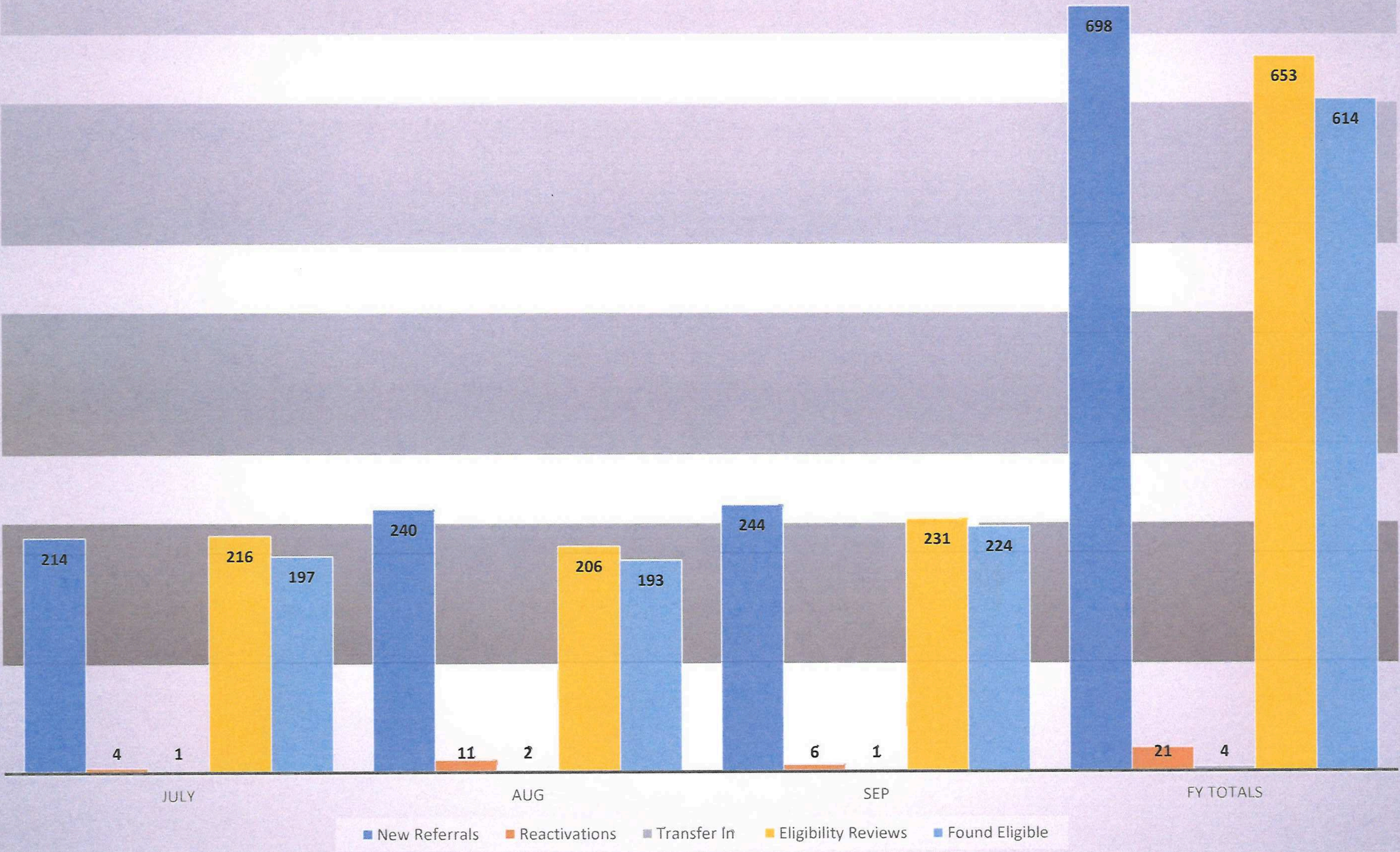
