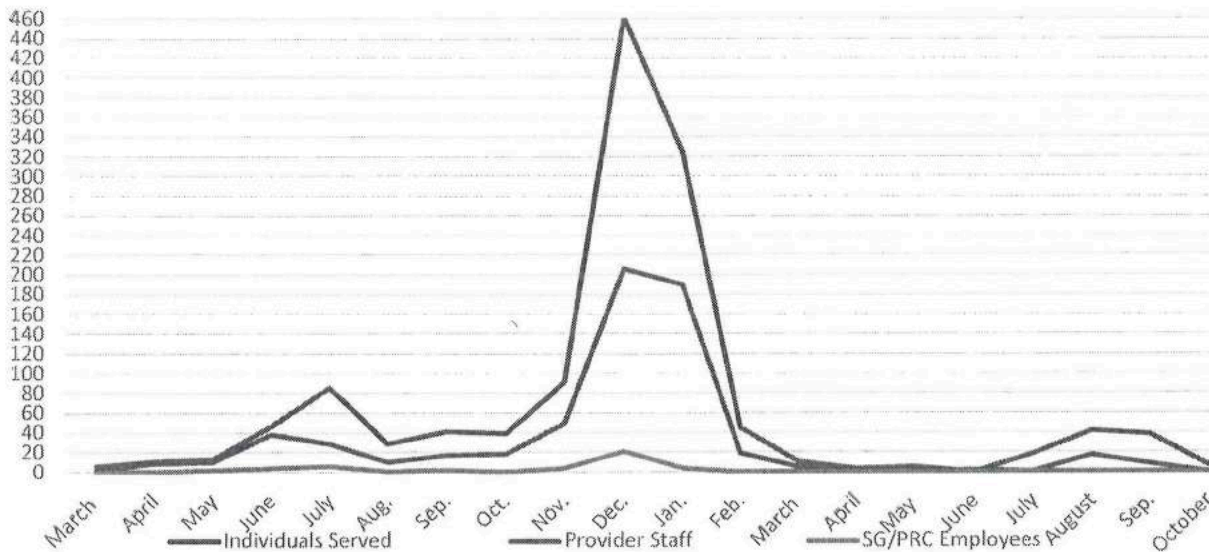


*2 Week Total: 9 New cases

■ Individuals Served ■ Provider Staff ■ SG/PRC Staff



San Gabriel Pomona Regional Center Positive COVID-19 Cases 2020/2021



COVID-19 Deaths of Individuals Served

***2020 Total Deaths	29
2021	
January	20
February	11
March	1
April	2
May	1
June	1
July	1
August	2
September	2
2020/2021 TOTAL	69

Los Angeles County Public Health Data

Total Cases	1,475,694
Current Hospitalizations	658 (Was 696)
Total Deaths	26,395
Positivity Rate	0.89% (Was 1.11%)
7 Day Average	139,347
SG/PRC SERVICE AREA HOTSPOTS / TOTAL CASES	
Pomona	29,133
El Monte	19,069
West Covina	15,166
Baldwin Park	14,625

Covid-19 Vaccine Data

LOS ANGELES COUNTY	
Doses Administered	12,755,787
Fully Vaccinated	70%
Received 1 Dose	78%
Seniors (65+) Fully Vaccinated	84%
CALIFORNIA	
Doses Administered	51,141,870
Fully Vaccinated	71.8%
Partially Vaccinated	7.9%

SAN GABRIEL/POMONA
REGIONAL CENTER

COVID-19 TESTING

**FREE TESTING
OFFERED TO INDIVIDUALS
WE SUPPORT, THEIR FAMILIES,
VENDORS & SG/PRC STAFF**

**Testing available 4 days a week.
Monday through Thursday
9 a.m. to 11:30 a.m.**

**Registration is
Highly Encouraged**

Testing Site:

**San Gabriel/Pomona
Regional Center
75 Rancho Camino Drive**

**TO REGISTER,
PLEASE CLICK HERE**

Brought to you by SG/PRC in
partnership with the following:

[https://home.color.com/covid/
sign-up/start?partner=cdph681](https://home.color.com/covid/sign-up/start?partner=cdph681)



Valencia Branch
Laboratory

color

aveanna
healthcare



**For questions, email us at
covidtesting@sgprc.org**

SAN GABRIEL/POMONA REGIONAL CENTER

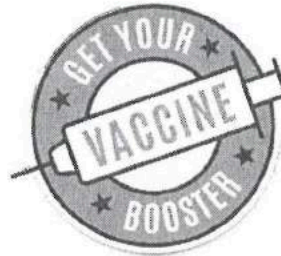
in partnership with Mercy Pharmacy Group
are sponsoring the following

Covid-19 Vaccine Booster and Influenza (Flu) Clinic



Thursday, November 4, 2021
9 am to 2 pm

TO SECURE AN APPOINTMENT,
USE THE FOLLOWING QR CODES



PLEASE NOTE:

Must be at least 18 years old and have completed the Pfizer vaccine series at least 6 months ago.

All patients with underlying medical conditions, as well as front-line/high-risk/ essentials workers are eligible to receive the Pfizer vaccine booster dose.

To receive Pfizer vaccine booster dose, please bring the following to your appointment:

- A form of identification
- Copy of medical/pharmacy insurance card
- White CDC Covid-19 vaccination record card or a digital copy of the card/record
- the following completed form:

SELF ATTESTATION OF ELIGIBILITY

This clinic will be administering the Pfizer Vaccine Booster only. Moderna or Johnson & Johnson has not been approved at this time.

Flu vaccine is only for individuals age 18 and older with insurance.



Location:

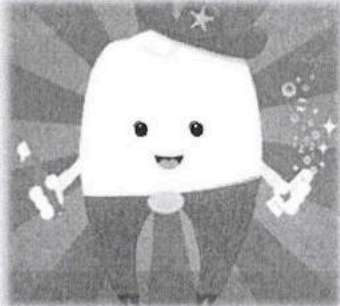
San Gabriel/Pomona Regional Center
75 Rancho Camino Drive
Pomona, CA 91766

For questions, please call
Dara Mikesell at 909-710-8831

SG/PRC DENTAL CLINIC

BEST IN THE WEST DENTAL CLINIC PROGRAM

Currently, SGPRC is the only regional center offering this type of dental clinic for individuals with developmental disabilities.



Please contact Service Coordinator for referrals to Dental Coordinator to schedule an appointment.

- Held monthly prior to the pandemicbut during pandemic, clinic is held every other month outdoors observing safety protocols
- Dental Clinic runs with two Dentists and other dental volunteers to help throughout the day with dental screenings, comprehensive examinations, x-rays, oral hygiene instructions and appropriate referrals.
- Dental Clinic is non threatening, “event like” and very educational & fun.
- Board Certified Behavior Analysts assess for dental desensitization and provide information on how to address challenges in the home with better dental care (collaborating with individual’s in-home ABA program, if any).
- Modalities for care and treatment options are discussed.

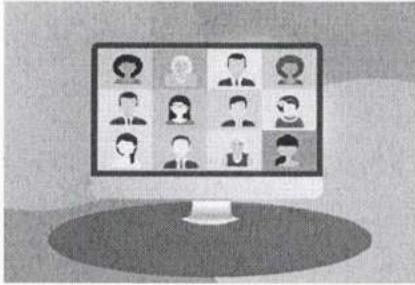
Are you a service provider that needs to do a staff training on Oral Health Care? Email Christina Macasaet, Dental Health Coordinator at cmacasaet@sgprc.org for more information.

Next Clinic is scheduled to take place on Saturday, November 6, 2021.



SAN GABRIEL/POMONA REGIONAL CENTER

**INVITES YOU TO A SPECIAL ORIENTATION TRAINING
FOR THE SELF-DETERMINATION PROGRAM (SDP)**



A TWO-PART TRAINING SESSION

PART 1 – Saturday, October 23, 2021

PART 2 – Saturday, October 30, 2021

Both sessions held from 9:30 a.m. to 12:30 p.m.

REGISTER IN ADVANCE FOR THIS MEETING

After registering, you will receive a confirmation email containing information about joining the meeting.



**Interpretation will be available in
Korean, Mandarin, Spanish and Vietnamese.**

This training course (orientation) is required as the first step for anyone interested in enrolling in the SDP program.



**TO REGISTER CLICK HERE OR VISIT
OUR SDP CALENDAR OF EVENTS
ON OUR WEBSITE:**

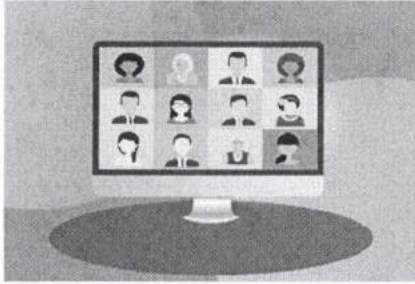
https://us02web.zoom.us/meeting/register/tZckduiorDsjHtR6_4SL1SNRbWMtOCvf7KeB

For questions about this training requirement or the Self Determination Program, please email us at SelfDetermination@sgprc.org or contact your Service Coordinator

VISIT THE SG/PRC WEBSITE AT: www.sgprc.org

SAN GABRIEL/POMONA REGIONAL CENTER

여러분을 당사자결정프로그램 (Self Determination Program)
오리엔테이션 특별 교육에 초대합니다



두 파트로 이뤄진 교육세션 일정 안내

파트 1 - 2021년 10월 23일 (토)

파트 2 - 2021년 10월 30일 (토)

두 세션 모두 오전 9:30 - 오후 12:30 에 진행됨

교육에 참여하시려면 사전 등록을 하셔야 합니다

등록을 마치시면, 교육에 참여하시는 방법을 포함하는
등록확인 이메일을 받을 것입니다.



한국어 및 중국어, 스페니쉬 및 베트남어 통역이 제공됩니다.

이 교육세션(오리엔테이션)은
당사자결정프로그램(SDP)에 등록하고자 하는
모든 분들에게 요구되는 첫번째 과정입니다.