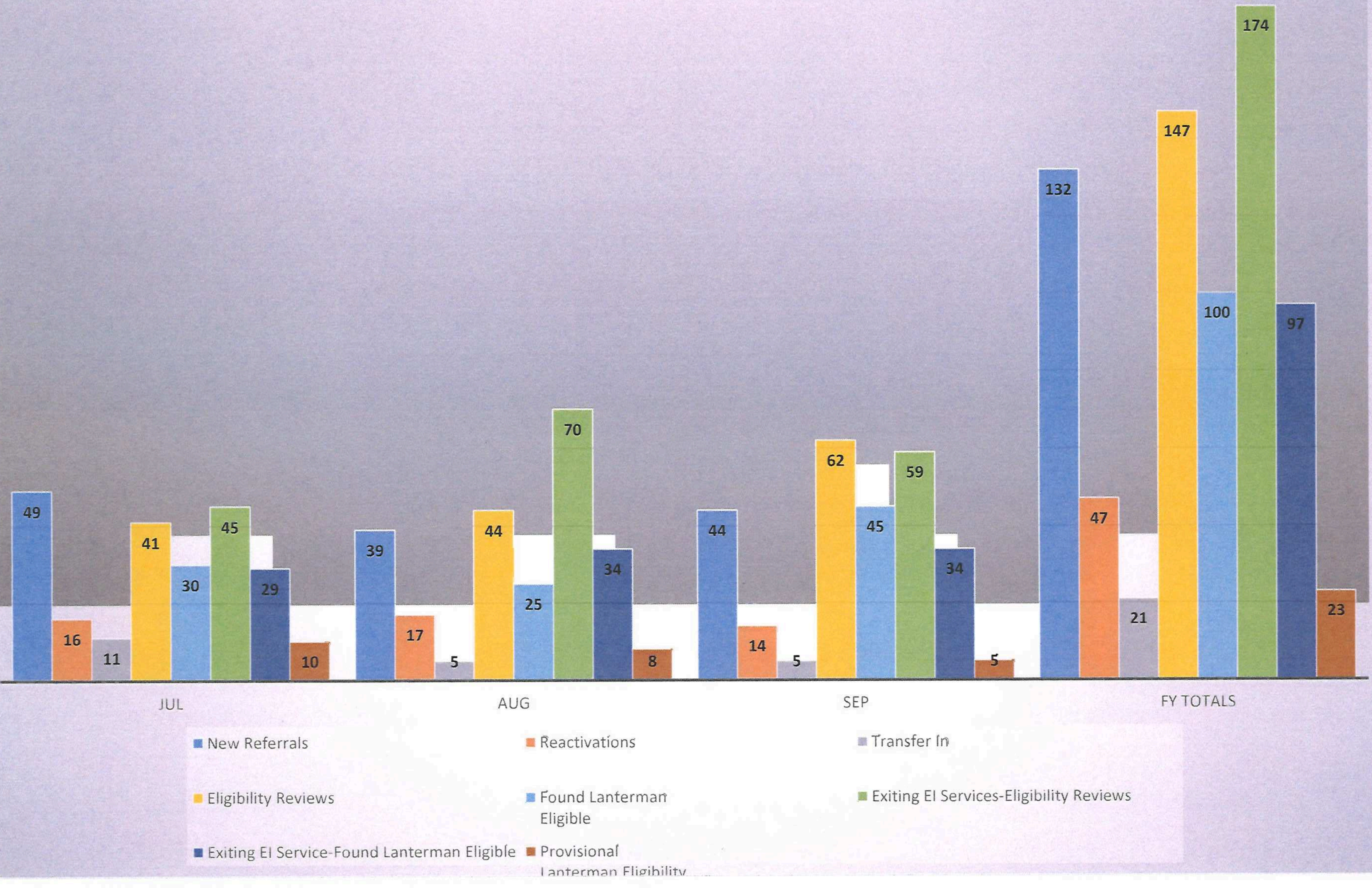
ATTACHMENT A