등록을 원하시는 분들은 아래의 링크를
누르시거나 저희 리저널센터 웹사이트의 SDP
행사 달력을 방문해주시기 바랍니다:

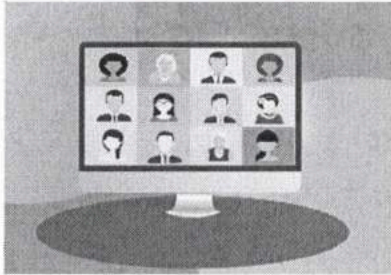
[https://us02web.zoom.us/meeting/register/tZc
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kduiorDsjHtR6_4SL1SNRbWMtOCvf7KeB)

이 필수교육 과정이나 당사자결정
프로그램(SDP)에 대해 궁금하신 점은
SelfDetermination@sgprc.org 로
이메일을 하시거나 여러분의 서비스
코디네이터에게 문의하시기 바랍니다.

저희 리저널센터 웹사이트를 방문하시기 바랍니다 : www.sgprc.org

SAN GABRIEL/POMONA REGIONAL CENTER

LE INVITAMOS A UN ENTRENAMIENTO DE ORIENTACION ESPECIAL PARA EL PROGRAMA DE AUTODETERMINACION (SDP)



TALLER EN DOS SESIONES

1ra PARTE – Sabado, 23 de Octubre del 202

2da PARTE – Sabado, 30 de Octubre del 202

Ambas sesiones serán de 9:30 a.m. a 12:30 p.m.

INSCRIBASE POR ADELANTADO PARA ESTE TALLER

Después de inscribirse, usted recibirá un correo electrónico de confirmación que tendrá la información de cómo asistir a este taller.



**Habrà Interpretación para los oyentes en los siguientes idiomas
Coreano, Mandarín, Español y Vietnamés.**

**Este taller (orientación) es requerido,
ya que es el primer paso para cualquier
persona que esta interesada en participar en
el programa de Autodeterminación (SDP).**



**PARA INSCRIBIRSE HAGA CLIC AQUI
O VISITE EL CALENDARIO DE EVENTOS
DE AUTODETERMINACION (SDP)
EN NUESTRO SITIO WEB:**

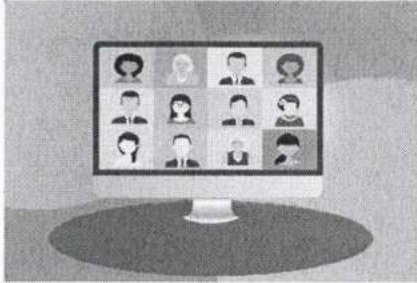
https://us02web.zoom.us/meeting/register/tZckduiorDsjHtR6_4SL1SNRbWMtOCvf7KeB

Si tiene preguntas acerca de los requisitos para este entrenamiento o para el programa de Autodeterminación, Por favor mándenos un correo electrónico a: SelfDetermination@sgprc.org o llame a su Coordinador de Servicios.

VISITE EL SITIO WEB DE SG/PRC: www.sgprc.org

SAN GABRIEL/POMONA REGIONAL CENTER

KÍNH MỜI QUÝ VỊ THAM DỰ CHƯƠNG TRÌNH HUẤN LUYỆN ĐẶC BIỆT
VỀ QUYỀN TỰ QUYẾT (SELF-DETERMINATION PROGRAM - SDP)



CHƯƠNG TRÌNH HUẤN LUYỆN
GỒM 2 PHẦN

PHẦN 1 – Thứ Bảy, ngày 23 tháng 10, 2021

PHẦN 2 – Thứ Bảy, ngày 30 tháng 10, 2021

Thời gian từ 9:30 sáng đến 12:30 trưa

VUI LÒNG ĐĂNG KÍ TRƯỚC CHO BUỔI HUẤN LUYỆN NÀY

Sau khi hoàn tất đăng kí, quý vị sẽ nhận được email xác nhận bao gồm thông tin để tham gia cho buổi huấn luyện này



Có hỗ trợ thông dịch viên Tiếng Hàn, Tiếng Hoa
Tiếng Tây Ban Nha và Tiếng Việt

Khoá huấn luyện (định hướng) này là bước bắt đầu tiên cho những ai muốn tham gia chương trình Quyền Tự Quyết - SDP



NHẤN VÀO LIÊN KẾT PHÍA DƯỚI ĐỂ ĐĂNG KÍ
HOẶC TRUY CẬP VÀO TRANG WEB CHÚNG TÔI
CHO LỊCH TRÌNH & SỰ KIẾN CHƯƠNG TRÌNH SDP

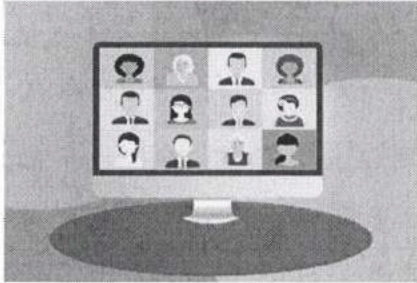
https://us02web.zoom.us/meeting/register/tZckduiorDsjHtR6_4SL1SNRbWMtOCvf7KeB

Thắc mắc về yêu cầu cho buổi huấn luyện hay Chương trình Quyền Tự Quyết xin vui lòng liên hệ SelfDetermination@sgprc.org hoặc liên lạc Điều Phối Viên Dịch Vụ của bạn

TRUY CẬP TRANG WEB VỰC SG/PRC TẠI: www.sgprc.org

SAN GABRIEL/POMONA REGIONAL CENTER

邀請您參加對於自決計劃(SDP)的特殊簡介培訓



兩部分培訓課程

第 1 部分 - 星期六, 十月 23 日, 2021

第 2 部分 - 星期六, 十月 30 日, 2021

兩課程於上午 9 : 30 至 12 : 30 舉行。

提前為本次會議註冊

註冊后, 您將收到確認電子郵件
包含有關參加會議的資訊。



將提供 韓語、普通話、西班牙文和越南文翻譯。

本培訓課程 (orientation 簡介) 是
任何有興趣註冊 SDP 計劃的人必須做的第一步



要註冊, 請按兩下此處或訪問
在我們的網站上的 SDP 事件日曆:

https://us02web.zoom.us/meeting/register/tZckduiorDsjHtR6_4SL1SNRbWMtOCvf7KeB

有關此 培訓要求或
自我決定計劃的問題,
請給我們發電子郵件

SelfDetermination@sgprc.org
或聯繫您的 服務協調員

訪問 SG/PRC 網站: www.sgprc.org

SAN GABRIEL/POMONA
REGIONAL CENTER

Critical Issues Forum

Addressing important, new or current issues that may affect the delivery and accessibility of service to individuals served by SG/PRC.

Join us on Zoom

Wednesday, November 10, 2021

10 a.m. to 11:30 a.m.

Topic:

An Overview of Special Needs Trust

Presented by:

**Laura K. Miller Master Trust Administrator,
Revenue Manager at Inland Regional Center**

Join Zoom Meeting

<https://us02web.zoom.us/j/87953008523>

Meeting ID: 879 5300 8523

By Phone: +16699006833,,87953008523#

Translations in other languages require one week notice to accommodate .

For more information call Xochitl Gonzalez (909) 710-8817

xgonzalez@sgprc.org

SAN GABRIEL/POMONA REGIONAL CENTER

주요사안토론회(CIF)

발달장애를 가진 분들과 가족을 위해 서비스에 영향을 미치는
중요한 최신 주요 사안들에 대한 정보를 제공합니다.

2021년 11월 10일 (목), 오전 10시에서
11:30까지 열리는 토론회에 여러분을 초대합니다.

주제: 스페셜 니드 트러스트 개요 안내
(An Overview of Special Needs Trust)

강사: Laura K. Miller Master Trust Administrator,
Revenue Manager at Inland Regional Center

아래의 줌 링크로 참여하세요

<https://us02web.zoom.us/j/87953008523>

줌미팅 ID: 879 5300 8523

전화참여: (669) 900-6833, ID-87953008523#

한국어 통역을 원하시면 최소한 토론회 일주일 전에 변성욱, Amos Byun에게
(909) 710-8815 나 abyun@sgprc.org로 연락주시기 바랍니다.

SAN GABRIEL/POMONA REGIONAL CENTER

Les Presenta

Foro de Temas Críticos

Enfrentando problemas importantes, nuevos o actuales que podrían afectar la manera cómo se presta y se dispone de los servicios a los individuos que son atendidos por el SG/PRC.

**Acompañenos por Zoom el
miércoles, 10 de noviembre del 2021
10 a.m. - 11:30 a.m.**

Tema:

Una descripción general del fideicomiso para
necesidades especiales

Presentado por:

Laura K. Miller Administradora principal del fideicomiso,
Revenue Manager en el Centro Regional de Inland

Se usara la Plataforma Zoom

Haga clic al enlace para ingresar automáticamente
<https://us02web.zoom.us/j/87953008523>

ID de Junta: 879 5300 8523

Por Teléfono: +1(669) 900-6833,,87953008523# US

Habrá traducción en Español para su mejor entendimiento.

**Para más información o para recibir ayuda para ingresar hable a Xochitl
Gonzalez al (909) 710-8817 xgonzalez@sgprc.org**

**Regional Center Performance Measures Workgroup
September 22, 2021
Handouts**

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Agenda

Regional Center Performance Measures Workgroup

Sept. 22, 2021

12:00- 1:30 pm.

- 1. Welcome and Self-Introductions**
- 2. Purpose of the Workgroup**
 - a. Make recommendations to DDS on the development of standard Regional Center performance improvement indicators and benchmarks.
- 3. Review of Statute**
- 4. Brief Background and History**
- 5. Next Steps & Future Meetings**
- 6. Closing Comments**



State of California

WELFARE AND INSTITUTIONS CODE

Section 4620.5

4620.5. (a) Beginning as early as possible after July 1, 2021, but no later than September 1, 2021, the department shall convene a workgroup, which shall be composed of individuals described under subdivision (b), to make recommendations to the department for the development of standard performance improvement indicators and benchmarks to incentivize high-quality regional center operations.

(b) The director shall appoint members to the stakeholder group and shall consider all of the following individuals to serve as members of that group:

(1) Individuals or consultants with expertise in developing performance indicators and incentive programs within developmental disability systems or community-based long-term services and supports systems.

(2) Consumers and families across different geographic regions of the state, who have diverse racial and ethnic backgrounds, diverse consumer age groups, and disabilities.

(3) Regional center representatives.

(4) Service providers.

(5) Representatives of other state agencies or entities with whom the department routinely collaborates for the coordination of services for people with developmental disabilities, and who additionally have expertise in setting or reporting indicators and benchmarks, including reporting to the federal Centers for Medicare and Medicaid Services.

(6) Representatives of California's University Centers for Excellence in Developmental Disabilities, the State Council on Developmental Disabilities, the protection and advocacy agency specified in Division 4.7 (commencing with Section 4900), and consumer and family advocacy groups.

(c) By January 10, 2022, as part of the Governor's Budget, the department shall provide a status update based on recommendations provided by the stakeholder workgroup, with an additional status update at the time of the Governor's May Revision. These recommendations may include all of the following:

(1) Priority areas for performance indicators and benchmarks, including, but not limited to, all of the following:

(A) Equity in service access and purchase of services.

(B) Consumer employment and associated metrics.

(C) Integration of consumers in the community.

(D) Person-centered planning.

(E) Compliance with federal home and community-based standards.

(F) Consumer and family experience and satisfaction.

(G) Innovation in service availability and delivery.

(2) Surveys or other measures to assess consumer and family experience, satisfaction, and recommendations, in addition the use of data available through the National Core Indicators.

(3) Benchmarks, and a method for establishing benchmarks, to create meaningful comparisons and understanding of variation in performance within and between regional centers.

(4) Measures under development or already implemented by federal funding agencies for long-term services and supports, home and community-based services, incentive payments, required reporting, and the efficient and effective implementation of performance improvement systems.

(5) Additional criteria for demonstrating performance improvement, including improvement beyond benchmarks.

(6) The methodology, structure, and types of incentives to be used, including, if appropriate, a payment schedule and implementation timeline, for incentive payments to regional centers to achieve or exceed performance benchmarks. This methodology and structure shall include how the department shall take into consideration variations among regional centers, expectations for regional center community engagement activities, and any significant demographic, including economic or other differences, impacting a regional center's performance and how the department might build the identified benchmarks into regional center performance contracts.

(7) A process, based on the input from regional centers and other stakeholders, the department shall use on at least an annual basis to evaluate the success of a quality improvement process, including any incentive payment program.

(Added by Stats. 2021, Ch. 76, Sec. 27. (AB 136) Effective July 16, 2021.)

**Regional Center (RC) Performance Measures Workgroup
Members & Staff** *(Invited as of 9/22/21 – not everyone has accepted yet)*

First Name	Last Name	Notes
Edith	Arias	Family Member
Ken	Barnes	Family Member and Service Provider
Ardena	Bartlett	Family Member and Director of Parenting Black Children
Emerald	Brown	Self-Advocate
Harry	Bruell	Service Provider
Beth	Burt	Family Member and Executive Director, Autism Society Inland Empire
Eva	Casas-Sarmiento	Disability Rights California (DRC)
Dora	Contreras	Family Member
David	Delira	Family Member
Michi	Gates	Executive Director, Kern RC
Anthony	Hill	Executive Director, San Gabriel Pomona RC
Tim	Jin	Self-Advocate

First Name	Last Name	Notes
Sherry	Johnson	Family Member
Svetlana	Kireyeva	Family Member
Liliana	Manriquez	Project Coordinator, Mixteco/Indígena Community Organizing Project (MICOP) and Proyecto Acceso
Maria	Marquez	Self-Advocate and SCDD Representative
Joyce	McNair	Family Member and SCDD Family Advocate, Sacramento Region Representative
NickoleRenee	Mensch	Self-Advocate
Karen	Mulvany	Family Member
Josefina	Nieves	Family Member
Armida	Ochoa	Family Member and Parent Group Leader
Tresa	Oliveri	Family Member
Marty	Omoto	Family Member and Executive Director, CA Disability/Senior Community Action Network (CD-CAN)
Diana	Pastora Carson	Family Member and Disability Voices United Board Member
Gabriel	Rogin	Executive Director, North Bay RC

First Name	Last Name	Notes
		Family Member
Kathy	Sanders-Platnik	
Dr. Roy	Schutzengel	Vice President, Elwyn California
Ronke	Sodipo	Director, Client Services, RC of the East Bay
Kavita	Sreedhar	Family Member
Anna	Wang	Family Member and Provider; Friends of Children with Special Needs (FCSN)
Joshua	Weitzman	Family Member and Executive Director, Alpha Resource Center
Wesley	Witherspoon	Self-Advocate and SCDD LA Office Regional Advisory Committee
Rick	Wood	Family Member & Disability Voices United (DVU) Representative
Larry	Yin	University Centers for Excellence in Developmental Disabilities (UCEDD) Representative
DDS Staff		
Nancy	Bargmann	Director, Department of Developmental Services (DDS)
Brian	Winfield	Chief Deputy Director, Program Services, DDS
Carla	Castaneda	Chief Deputy Director, Operations, DDS
Pete	Cervinka	Chief Deputy Director, Data Analytics & Strategy, DDS
LeeAnn	Christian	Program Services, DDS
Mary Lou	Bourne	Consultant to DDS
Katie	Hornberger	Consultant to DDS
Erica	Reimer-Snell	Deputy Director, Community Services Division, DDS
Julia	Lowe	Assistant Director of Programs, DDS
Amy	Wall	DDS
Taylor	Collison	DDS
Nicole	Patterson	DDS
Jo	Mullins	DDS
Cynthia	Sandoval	DDS

California Dept. of Developmental Services
 Regional Center Performance Contract Discussions Summary
 Dec. 17-18, 2019

Approach:

Using the Department’s mission statement “... (DDS) is committed to providing leadership that results in quality services to the people of California and assures the opportunity for individuals with developmental disabilities to exercise their right to make choices” – discussions with a stakeholder group were held. The general purpose was to discuss potential updates to the Regional Center Performance Contract requirements.

Meetings were designed to focus on outcome measures, separately considered from measures of compliance and process measures. This was the first of several meetings planned. The stakeholder group included representatives of family members, advocacy organizations, provider agencies, regional centers, DDS staff, the DD Council and Disability Rights CA. Context and background relevant to exploration of performance measures for RC’s were discussed including the federal Home and Community Based Services regulations and provisions commonly referred to as the ‘community settings’ rules and person-centered planning and the discussion of alternative payment models available to states.

Results:

During the first small group activity among the stakeholders, the following characteristics of consumer and family expectations were identified as priorities. Establishing voluntary measures to meet or exceed customer expectations will require testing and demonstrations to identify useful and informative measures.

What We Expect from Regional Centers:

<p>Transparency /Empowerment (RC’s empowered develop new ideas)</p> <ul style="list-style-type: none"> • Robust (a description of fault tolerance; to assure accomplishments are reached) • Innovative • Leading System Change 	<p>Representative of the community they serve:</p> <ul style="list-style-type: none"> • Inclusive Services • Equitable Services • Embrace Diversity • Demonstrate Fairness 	<p>Culture of Self Determination</p> <ul style="list-style-type: none"> • Person Centered Plans of increased quality • Dignity of Risk/Dignity of Choice • Provide High Quality Services
<p>Trust /Respect/Empathy</p> <ul style="list-style-type: none"> • Honor the role of families • Supportive 	<p>Communication that is clear, effective, warm, and continuous</p> <ul style="list-style-type: none"> • Easy to understand (simple/plain language) • multi-lingual 	<p>Resourceful and Experienced</p> <p>Responsiveness</p> <ul style="list-style-type: none"> • Collaborative / Partnership • Create and nurture allies

Suggestions on performance outcomes.

Following the discussions on context, expectations and the influence of federal regulations, the small groups discussed possible measures, which were most doable (feasible) and the suggestions of each small group on prioritizing measure concepts. Upon review, several themes emerged for potential measure organization.

- Self-Direction Program
- Quality of Services, both Regional Center and Vended services
- Timely Responses
- Crisis Interventions and Behavior Support designed to promote living at home
- Relationships – consumer driven
- Individualized Choice –knowledge and awareness of options
- Creativity and Innovation (Resourcefulness)
- Transitions across the lifespan
- Employment

Additional Suggestions on approach to use in developing performance measures.

During further discussions, suggestions were made on various approaches to performance measures. During the transition to a performance measurement model, benefits might emerge from an approach that begins with required measures and several optional/voluntary measures for public reporting. As more RC's begin to report on optional measures, benchmarks can be established. A framework for measures was proposed, including the category or concept area for measure "sets"; the measures in detail; the type of measure (process, outcome, compliance, etc.) and the data source from where the measure will be drawn. There may be other items for the framework; these would be minimum factors to consider for consistency. Suggestions were made on several concept areas (categories) for measures to start with:

- Access
- Employment
- Stable and Affordable Housing
- Crisis Support
- Health & Wellness (dental/poly pharm/ diabetes;)
- Meaningful Relationships
- Person Centered Services
- Responsive and Equitable services

California Department of Developmental Services (DDS)

**COMMON ACRONYM LIST****A**

AB – Assembly Bill
 ACRC – Alta California Regional Center
 ADA – Americans with Disabilities Act
 AFH – Adult Family Home
 ARCA – Association of Regional Center Agencies
 ARFPSHN – Adult Residential Facility for Persons with Special Health Care Needs
 ARM – Alternative Residential Model

B

BEP – Business Enterprise Program

C

CAC – Consumer Advisory Committee
 CALHR – California Department of Human Resources
 CALPERS - California Public Employees' Retirement System
 CAPT – California Association of Psychiatric Technicians
 CAST – Crisis Assessment Stabilization Team
 CCF – Community Care Facility
 CCH – Community Crisis Home
 CCL – Community Care Licensing
 CDE – California Department of Education
 CDER – Client Development Evaluation Report
 CDPH – California Department of Public Health
 CDSS – California Department of Social Services
 CF – Community Facility
 CHHS/Agency – California Health and Human Services Agency
 CIE – Competitive Integrated Employment
 CLHF – Congregate Living Health Facility
 CMF – Client Master File
 CMS – Centers for Medicare and Medicaid Services
 CPP – Community Placement Plan
 CRDF – Community Resource Development Fund
 CRDP – Community Resource Development Plan
 CS – Canyon Springs
 CSSP – Community State Staff Program
 CVRC – Central Valley Regional Center

D

DC – Developmental Center
 DC Task Force - Health & Human Services Agency Task Force on the Future of DCs
 DDS – Department of Developmental Services
 DE/SP – Delayed Egress/Secured Perimeter
 DGS – Department of General Services
 DHCS – Department of Health Care Services
 DOF – Department of Finance
 DOR – Department of Rehabilitation
 DS – Developmental Services
 DRC – Disability Rights California
 DSH – Department of State Hospitals
 DSTF/DS Task Force – Developmental Services Task Force