ATTACHMENT A



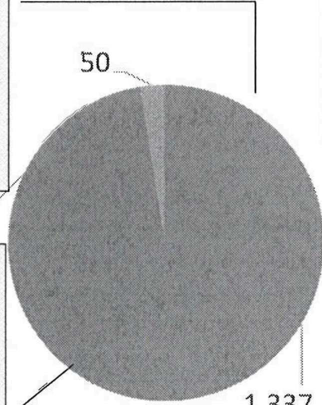
ATTACHMENT B

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

SG/PRC TOTAL COVID-19 CASES 2020/2021

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

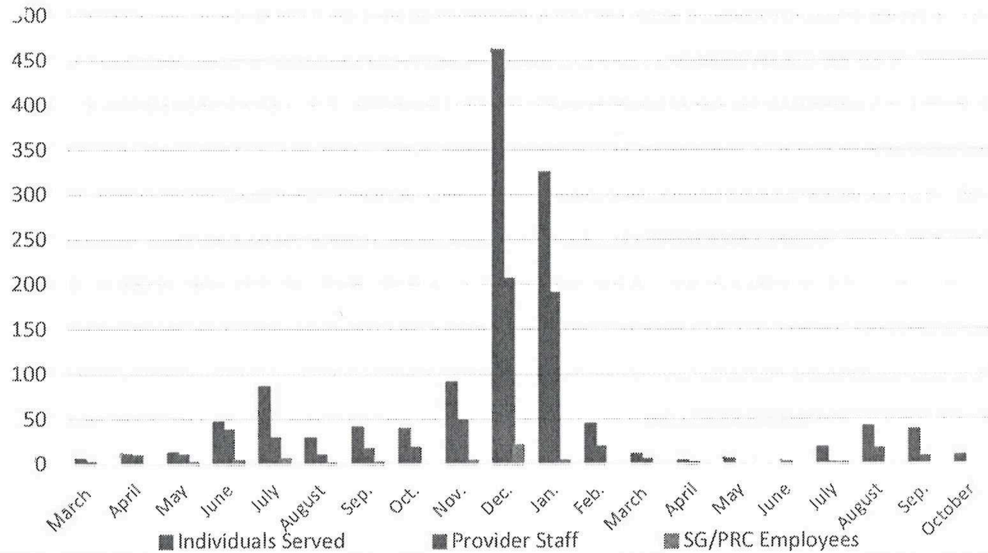


Age Range
0-17 ⇒ **256**
18-40 ⇒ **469**
41-64 ⇒ **409**
65+ ⇒

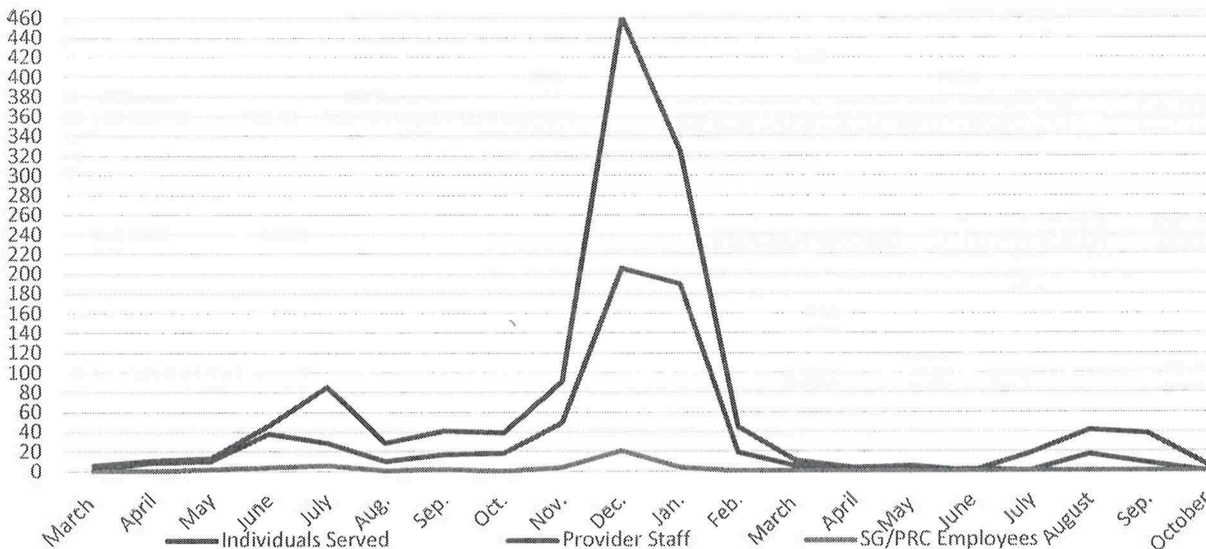
***2 Week Total: 9 New cases**

Individuals Served ■ Provider Staff ■ SG/PRC Staff

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



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%

ATTACHMENT C

SAN GABRIEL/POMONA
REGIONAL CENTER

COVID-19 TESTING

CORONAVIRUS

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

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

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

Valencia Branch Laboratory

CDPH California Department of Public Health

color

aveanna healthcare

For questions, email us at covidtesting@sgprc.org

ATTACHMENT D

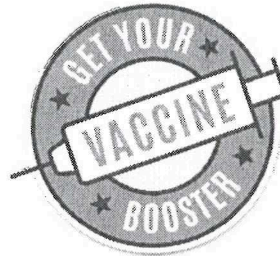
SAN GABRIEL/POMONA REGIONAL CENTER

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

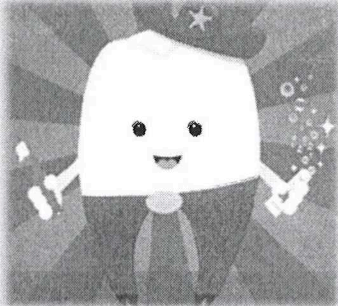
For questions, please call Dara Mikesell at 909-710-8831

ATTACHMENT E

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.

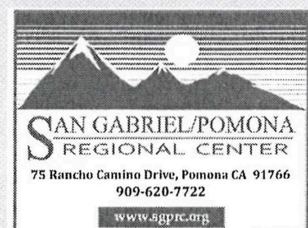


Please contact Service Coordinator for referrals to Dental Coordinator to schedule an appointment.

- Held monthly prior to the pandemic ....but 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.

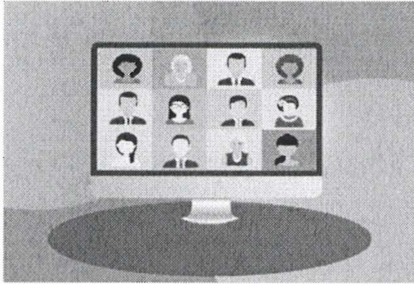
Next Clinic is scheduled to take place on Saturday, November 6, 2021.



ATTACHMENT F

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

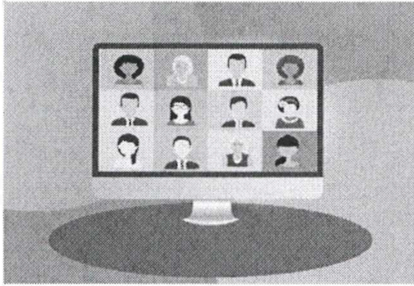
For questions about this training requirement or the Self Determination Program, please email us at SelfDetermination@sgprc.org or contact your Service Coordinator

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

ATTACHMENT F

SAN GABRIEL/POMONA REGIONAL CENTER

여러분을 당사자결정프로그램 (Self Determination Program) 오리엔테이션 특별 교육에 초대합니다



두 파트로 이뤄진 교육세션 일정 안내

파트 1 – 2021 년 10 월 23 일 (토)
파트 2 – 2021 년 10 월 30 일 (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 리져널센터 웹사이트의 SDP 행사 달력을 방문해주시기 바랍니다:
https://us02web.zoom.us/meeting/register/tZckduiorDsjHtR6_4SL1SNRbWMtOCvf7KeB

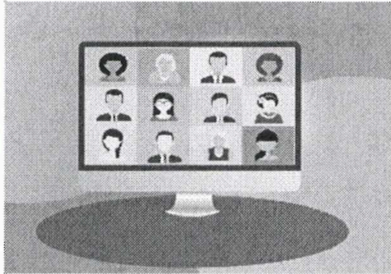
이 필수교육 과정이나 당사자결정 프로그램(SDP)에 대해 궁금하신 점은 **SelfDetermination@sgprc.org** 로 이메일을 하시거나 여러분의 서비스 코디네이터에게 문의하시기 바랍니다.

저희 리져널센터 웹사이트를 방문하시기 바랍니다 : www.sgprc.org

ATTACHMENT F

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.