E

EBSH – Enhanced Behavioral Supports Home
 EDD – Employment Development Department
 ELARC – East Los Angeles Regional Center
 EOR – Employer of Record

F

FAQ – Frequently Asked Questions
 FDC – Fairview Developmental Center
 FDLRC – Frank D. Lanterman Regional Center
 FFA – Foster Family Agency
 FHA – Family Home Agency
 FMS – Financial Management Service
 FNRC – Far Northern Regional Center
 FRC – Family Resource Centers
 FTA – Family Teaching Home
 FY – Fiscal Year

G

GGRC – Golden Gate Regional Center
 GF – General Fund
 GTA – General Treatment Area

H

HCBS – Home and Community-Based Services
 HDO – Housing Development Organization
 HRC – Harbor Regional Center

I

ICF – Intermediate Care Facility
 ICF/DD – Intermediate Care Facility/Developmentally Disabled
 ICF/DD-CN – Intermediate Care Facility/Developmentally Disabled-Continuous Nursing
 ICF/DD-H – Intermediate Care Facility/Developmentally Disabled-Habilitative
 ICF/DD-N – Intermediate Care Facility/Developmentally Disabled-Nursing
 I/DD – Intellectual and Developmental Disability
 IDT – Interdisciplinary Teams
 IEP – Individualized Education Program
 IHCP – Individual Health Care Plan
 IHSS – In-Home Supportive Services
 IHTP – Individualized Health Transition Plan
 ILS – Independent Living Skills
 IMD – Institution for Mental Disease
 IPP – Individual Program Plan
 IRC – Inland Regional Center

J

JRT – Joint Interagency Resolution Team

K

KRC – Kern Regional Center

L

Lanterman Act – Lanterman Developmental Disabilities Services Act
 Lanterman DC – Lanterman Developmental Center
 LEAP – Limited Examination and Appointment Program

M

MOU – Memorandum of Understanding

N

NBRC – North Bay Regional Center
 NCI – National Core Indicators
 NF – Nursing Facility
 NLACRC – North Los Angeles County Regional Center

O

OAT – Oversight, Accountability and Transparency Workgroup

P

PA – Personal Assistance
 PDC – Porterville Developmental Center
 PDC GTA – Porterville Developmental Center General Treatment Area
 PDC STP – Porterville Developmental Center Secure Treatment Program
 PDS – Participant-Directed Services
 PIP – Paid Internship Program
 POS – Purchase of Services
 PPE – Personal Protective Equipment
 PRP – Porterville Regional Project

Q

QMAG – Quality Management Advisory Group
 QMS – Quality Management System

R

RC – Regional Center
 RCEB – Regional Center of the East Bay
 RCFE – Residential Care Facility for the Elderly
 RCOG – Regional Center of Orange County
 RFP – Request for Proposal
 RRDP/Regional Project – Regional Resource Development Project

S

SARC – San Andreas Regional Center
 SB – Senate Bill
 SCDD – State Council on Developmental Disabilities
 SCLARC – South Central Los Angeles Regional Center
 SDC – Sonoma Developmental Center
 SDP – Self-Determination Program
 SDRC – San Diego Regional Center
 SEIU – Service Employees International Union
 SG/PRC – San Gabriel/Pomona Regional Center
 SIR – Special Incident Report
 SLS – Supported Living Services
 SNF – Skilled Nursing Facility
 SRF – Specialized Residential Facility
 SSM – Staff Services Manager
 START – Systemic Therapeutic Assessment Resources and Treatment
 STAR – Stabilization, Training, Assistance and Reintegration
 STP – Secure Treatment Program

T

TBL – Trailer Bill Language
TCRC – Tri-Counties Regional Center
TRM – Transition Review Meeting

U

UCEDD – University Centers for Excellence in Developmental Disabilities

V

VMRC – Valley Mountain Regional Center

W

W&I Code – Welfare and Institutions Code
WRC – Westside Regional Center

X

Y

Z

DEPARTMENT OF DEVELOPMENTAL SERVICES

1215 O Street, MS 9-60
 Sacramento, CA 95814
 TTY: 711
 (916) 654-1897



September 24, 2021

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: COVID-19 VACCINE BOOSTER SHOTS

This morning the federal Centers for Disease Control and Prevention (CDC) issued updated interim guidance for the people defined below who already were fully vaccinated with the Pfizer-BioNTech COVID-19 vaccine to receive a Pfizer-BioNTech COVID-19 booster shot to help increase their protection from COVID-19.

According to its announcement: "...the CDC recommends:

- people 65 years and older and residents in long-term care settings **should** receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series,
- people aged 50–64 years with underlying medical conditions **should** receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series,
- people aged 18–49 years with underlying medical conditions **may** receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series, based on their individual benefits and risks, and
- people aged 18-64 years who are at increased risk for COVID-19 exposure and transmission because of occupational or institutional setting **may** receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series, based on their individual benefits and risks."

Please note that "underlying medical conditions" above is defined in detail at those links, and includes Down Syndrome, cancer, diabetes, and immunocompromised states. The Governor issued a statement today too about the Western States Scientific Safety Review Workgroup's booster shot recommendations. We will continue to keep you updated as more information becomes available.

Sincerely,

Original signed by:

PETE CERVINKA
 Chief, Data Analytics and Strategy

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

1215 O Street, MS 9-60
Sacramento, CA 95814
TTY: 711
(916) 654-1897



September 28, 2021

TO: REGIONAL CENTER BOARD PRESIDENTS
REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: STATE PUBLIC HEALTH OFFICER ORDER REGARDING WORKER
VACCINATION MANDATE

Earlier today, the State's Public Health Officer issued a new public health order (PHO) available here: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx>.

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 purpose of this letter is to summarize the PHO, which requires full vaccination (defined as one dose of a one-dose vaccine, or both doses of two-dose vaccines) of the following individuals by November 30, 2021:

- a. All workers who provide services or work in Adult and Senior Care Facilities licensed by the California Department of Social Services;
- b. All in-home direct care services workers, including registered home care aides and certified home health aides, except for those workers who only provide services to a recipient with whom they live or who are a family member of the recipient for whom they provide services;
- c. All waiver personal care services (WPCS) providers, as defined by the California Department of Health Care Services, and in-home supportive services (IHSS) providers, as defined by the California Department of Social Services, except for those workers who only provide services to a recipient with whom they live or who are a family member of the recipient for whom they provide services;
- d. All hospice workers who are providing services in the home or in a licensed facility; and
- e. All regional center employees, as well as service provider workers, who provide services to a consumer through the network of Regional Centers serving individuals with developmental and intellectual disabilities, except for those workers who only provide services to a recipient with whom they live or who are a family member of the recipient for whom they provide services.

"Building Partnerships, Supporting Choices"

Regional Center Board Presidents and Executive Directors
September 28, 2021
Page two

Of note, the PHO states that all workers who are eligible for the live-in and family member exceptions outlined in subdivisions (b), (c), and (e) above must only provide services to a single household.

The PHO defines "workers" as follows:

"... all paid and unpaid individuals who work in indoor settings where (1) care is provided to individuals, or (2) persons in care have access for any purpose. This includes workers serving in residential care or other direct care settings who have the potential for direct or indirect exposure to persons in care or SARS-CoV-2 airborne aerosols. Workers include, but are not limited to, direct supportive services staff, hospice providers, nurses, nursing assistants, physicians, technicians, therapists, WPCS providers, IHSS providers, registered home care aides, certified home health aides, students and trainees, contractual staff not employed by the residential facility, and persons not directly involved in providing care or services, but who could be exposed to infectious agents that can be transmitted in the care setting (e.g., clerical, clergy, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, cosmetology, personal training and volunteer personnel)."

Exemptions and Recordkeeping

The PHO allows specified exemptions for religious beliefs and qualified medical reasons. If a worker is exempted, they must be tested for COVID-19 once per week and wear at least a surgical mask. If a worker is exempted, their employer must retain a record of the exemption and each worker's test results.

Employers, and in some cases the worker, must retain a record of vaccination for each employee.

Please read the PHO for more detail about these exemptions and requirements.

Other Information

The California Department of Public Health's vaccine record guidelines & standards, including how to obtain records and provide proof of vaccination, among other topics, is found [here](#).

The Department's September 15, 2021 [letter](#) provides information about how to subscribe to facility letters issued by the California Department of Public Health and California Department of Social Services. These departments regularly issue instructions and information which may be helpful.

Information about vaccination and booster shots continues to evolve. On September 24, 2021, the Governor issued [a statement](#) about the Western States Scientific Safety Review Workgroup's booster shot recommendations. The Department issued a [letter](#) on

Regional Center Board Presidents and Executive Directors
September 28, 2021
Page three

September 24, 2021 containing the most recent available information. We will continue to provide updates as more information becomes available, including on the Department's COVID-19 Vaccine and Testing [website](#) and Directives [website](#).

Also, in anticipation of further FDA action, on September 23, 2021, the California Department of Public Health issued a "[Vaccine Action Plan](#)." This plan outlines current state considerations for how vaccinations and booster shots would be available, if approved. The plan also provides additional information, such as that the federal government will not be re-starting the Long-term Care Federal Pharmacy Partnership program to vaccinate residents of congregate facilities.

Each regional center must share the PHO with its vendors. Each regional center also must post on its website: 1) this Directive, or (2) a link to this Directive where it is found on the Department's [website](#).

Thank you in advance for ensuring your regional center's compliance with this PHO and Directive.

Sincerely,

Original signed by:

NANCY BARGMANN
Director

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



State of California—Health and Human
Services Agency
**California Department of
Public Health**



September 28, 2021

TO: All Californians

SUBJECT: Adult Care Facilities and Direct Care Worker Vaccine Requirement

The COVID-19 pandemic remains a significant challenge in California. COVID-19 vaccines are effective in reducing infection and serious impacts including hospitalization and death. At present, 69.34% of Californians 12 years of age and older are fully vaccinated with an additional 8.26% are partially vaccinated. California continues to experience high-levels COVID-19 cases with 21.1 new cases per 100,000 people per day, with case rates currently tenfold higher as compared to June 2, 2021. The Delta variant is highly transmissible and causes more severe illness. In fact, recent data suggests that viral load is roughly 1,000 times higher in people infected with the Delta variant than those infected with the original coronavirus strain, according to a recent study. The Delta variant is currently the most common variant causing new infections in California.