Habrá 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

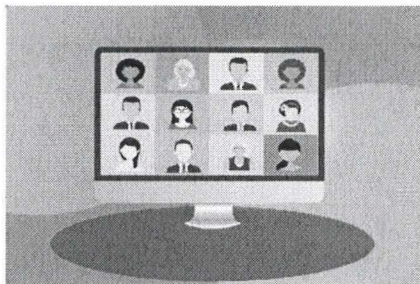
Si tiene preguntas acerca de los requisitos para este entrenamiento o para el programa de Autodeterminación, Por favor mándenos un correo electrónico a: SelfDetermination@sgprc.org o llame a su Coordinador de Servicios.

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

Attachment F

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 <u>bước bắt buộc đầu tiên</u> 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 KIỆN CHƯƠNG TRÌNH SDP

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

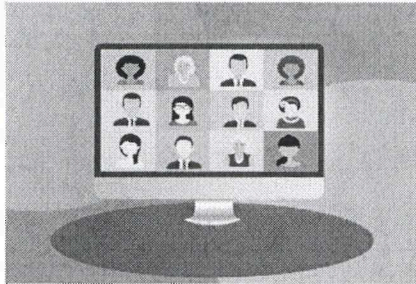
Thắc mắc về yêu cầu cho buổi huấn luyện hay Chương trình Quyền Tự Quyết xin vui lòng liên hệ SelfDetermination@sgprc.org hoặc liên lạc Điều Phối Viên Dịch Vụ của bạn

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

ATTACHMENT F

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

ATTACHMENT G

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

ATTACHMENT G

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.

ATTACHMENT G

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.

Acompáñenos 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

Attachment H

Regional Center Performance Measures Workgroup
September 22, 2021
Handouts

Table of Contents

1. Agenda 1
2. Welfare & Institutions Code (WIC) 4620.5 (2 pgs) 2
3. List of Workgroup Participants (3 pgs) 4
4. Regional Center Performance Measures Discussion Summary December 2019 (2 pgs) 7
5. DDS Common Acronym List (5 pgs) 9

Attachment H

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**

ATTACHMENT H

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.)

ATTACHMENT H

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

ATTACHMENT H

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
Kathy	Sanders-Platnik	Family Member
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

ATTACHMENT 4

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:

Transparency /Empowerment (RC's empowered develop new ideas)

- Robust (a description of fault tolerance; to assure accomplishments are reached)
- Innovative
- Leading System Change

Trust /Respect/Empathy

- Honor the role of families
- Supportive

Representative of the community they serve:

- Inclusive Services
- Equitable Services
- Embrace Diversity
- Demonstrate Fairness

Communication that is clear, effective, warm, and continuous

- Easy to understand (simple/plain language0
- multi-lingual

Culture of Self Determination

- Person Centered Plans of increased quality
- Dignity of Risk/Dignity of Choice
- Provide High Quality Services

Resourceful and Experienced

Responsiveness

- 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 Vendored 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
RCOC – 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

ATTACHMENT I

STATE OF CALIFORNIA--HEALTH AND HUMAN SERVICES AGENCY GAVIN NEWSOM, Governor

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

ATTACHMENT J

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.

ATTACHMENT J

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

ATTACHMENT J

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.

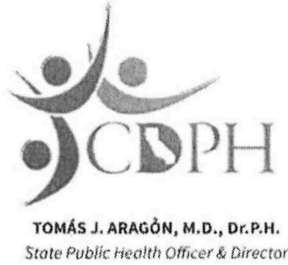
Thank you in advance for ensuring your regional center's compliance with this PHO and Directive.

Sincerely,

Original signed by:

NANCY BARGMANN
Director

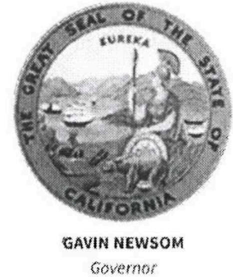
cc: Regional Center Administrators
Regional Center Community Services Directors
Regional Center Directors of Consumer Services
Association of Regional Center Agencies



TOMÁS J. ARAGÓN, M.D., Dr.P.H.
State Public Health Officer & Director

State of California—Health and Human Services Agency

California Department of Public Health



GAVIN NEWSOM
Governor

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.

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.

ATTACHMENT J

Tomás Aragón

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)

Attachment K

STATE OF CALIFORNIA--HEALTH AND HUMAN SERVICES AGENCY GAVIN NEWSOM, Governor

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.