Unvaccinated persons are more likely to get infected and spread the virus, which is transmitted through the air. Most current hospitalizations and deaths are among unvaccinated persons. California's hospital and health care delivery system is strained. Additional statewide directed measures are necessary to protect particularly vulnerable populations, and ensure a sufficient, consistent supply of workers in high-risk care settings. These measures can improve vaccination rates in these settings, which ensures that both the individuals being served as well as the workers providing the services, are protected from COVID-19.

Adult and senior care facilities, and settings within which direct care and services are provided, as identified in this order, are high-risk settings where COVID-19 transmission and outbreaks can have severe consequences for vulnerable populations resulting in hospitalization, severe illness, and death. Further, the settings in this order share several features. There is frequent contact between staff or workers and highly vulnerable individuals, including elderly, chronically ill, critically ill, medically fragile, and people with disabilities. In many of these settings, the consumers and residents are at high risk of severe COVID-19 disease due to underlying health conditions, advanced age, or both.

Among 19,830 confirmed COVID-19 outbreaks throughout the pandemic, 47% were associated with the health care, congregate care, and direct care sector. The top industry settings are adult and senior care facilities and in-home direct care settings (22%) where increasing numbers of workers are among the new positive cases and recent outbreaks in these types of settings have frequently been traced to unvaccinated individuals.

10/3/21, 1:52 PM

Order of the State Public Health Officer Adult Care Facilities and Direct Care Worker Vaccine Requirement

Vaccination against COVID-19 is the most effective means of preventing infection with the COVID-19 virus, and subsequent transmission and outbreaks. As we respond to the ongoing pandemic, all workers in adult and senior care facilities and in-home direct care settings must be vaccinated to reduce the chance of transmission to vulnerable populations.

For these reasons, COVID-19 remains a concern to public health and, in order to prevent its further spread in adult and senior care facilities and in-home direct care settings, new public health requirements are necessary at this time.

NOW, THEREFORE, I, as State Public Health Officer of the State of California, order:

1. All individuals in subdivisions (a) through (e) must have the first dose of a one-dose regimen or the second dose of a two-dose regimen by November 30, 2021.
 - a. All workers who provide services or work in Adult and Senior Care Facilities licensed by the California Department of Social Services;
 - b. All in-home direct care services workers, including registered home care aides and certified home health aides, except for those workers who only provide services to a recipient with whom they live or who are a family member of the recipient for whom they provide services;
 - c. All waiver personal care services (WPCS) providers, as defined by the California Department of Health Care Services, and in-home supportive services (IHSS) providers, as defined by the California Department of Social Services, except for those workers who only provide services to a recipient with whom they live or who are a family member of the recipient for whom they provide services;
 - d. All hospice workers who are providing services in the home or in a licensed facility; and
 - e. All regional center employees, as well as service provider workers, who provide services to a consumer through the network of Regional Centers serving individuals with developmental and intellectual disabilities, except for those workers who only provide services to a recipient with whom they live or who are a family member of the recipient for whom they provide services.
2. All workers who are eligible for the exceptions outlined in subdivisions (b), (c), and (e) of section (1) must only provide services to a single household. If the worker provides services across multiple households, then the exception does not apply, and the worker must adhere to the provisions of this Order.
3. Two-dose vaccines include: Pfizer-BioNTech or Moderna or vaccine authorized by the World Health Organization. The one-dose vaccine is: Johnson and Johnson [J&J]/Janssen. All COVID-19 vaccines that are currently authorized for emergency use can be found at the following links:

- a. By the US Food and Drug Administration (FDA), are listed at the FDA COVID-19 Vaccines webpage.
- b. By the World Health Organization (WHO), are listed at the WHO COVID-19 Vaccines webpage.

4. "Worker" refers to all paid and unpaid individuals who work in indoor settings where (1) care is provided to individuals, or (2) persons in care have access for any purpose. This includes workers serving in residential care or other direct care settings who have the potential for direct or indirect exposure to persons in care or SARS-CoV-2 airborne aerosols. Workers include, but are not limited to, direct supportive services staff, hospice providers, nurses, nursing assistants, physicians, technicians, therapists, WPCS providers, IHSS providers, registered home care aides, certified home health aides, students and trainees, contractual staff not employed by the residential facility, and persons not directly involved in providing care or services, but who could be exposed to infectious agents that can be transmitted in the care setting (e.g., clerical, clergy, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, cosmetology, personal training and volunteer personnel).

5. "Employer" refers to an organization that employs and directs the worker in providing services. In the case of workers in a facility, the facility is the employer. In the case of certified home health aides and affiliated home care aides, the home health agencies and home care organizations are the employer.

6. "Employer-Recipient" refers to the person receiving services from IHSS workers, WPCS workers, and independent registered home care aides.

7. Workers may be exempt from the vaccination requirements under section (1) only upon providing the employer or employer-recipient a declination form, signed by the individual stating either of the following: (1) the worker is declining vaccination based on Religious Beliefs, or (2) the worker is excused from receiving any COVID-19 vaccine due to Qualifying Medical Reasons.

- a. To be eligible for a Qualified Medical Reasons exemption the worker must also provide to their employer or employer-recipient a written statement signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician stating that the individual qualifies for the exemption (but the statement should not describe the underlying medical condition or disability) and indicating the probable duration of the worker's inability to receive the vaccine (or if the duration is unknown or permanent, so indicate).

8. If an employer or employer-recipient deems a worker listed above under section (1) to have met the requirements of an exemption pursuant to section (7), the unvaccinated exempt worker must meet the following requirements when entering or working in such facility or home:

- a. Test for COVID-19 with either PCR or antigen test that either has Emergency Use Authorization by the U.S. Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services. Testing must occur once weekly for such workers.
 - b. Wear a surgical mask or higher-level respirator approved by the National Institute of Occupational Safety and Health (NIOSH), such as an N95 filtering facepiece respirator, at all times while in the facility or home.
9. Consistent with applicable privacy laws and regulations, an employer must maintain records of workers' vaccination or exemption status. If the worker is exempt pursuant to section (7), the employer as applicable also must maintain records of the workers' testing results pursuant to section (8). For IHSS workers, WPCS workers, and independent registered home care aides, the worker must maintain relevant records as provided in this section.
- a. The employer must provide such records to the local or state Public Health Officer, the California Department of Social Services, or their designee promptly upon request, and in any event no later than the next business day after receiving the request.
 - b. Employers and workers subject to the requirement under section (1) must maintain records pursuant to the CDPH Guidance for Vaccine Records Guidelines & Standards with the following information: (1) full name and date of birth; (2) vaccine manufacturer; and (3) date of vaccine administration (for first dose and, if applicable, second dose).
 - c. For unvaccinated workers: signed declination forms with written health care provider's statement where applicable, as described in section (6) above. Testing records pursuant to section (8) must be maintained.
10. Nothing in this Order limits otherwise applicable requirements related to Personal Protective Equipment, personnel training, and infection control policies and practices.
11. Facilities covered by this Order, to the extent possible, are encouraged to provide onsite vaccinations, easy access to nearby vaccinations, and education and outreach on vaccinations.
12. The July 26 Public Health Order will continue to apply.
13. This Order shall take effect immediately, and facilities and providers must be in full compliance with the Order by November 30, 2021.
14. This Order is issued pursuant to Health and Safety Code sections 120125, 120140, 120175, 120195 and 131080 and other applicable law.

Tomás J. Aragón, MD, DrPH
Director and State Public Health Officer
California Department of Public Health

California Department of Public Health
PO Box, 997377, MS 0500, Sacramento, CA 95899-7377
Department Website (cdph.ca.gov)



DEPARTMENT OF DEVELOPMENTAL SERVICES

1215 O Street, MS 8-30
Sacramento, CA 95814
TTY: 711
(833) 421-0061



October 7, 2021

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: RESTORATION OF CAMPING, SOCIAL RECREATION AND OTHER SERVICES PER WELFARE AND INSTITUTIONS CODE SECTION 4648.5

Effective July 1, 2021, changes to Welfare and Institutions (W&I) Code section 4648.5 restores regional center authority to fund camping services and associated travel expenses; social recreation activities; educational services for children three to 17, inclusive, years of age; and nonmedical therapies, including, but not limited to, specialized recreation, art, dance, and music. Regional centers are advised to take proactive steps to inform their community of the changes to W&I Code section 4648.5.

The Department of Developmental Services (Department) requests that regional centers provide information to service coordinators and conduct outreach to consumers, families, providers and local community organizations to facilitate awareness about the availability of these services. Outreach and information sharing should extend to individuals and families who may not typically use these types of services or other regional center purchased services, but who may benefit from receiving these services. In developing outreach activities, regional centers must consider actions that will increase awareness and facilitate the sharing of information with non-English speaking individuals and communities of color. Service coordinators should discuss the availability of these restored services and related consumer needs during the Individual Program Plan meeting, consistent with W&I Code section 4646(a).

Each regional center must submit an outreach plan to the Department. Additionally, each regional center must revise its purchase of service (POS) policies, as necessary, to reflect restoration of funding for these services and promote compliance with this change in statute and submit them to the Department for review and approval. The outreach plan and revised POS policies are due to the Department by December 15, 2021.

“Building Partnerships, Supporting Choices”

Regional Center Executive Directors
October 7, 2021
Page two

The Department will translate this correspondence into the identified threshold languages and will post the English and translated versions on our website. If you have questions about this correspondence, please contact your Primary Liaison or the Office of Community Operations at (833) 421-0061.

Sincerely,

Original Signed by:

ERICA REIMER SNELL
Deputy Director
Community Services Division

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

New Funding for Health Care Providers

Now open: Combined application for Provider Relief Fund (PRF) Phase 4 and American Rescue Plan (ARP) Rural funding.



Application submission deadline:

Oct. 26, 2021 11:59 pm ET

Apply Here!

PRF Phase 4
\$17 Billion

ARP Rural
\$8.5 Billion

Base payments - changes in operating revenues and expenses from Jul. 1, 2020 through Mar. 31, 2021 with smaller providers reimbursed for a higher percentage of changes in their operating revenues and expenses.

Bonus payments - based on amount and type of Medicare, Medicaid, and Children's Health Insurance Program (CHIP) services provided.

Payments based on amount and type of Medicare, Medicaid, and CHIP services provided to rural patients from Jan. 1, 2019 through Sept. 30, 2020. Eligible providers can receive payments from **both** PRF Phase 4 and ARP Rural. Payments from both programs can be used for changes in operating revenues and expenses dating back to Jan. 1, 2020.

Who is eligible?

Providers or suppliers who bill Medicare fee-for-service (Parts A, B, and C), Medicaid (fee-for-service or managed care) and/or CHIP as well as:

- Dental service providers
- State-licensed or certified assisted living facilities
- Behavioral health providers
- And others – [see if you're eligible](#)

Who is eligible?

Providers or suppliers who bill Medicare (Parts A, B, and C), Medicaid (fee-for-service or managed care), and/or CHIP, and operate in or serve patients in a rural area, including:

- Rural health clinics and critical access hospitals
- In-home health, hospice, or long-term services
- And others – [see if you're eligible](#)

Resources

- [Application instructions](#)
- [Sample application form](#)
- ["How to Apply" flow chart](#)
- [Frequently asked questions \(FAQs\)](#)
- [Provider Support Line: \(866\) 569-3522](#)
- [Phase 4 Terms and Conditions](#)
- [ARP Rural Terms and Conditions](#)
- [PRF Webpage](#)

Senate Judiciary Committee Constitution Subcommittee
Hearing on Toxic Conservatorships: The Need for Reform
September 28, 2021

Testimony of Clarissa C. Kripke, MD, FAAFP
Health Sciences Clinical Professor
Director, Office Developmental Primary Care¹
Medical Director, Developmental Primary Care Service
Department of Family and Community Medicine²
University of California San Francisco
Vice Chair, Board of Directors, CommunicationFIRST³

Senator Blumenthal, Senator Cruz and members of the Subcommittee, it is a great honor to be here today to talk about conservatorship law and options for reform. I am deeply gratified that we have come together to ensure that people with disabilities have the same opportunity to pursue their dreams and freedom as other Americans.

My name is Dr. Clarissa Kripke (she/her). I am Clinical Professor of Family and Community Medicine at the University of California San Francisco. I direct the Office of Developmental Primary Care whose mission is to build the capacity of the healthcare system to serve adults with developmental disabilities.

I provide primary medical care to some of the most medically fragile and behaviorally complex people in the Bay Area. And I have run a consult service that served rural communities throughout Northern California. Most of my patients lived in skilled nursing facilities or state developmental centers before community homes were developed that could support their medical needs. They are all beneficiaries of Medicaid and most are also beneficiaries of Medicare. Almost all are beneficiaries of Social Security Income. Most have complex combinations of medical, developmental, and psychiatric disabilities. Less than half have family members still involved in their lives.

I also have personal experience as the parent of a college-bound, autistic, young adult. She cannot speak and communicates by pointing to letters on a letterboard. My daughter requires care for all of her basic activities of daily living. But she can direct her life and healthcare.

I am also the Vice Chair of the Board of CommunicationFIRST, a national nonprofit whose vision is that every person with a speech-related disability will have what they need at all times to communicate effectively, to be free from abuse, and to be fully included in their community.

¹ Office of Developmental Primary Care, <https://odpc.ucsf.edu>

² Department of Family and Community Medicine, <https://fcm.ucsf.edu/>

³ CommunicationFIRST, <https://communicationfirst.org/>

One of the most common reasons people cite for pursuing conservatorships is that they fear that their loved one won't be able to access medical care or that family members won't be allowed to provide support.

I am here to testify that in my professional experience as a medical doctor and in my personal experience as a parent of a nonspeaking adult:

- 1. Conservatorship is not necessary to deliver high quality medical care. Conservatorship is not even helpful. This is true, even for people with the most complex disabilities.**
- 2. Conservatorships do not make people safer or prevent abuse. In fact, they can be harmful by trapping people with disabilities and conservators in bad situations.**
- 3. Supported decision-making works better and results in better healthcare decisions.**

Let me go through these points in more detail.

1. Conservatorships Are Not Necessary

Conservatorships are not necessary to deliver high quality healthcare. They are not necessary even for people with the most significant and complex disabilities who cannot speak. If anything, conservatorships encourage healthcare providers to focus on who is authorized to make a medical decision rather than on the patient. The focus should be on engaging the patient, their supports, and the people impacted by a decision. These are the people to engage in a discussion of options, risks, benefits, values, ethics, and practical logistics.

When a conservator has been granted rights to make medical decisions, a doctor is no longer obligated to discuss treatment plans with the patient. The patient may not be present to receive information about their condition. Sometimes the patient may not even be aware that there is an important decision to be made. When there is no conservator, the healthcare provider is obligated to at least try to explain the medical options to the patient. To do so, they have to learn more about how the patient communicates, accommodate their learning style, and to reach out to their support system.

Even if others ultimately have to step in to make a specific decision, this process is important. It educates and prepares the patient to make other decisions in the future. It conveys respect and builds trust. This, in turn, helps patients cooperate with exams, tests, and procedures. When healthcare professionals speak directly to their patients, it reminds them to listen. It helps clinicians avoid confusing the concerns and opinions of supporters with those of the patient. Both are important but are best addressed separately.

For example, a patient's mother once told me that my patient didn't want a pap smear. When I checked with the patient, she did want her exam. The mother knew it would take time, and she was late to work. We were able to reschedule when a trusted aide could

accompany her to the appointment. By talking directly to my patient and considering her mother's needs separately, I was able to meet both of their needs.

2. Conservatorships Do Not Protect Vulnerable People from Abuse

Conservatorships do nothing to protect people with disabilities from abuse. Choice and control over one's life is what makes people safe. Only the person with a disability knows how others treat them. When they have no control and others make their decisions, they are more vulnerable to being abused. Most conservators are people trying to do right by someone they care about to the best of their ability. However, statistics show that most abusers aren't strangers. They are family members, service providers, coaches, and other people in positions of trust—people a judge might select as a conservator.⁴ Vulnerable people are often groomed for abuse and may not recognize it as mistreatment. They often depend on the people who abuse them for things they need. It is difficult for a person under conservatorship to contact a judge if a conservator is abusive, tolerates abuse, or accepts untenable situations. Trying to contact a judge in these cases could be dangerous because the conservator has complete control over their life.

I had a patient who we suspected was being abused by their conservator. Because of the conservator's privileged role, Adult Protective Services closed the case quickly due to the lack of proof. Had my patient not been conserved, her distress and our suspicion would have been enough to help her end visits with this person and to help her select someone else to provide her support. The existence of the conservatorship meant we were unable to prevent visitation, but we tried our best to make sure the visits were supervised.

Counterintuitively, conservatorship can also become unwelcomed from the conservators' perspective. Serving as a conservator is a time consuming, long-term responsibility that is often stressful and overwhelming. Conservators can get trapped in a role they no longer wish to fulfill as they age or their circumstances change. Judges are reluctant to release people from the responsibility if there isn't an alternate person readily available to serve. Conservators who develop disabilities themselves also face difficulty petitioning the court to make a change.

Many conservators are professionals or relatives who are not involved in the person's day-to-day life. Major medical decisions often need to be made quickly, with little notice, and often at inconvenient hours. I have had to try to contact conservators who reside in nursing homes or outside the country; who are only available during business hours; or who are actively avoiding being called, or assuming the responsibility of making a decision. I have also had conservators make decisions that the people who have care and custody of the person feel are unethical or which undermine their relationship of trust.

⁴ Harrell E. (2018) *Crimes Against People with Disabilities, 2009-2015-Statistical Tables*. Bureau of Justice Statistics. Available at <https://www.bjs.gov/content/pub/pdf/capd0915st.pdf#page=6>.

For example, a conservator decided to discharge a patient without a feeding tube. The ability to swallow can take time to recover after a serious illness. The patient was dying of dehydration and weakness from hunger. Food and water are not medical treatment. It is life sustaining. However, the law is clear that patients or their conservators can decline a feeding tube. Neither the group home staffs, nor I felt that allowing someone to starve to death under our care was humane.

3. Supported Decision-Making Works Well in Practice

Supported Healthcare Decision-Making works better than conservatorship. Supported Healthcare Decision-Making is a process where people with disabilities can name trusted supporters to assist them with communicating, accessing healthcare services, making decisions, and implementing their healthcare plan.

Maximizing Potential

Supported Healthcare Decision-Making allows people to maximize their potential. As with most things in life, people learn to make better decisions by getting practice. If people are given opportunities to make choices and accept responsibility for the consequences, they learn to make better decisions. They also learn whose advice to trust. Not all healthcare decisions are the same. Just because someone doesn't have the capacity to make a specific decision at a specific moment in time doesn't mean they will never be able to make a similar type of decision in the future. It doesn't mean that they are unable to make other decisions. Supported Healthcare Decision-Making allows people to learn and grow from their experiences.

Better Communication Leads to More Efficient and Accurate Diagnosis

Everybody communicates. Communication is the foundation of patient care. Eighty percent of making an accurate diagnosis is based on the patient's clinical history. Only patients know their internal sensations, experiences, and values. It is critical that healthcare providers communicate directly with their patients, and work to support and listen to them. Sometimes communication barriers cannot be overcome or can only partially be overcome. Sometimes we don't get a clear history, but often we get a crucial hint about what is going on. Those hints can tell us where to look for the problem. That can be lifesaving. While communication may not always be easy, the success rate is a lot higher when we try.

For example, a patient came to me with her sister who had recently assumed her care. She didn't know her very well. She insisted my patient was incapable of giving me a history. Since the sister thought something was wrong, but didn't know what, I suggested we try. I put her in front of a keyboard to see if she would type. I asked her to show me how she says, "yes" and observed carefully. I asked her to show me how she says, "no." I offered choices. I got out anatomy charts to see if she would point. Finally, I said, "Touch hurt." She took my hand and put it on her upper, right stomach. I got an ultrasound based on that communication and diagnosed gall stones. That would have been a very hard diagnosis to make without her help.

Improved Adherence

People adhere to the treatment plan more readily when they are empowered and supported to understand their condition and share decision-making with their healthcare provider. The patient is likely to be aware of barriers to implementing the plan for their health that the healthcare provider didn't consider such as when staff are available to assist or how the plan might impact roommates. Healthcare providers engaged with Supported Healthcare Decision-Making processes learn how to accommodate their patients. Direct communication empowers patients to report side effects and complications of treatments that may not be apparent to caregivers.