ATTACHMENT 1C

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:

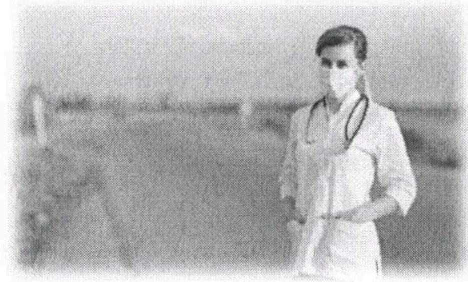
ERICA REIMER SNELL
Deputy Director
Community Services Division

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

ATTACHMENT L

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

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.

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

ARP Rural $8.5 Billion

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 (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

HRSA
Health Resources & Services Administration

Attachment M

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 Care.[1]
Medical Director, Developmental Primary Care Service
Department of Family and Community Medicine.[2]
University of California San Francisco
Vice Chair, Board of Directors, CommunicationFIRST.[3]

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.

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[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. <u>Conservatorships Are Not Necessary</u>

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.

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[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]

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[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

ATTACHMENT N

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

Clients Living Arrangement by Age	**0-17 Minors**	**18-54 Adults**	**55+ 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 facilites	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	%
Infants (<3)	0- <3	2,445	17%
Children (school age)	03-17	4,460	31%
Adults (school age)	18-22	1,405	10%
Adults	23-55	4,677	33%
Seniors	56+	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		# 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				
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 *(incl. 10 shared-in cases)*	**14,687**	**100%**	**101**	1%

Medicaid Waiver Clients:	**4,814**	**-13**	**-0.3%**

Clients with funded services:				
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:				
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**	

ATTACHMENT O

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.

ATTACHMENT O

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:

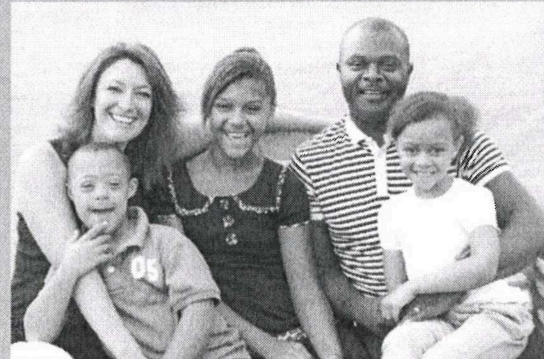
- Starting on July 1, 2021, SDP is now available to all eligible regional center consumers who choose to participate.
- DDS will establish an independent SDP Ombudsperson Office for the purpose of helping regional center clients and SDP consumers and their families successfully participate in the program
- 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.

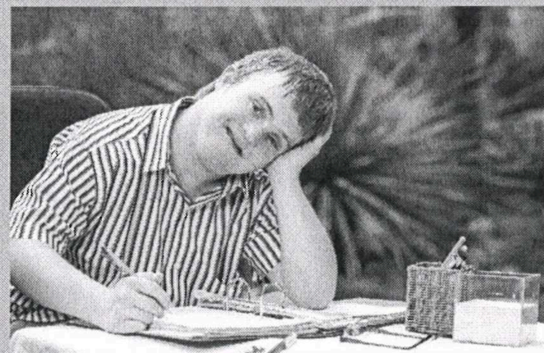
New SDP Guidance

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.

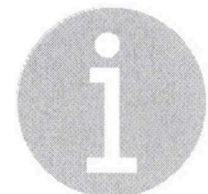
The second guidance document, Self-Determination Program: Consumer Supports for Transitioning into the Program explains available supports for participants who are in the process of enrolling into the SDP.





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



ATTACHMENT P

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

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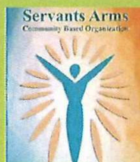
基督教角聲醫療中心 Herald Christian Health Center

CORE Community Organized Relief Effort

COUNTY OF LOS ANGELES Public Health



blue california Promise Health Plan

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 CARAMELO 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
hope. recovery. wellbeing.

Los Angeles County Supervisor HILDA L. SOLIS First District • Chair

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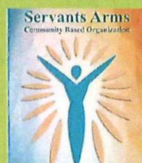

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ATTACHMENT D

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:

ATTACHMENT D

- 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/