Flexibility

In Supported Healthcare Decision-Making, the person can name new supporters at any time. This ensures that the person can rely on support from people whose knowledge, skills, and availability are best matched to the situation. Flexibility to name multiple supporters or to easily replace supporters temporarily can provide relief to overwhelmed caregivers and can smooth transitions when family can no longer provide the same level of support.

Engagement in the Process of Making Decisions

A decision is understanding the options, the risks and benefits of each one, weighing them against each other, and communicating a choice. I see two main situations where others substitute decisions for the patient. The first is where the patient has the ability to make a decision, but their ability is overlooked because of their diagnosis, appearance, or method of communication. In this situation, the problem is usually that their disability, learning style, or communication has not been accommodated. For example, they may not be able to decide if they want dialysis or a brain scan until they watch a video or take a field trip to see what those procedures are like. In this situation it is not appropriate for others to make a substituted decision for the patient. Supported Healthcare Decision-Making allows patients to work with trusted supporters to ensure their abilities and communication attempts are not overlooked.

The second situation is where the person's will and preference truly can't be determined. The first situation is a lot more common than the second. But even if others have to step in and make a decision on behalf of a person, the patient can still participate in the process to the best of their ability.

For example, I had a patient with diabetes who did not like insulin shots. He was clear he did not like the shots but was not able to weigh his fear of needles against the benefit of controlling complications from his diabetes. Taking his preferences into account, the team decided to accept the level of sugar control that could be achieved with one shot of insulin per day, instead of the four shots that were recommended.

4. Supported Healthcare Decision-Making Works Even When Will and Preferences Can't be Determined

Despite our best efforts, there are times when we can't clearly determine a patient's will and preference. In those situations, we make decisions as a team. Interdisciplinary team-based care with patients and their supporters in the center of the team achieves consensus. We schedule a meeting and invite the patient and the trusted people in their life such as friends, disability service representatives, social workers, caregivers, family, day services providers, job coaches, advocates, and clinicians. If the situation raises ethical issues or strongly differing opinions, a Client's Rights Advocate or ethicist can be invited to attend. Anybody who provides or funds care may have competing or conflicting interests, even if they do so without compensation. Those interests need to be acknowledged and managed.

At the meeting, we address the patient directly, regardless of whether we think they can understand, and even if they aren't responding. This is important because patients often surprise us with their understanding and insight when we don't expect it. Also, groups behave differently when they are speaking to someone rather than about them. They are also more likely to behave respectfully when the person is in the room.

For many of my patients, we use this same process for all of their major healthcare decisions regardless of whether the patient has a conservator. I can only think of a few times in my career when a team was unable to reach a timely consensus. The cases where there is conflict typically involve conservators. Conservators can make unilateral decisions so they are not obligated to work towards consensus with the people who will be most impacted. The most common situation where we run into difficulty is when the conservator is overwhelmed, confused, or doesn't want to make a decision. No decision is still a decision. Failing to decide can lead to care that is delayed or denied. Decisions typically have to be made before a court gets involved in oversight. Court oversight is more likely to delay care than it is to facilitate it. With Supported Healthcare Decision-Making, trusted people who are willing and available to help can be invited to support the decision-making process to ensure timely care for the patient.

No single decision-making process can guarantee a perfect outcome. One can always find unfortunate anecdotes. However, in my twenty years of experience providing healthcare to people with complex disabilities, I can attest that Supported Healthcare Decision-Making works. It works better than conservatorship for ensuring good healthcare. It avoids the expense, effort and delay of having a court get involved in private healthcare decisions. Involving the courts does not add value to the process of delivering healthcare. Resources are better spent on educating people with disabilities, supporters, and healthcare professionals on how to partner effectively. They are also better spent on funding reliable support. Supported Healthcare Decision-Making respects the rights and freedoms of people with disabilities. And it gives people with disabilities and their supporters the flexibility they need to expediently solve complex problems so patients can get the best care.

5. Resources

More information on how Supported Healthcare Decision-Making works in practice can be found in the consensus guide, *Partners in Health: Implementing Supported Healthcare Decision-Making for User of Augmentative and Alternative Communication*.⁵

Self-determination requires access to an effective form of communication. Information on access to support for communication can be found in *Everybody Communicates: Toolkit for Accessing Communication Assessments, Funding, and Accommodations*.⁶

Preparing youth to make decisions should start during childhood. Tips for parents to assist them with raising children with disabilities who are prepared to direct their lives and their supports can be found in *What's Next?: A Self-Advocates Guided Tour through Transition for Parents and Other Supporters*.⁷

Guidance for patients, social workers, and hospital personnel on how to hold effective team meetings to empower patients with disabilities can be found on the Office of Developmental Primary Care's Website.⁸

⁵ Kripke CC, Crisp-Cooper M, Doherty B. (2021) *Partners in Health: Implementing Supported Healthcare Decision-Making for User of Augmentative and Alternative Communication*. Regents of the University of California. Available at: <https://odpc.ucsf.edu/advocacy/supported-health-care-decision-making/partners-in-health-implementing-supported-healthcare>.

⁶ Office of Developmental Primary Care. (2018) *Everybody Communicates: Toolkit for Accessing Communication Assessments, Funding and Accommodations*. Regents of the University of California. Available at <https://odpc.ucsf.edu/communications-paper>.⁶

⁷ Crisp-Cooper M. Francisco S. (2016) *What's Next?: A Self-Advocates Guided Tour through Transition for Parents and Other Supporters*. Regents of the University of California. Available at <https://odpc.ucsf.edu/advocacy/transition-successful-community-living/whats-next-a-self-advocates-guided-tour-through>.

⁸ Office of Developmental Primary Care. *Patient Centered Care (2018)* The Regents of the University of California. <https://odpc.ucsf.edu/clinical/patient-centered-care>

**SAN GABRIEL / POMONA REGIONAL CENTER
Fact Sheet**

FISCAL YEAR 2021/22 BUDGET ALLOCATION
(through C-1 amendment)

Operations	\$36,097,573	10%
Purchase of Services	\$318,132,645	90%
TOTAL	\$354,230,218	100%

No. of (FTE) Employees:			
Service Coordinators	189.0	54%	
All Other	162.0	46%	
Total	351.0	100%	-3.3%

EXPENSES FISCAL YEAR 2019/20*

PROGRAM SERVICES (direct services)	Amount	%
Payroll and admin. exp. for direct services	\$ 31,002,317	11%
Purchase of Services (POS):		
Living out of home	\$ 92,106,231	32%
Day program	\$ 86,407,833	30%
Transportation	\$ 14,600,221	5%
Other purchased services	\$ 60,841,847	21%
Total Purchase of Services (POS)	\$ 253,956,132	88%
Total Program Services	\$ 284,958,449	99%
SUPPORT SERVICES (indirect services)		
Payroll for support personnel	\$ 2,342,445	1%
Admin Support Services	\$ 540,676	0%
Total Support Services	\$ 2,883,121	1%
TOTAL EXPENSES	\$287,841,570	100%

* per audited financial statements

Individuals Served (as of October 1, 2021)
14,687 including 10 shared in

Clients by Living Arrangement

(incl. 10 shared-in cases)

	Res. Code	# of Clients	%
Out of State	9		0%
Living w/ Family	11	11,991	82%
Living Independently or Supported	13, 14	565	4%
Living in Developmental Centers	21 - 23, 31	3	0%
Living in Health Care Facilities	52 - 60	550	4%
Foster/Family Homes	78, 79, 80	348	2%
Other Living Arrangements	40-43, 81-98,	46	0%
Living in community care facilities	44-50	1,184	8%
Total Clients (status 0,1,2,8)		14,687	100%

Clients in Comm. Care Fac. (by size of facility)

Change in 1 mo.

50+ bed	16-49 bed	7-15 bed	1-6 bed	RCF Elderly	Spcl. Hlth Care Child	Total CCF Residents
3	102	65	923	90	1	1184
0%	9%	5%	78%	8%	0%	100%
-1	-1	0	-2	-1	1	-5
-25%	-1%	0%	0%	-1%	0%	-0.4%

Clients Living Arrangement by Age

0-17 18-54 55+

	Minors	Adults	Seniors
Living with family	6,603	4,672	282
Living independently or supported	0	322	240
Living in community care facilities	13	685	486
Living in foster homes/fam.home	272	41	13
Living in health care facilities	14	226	310
Other living arrangements	3	35	6
Living Out of State	0	0	0
TOTAL (status 1 & 2)	6,905	5,981	1,337
Living in Developmental Centers	0	3	0

Clients by Gender

Female	4,871	34.2%
Male	9,384	65.8%
Total Clients (status 1,2,8)	14,255	100%

Clients by Diagnosis

(duplicate count)

	# of Clients	%	Change in 1 mo.
Autism	4,937	41%	54 1.1%
Cerebral Palsy	1,477	12%	6 0.4%
Epilepsy	1,916	16%	7 0.4%
Intellectual Disability	7,718	64%	47 0.6%
Other Dev. Disability	1,044	9%	4 0.4%

Total Clients w/Diagnosis (Status 2)

12,123

Clients by Age

Age in Years # of Clients %

Age in Years	# of Clients	%
Infants (<3)	2,445	17%
Children (school age)	4,460	31%
Adults (school age)	1,405	10%
Adults	4,677	33%
Seniors	1,268	9%
Total Clients (status 1,2,8)	14,255	100%

Minors (0-17): 6,905 48%

School Age (3-22): 5,865 41%

Minors&School Age: 8,310 58%

Active Cases by Status Code

Status Code	# Clients	% of Total	Growth in #s & % in 1 month
stus2 In Community (active)	12,123	83%	49 0.4%
stus1 Early Start	2,093	14%	27 1.3%
stus8 Developmental Centers	3	0%	-1 -25%
stus0 Intake	456	3%	26 6%
stusU Provisional Eligibility	2	0%	0
Total	14,677	100%	101 0.69%

Clients by Ethnicity

Ethnicity	# Clients	%	Growth in #s & % in 1 month
Asian	1,488	10%	0 0%
African American	772	5%	13 2%
Filipino	354	2%	-2 -1%
Multi-Cultural	1,170	8%	27 2%
Native American	18	0%	-1 -5%
Other & Unknown	399	3%	14 4%
Polynesian/Pacific Islands	13	0%	0 0%
Hispanic	8,189	56%	43 1%
White	2,284	16%	7 0%
Total	14,687	100%	101 1%

(incl. 10 shared-in cases)

Medicaid Waiver Clients:

4,814 -13 -0.3%

Clients with funded services:

Service	# Clients	%	Growth in #s & % in 1 month
Residential Care	1,330	9%	4 0%
Day Care	728	5%	9 1%
Day Training	3,713	26%	-8 0%
SEP/WAP	362	3%	-83 -19%
Transport.	2,630	19%	-49 -2%
Respite	2,375	17%	14 1%

Total Clients status 1&2

14,216 Client Growth 1%

Clients by Language:

Language	# Clients	%	Growth in #s & % in 1 month
ARABIC	19	0.1%	0 0%
ARMENIAN	11	0.1%	0 0%
ENGLISH	10,300	72.3%	125 1%
FARSI/OTH.INDO-IRANIAN	7	0.0%	0 0%
* JAPANESE	6	0.0%	0 0%
* KOREAN	71	0.5%	0 0%
* VIETNAMESE	140	1.0%	0 0%
* MANDARIN CHINESE	292	2.0%	4 1%
* CANTONESE CHINESE	183	1.3%	-4 -2%
* CAMBODIAN	8	0.1%	1 14%
* OTHER ASIAN	23	0.2%	2 10%
ASIAN	723	5.1%	3 0%
SPANISH	3,055	21.4%	-19 -1%
TAGALOG	52	0.4%	1 2%
OTHER LANGUAGES	18	0.1%	0 0%
SIGN LANGUAGE	70	0.5%	1 1%
TOTAL CLIENTS	14,255	100.0%	status 1,2,8

SELF-DETERMINATION

Summer 2021 Edition



Welcome Home!

Meet Leah! Leah is one of our first Self-Determination Program participants. She has been an active participant in the SDP program for about two years now! Leah will soon be working on her third-year budget. Her first year's budget focused on socialization, health supports, and starting to move toward independent living. Her second year's budget, was a little different because she moved into a small mobile home and began living independently. Unfortunately, her landlord wanted to sell the property and Leah found herself having to move. Leah's IPP team got together to assess the changes in her needs and circumstances.

Luckily, Leah had done so well with independent living in her mobile home that her parents decided to buy her a small condo in Chico. Leah's parents want her to be fully independent when they can no longer be involved in her life.



The pictures with this article show how happy Leah was at her "home reveal" party. Leah was thrilled to move in and has been wanting her own place for the last 5-6 years. She kept asking, "This is mine; this is really mine?" Her parents have helped a lot and really focused on making sure all the supports Leah needs are in place. They looked at SLS, licensed care, and Adult Family Homes to make sure she would have everything she needed. Her IPP team is also excited that Leah has her own home.

Tina Harshman, Leah's mother, has developed a website called [Jenny's Helpers](#) to act as a "one stop shop" where people providing supports to folks in SDP can share helpful information about all things SDP. On the website she tells you all about a special program they used to purchase Leah's condo. Additionally, Tina recently agreed to do independent facilitation for other SDP participants. Leah has excellent support staff recruited and trained by her mom. We're so glad Leah and her mom are willing to help other people access SDP.

Eligibility

Q. I was not part of the SDP selection, when can I enroll in the SDP?

A. The most recent law signed by the Governor made the SDP open to all eligible consumers starting on July 1, 2021. So if you are interested in enrolling, you can start now! More information can be found [here](#).

What's New with SDP?

In July 2021, Governor Newsom signed legislation that made several updates and changes to the Self-Determination Program statute (laws). Some of these changes include:

- Starting on July 1, 2021, SDP is now available to all eligible regional center consumers who choose to participate.
- DDS will establish an independent SDP Ombudsperson Office for the purpose of helping regional center clients and SDP consumers and their families successfully participate in the program
- Implementation funds (that is, savings from the SDP pilot program) can be used to meet the needs of participants, increase equity, reduce disparities and continue support for the Statewide Self Determination Advisory Commission
- Statewide SDP Orientation will be provided for consumers and their families
- A definition for "spending plan" is now included in statute -- and moving forward, a copy of a person's spending plan must be attached to their IPP.

New SDP Guidance

Guidance has been sent to all regional center executive directors and is posted on the DDS website under the [Program Directives tab](#). The guidance documents are available in multiple languages at this link.

The new guidance released by the Department of Developmental Services includes the [Self-Determination: Statewide Availability](#) which explains that SDP is available to all eligible regional center consumers on a voluntary basis starting on July 1, 2021.

The second guidance document, [Self-Determination Program: Consumer Supports for Transitioning into the Program](#) explains available supports for participants who are in the process of enrolling into the SDP.



For More Information on Self-Determination:

- Review the [FAQs](#) on the DDS website
- Visit the new and improved [Self-Determination Page](#) on the DDS website
- Attend a Self-Determination Local Advisory Committee (LVAC) Meeting
- Contact your Regional Center or local State Council on Developmental Disabilities (SCDD) Regional Office
- Visit the [SDP Facebook Page](#) hosted by SCDD



LA COUNTY PARKS & RECREATION PRESENTS



TRICK OR TREAT VILLAGE AT SAN ANGELO PARK

FRIDAY, OCTOBER 29, 2021

3:00 PM TO 6:00 PM

245 S. SAN ANGELO AVE
BASSETT, CA 91746



JOIN US FOR AN
AFTERNOON OF FUN!

- COSTUME CONTEST
- ARTS & CRAFTS
- PHOTO BOOTH
- COMMUNITY RESOURCES
- FREE CARAMEL APPLES & PUMPKINS (limited quantities)

COVID VACCINES & TESTING WILL BE AVAILABLE

FREE \$25 GAS GIFT CARD FOR THOSE THAT GET VACCINATED!

TO MAKE AN APPOINTMENT PLEASE CALL 626-350-4500 OR SCAN THE QR CODE



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH recovery. wellbeing.



Los Angeles County Supervisor

HILDA L. SOLIS

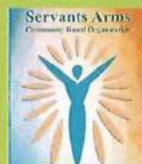
First District - Chair



基督教角聲醫療中心
Herald Christian Health Center

CORE
Community Organized Relief Effort

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Public Health



LA Care HEALTH PLAN



blue california
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Community Resource Center

LA COUNTY PARKS & RECREATION PRESENTA



TRICK OR TREAT VILLAGE EN EL PARQUE SAN ANGELO

VIERNES, 29 DE OCTUBRE, 2021

3:00 PM A 6:00 PM

245 S. SAN ANGELO AVE
BASSETT, CA 91746



**¡ÚNASE A NOSOTROS PARA
UNA TARDE DIVERTIDA!**

- CONCURSO DE DISFRACES
- ARTE Y MANUALIDADES
- FOTOS
- RECURSOS COMUNITARIOS
- MANZANAS DE CAMELO Y CALABAZAS GRATIS (CANTIDADES LIMITADAS)

**VACUNAS Y PRUEBAS
DE COVID ESTARAN
DISPONIBLES**

**¡TARJETA DE REGALO DE
GASOLINA DE \$25
GRATIS PARA
AQUELLOS QUE SE
VACUNEN!**

**PARA HACER UNA CITA
POR FAVOR LLAME AL
626-350-4500
O ESCANEE EL CÓDIGO
QR**



LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH
recovery. wellbeing.



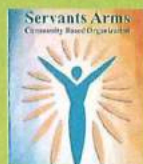
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Eviction Protection FAQs

CA COVID-19 Rent Relief is still available. It covers 100% of rent and utilities. There is no deadline, but renters and landlords impacted by COVID-19 who need help with rent should apply immediately, before funding runs out.

Eligible renters continue to have special eviction protections under state law starting October 1 through the end of March 2022. Applying for rental assistance through the CA COVID-19 Rent Relief program can stop an eviction.

Can I still apply for rent relief?

Yes! The CA COVID-19 Rent Relief program is still accepting applications for eligible renters and landlords who have been impacted by COVID-19 and need help with unpaid rent.

Landlords are encouraged to work with their renters to apply for the program and get reimbursed for 100% of unpaid rent dating back as far as April 1, 2020.

The program is free and does not currently have a deadline, but because funding will run out, renters are encouraged to apply as soon as possible if they know they may struggle to cover past or prospective rent and utilities.

California eviction protections change October 1, 2021. What happens now?

Renters continue to have special protections under state law, and rental assistance through the CA COVID-19 Rent Relief program is still available.

If you have unpaid rent or are struggling to pay rent that will be due starting October 1, apply at housingiskey.com as soon as possible. Do not delay!

Communicate with your landlord immediately if you intend to apply for rent relief or have applied. If you receive any eviction papers (documents that contain words like "summons" or "complaint" or "unlawful detainer"), you should immediately seek legal assistance. In many cases, responding to eviction papers within five (5) days can help delay or prevent your eviction.

As of October 1, 2021, if you are still in financial distress, and receive a notice to "pay or quit" (a notice from your landlord that gives you a certain amount of time to pay the outstanding rent you owe or vacate your home) for unpaid rent during the COVID-19 pandemic, protections are available:

- If the notice is for rent that came due between March 1, 2020 and September 30, 2021, give your landlord a signed declaration of COVID-19 related financial distress within 15 business days of receiving a notice to "pay or quit."
- In all cases, your landlord MUST apply for the CA COVID-19 Rent Relief program before they can proceed with an eviction lawsuit against you.
- If you apply to the rent relief program within 15 business days of receiving the "pay or quit" notice, or within 15 business days of receiving a notice from the CA COVID-19 Rent Relief program that your landlord has started an application on your behalf, you can stop an eviction while your application is processed.

I have received an eviction notice, what steps can I take?

To delay or prevent eviction, the renter should apply for the CA COVID-19 Rent Relief program within 15 business days from the time they are notified by the program that their landlord has started an application.

- If the renter and landlord have both timely submitted a completed application with correct information and all required paperwork, both parties will be notified that the applications are complete, and the courts will not issue a summons until the program makes a determination on the application.
- If the renter does not submit a completed application within 15 business days of notice from the program, then the court may proceed with the eviction lawsuit.
- If the renter is deemed ineligible, their application will be denied and the court will be able to proceed with the eviction lawsuit against them.

I am not able to pay my rent, what can I do to be protected from eviction?

Apply for the CA COVID-19 Rent Relief program.

Resources:

- <https://housing.ca.gov/resources/tenant.html>
- <https://www.lawhelpca.org/>

**For materials shared at meetings,
please go to www.sgprc.org,
click on the calendar and look for an event by date.
There you will find a link to the materials for each meeting.**