



Kern Regional Center (KRC)
Self Determination Advisory Committee (SDAC) Meeting Agenda
February 24, 2020- 5:00 p.m.

Phone Conference Call-In Number- (661) 852-3330 and enter participant code 78341234
Kern Regional Center, Malibu Conference Room, 3200 No. Sillect Avenue, Bakersfield, CA 93308

*Pursuant to Government Code Sections 11123.1 and 11125(f), individuals with disabilities who require accessible alternative formats of the agenda and related meeting materials and/or auxiliary aids/services to participate in the meeting should contact Cherylle Mallinson at (661) 852-3207 or email at cmallinson@kernrc.org. Requests must be received by 5:00 pm, **February 10, 2020***

- 1) **Call to Order**
- 2) **Establish of Quorum**
- 3) **Additional Agenda Items**
- 4) **Public Comment**
- 5) **Approval of Minutes 01/13/2020**
- 6) **Program Statewide Updates(Wood/Kulzer-Reyes)**
 - a) **Break-out Notes discussion (See attachment)**
 - b) **Updates on SD**
 - c) **Orientation Update**
 - d) **SCDD Coordinated Potluck**
- 7) **KRC Updates (Pinal/Mallinson)**
 - a) **KRC SD Update**
 - i. **Update on non-pilot group selected for SDP.**
 - ii. **How many are close to transitioning?**
 - b) **General Update**
 - c) **Nominations for Committee**
- 8) **Topics for Next Meeting**
- 9) **Date of Next Meeting**
- 10) **Adjournment**

ATTACHMENT

TRANSCRIBED SSDAC BREAKOUT NOTES OCTOBER 2019

GROUP 1 – Mai Poowskar

BARRIER	Recommendations
<p>Lack of clarity from DDS Lack of policy/rules/guidelines Not enough IF/providers Mental Health Improved documentation/knowledge Not clear what is unmet need base What is additional service/support Still confusion between DDS and SCDD will support/provide FMS Lack of follow-up/support to participant after orientation Vendors are not informed/educated in self-determination CSCs need training in PCP process/approval Approval of spending plan (budget) DDS needs to provide uniform training to all regional centers on budget. New participant questions are not being answered High drop-out Need self-determination training to vendor advisory committee Need a liaison between vendor>regional center>DDS (S-D) Need training to program (consumer) instructors /agencies</p>	<p>A dedicated, trained team at each regional center to provide support to phase-in participant/families Self-determination technical support team BUDGET – DDS needs to provide training to all regional centers on all matters related to budget Technical Support – TA team for determination. A dedicated well trained team be an available at each regional center to answer SD questions. Provide support and follow through to phase in participants Liaison between vendor, RC, and SDAC FMS oversight</p>

GROUP 2 – Rick Wood

BARRIER	Recommendations
<p>Lack of consistent information re: SD implementation</p>	<p>DDS to issue firm directives to RCs so that RCs will be providing consistent information to consumers and families</p>

Lack of qualified independent facilitators (IF)	RCs/local advisory committees to schedule IF trainings regularly; outreach to the community to encourage enrollment in trainings; fallback/default are RC service coordinators (who must be trained and dedicated to SD)
Person Centered Plans: lack of knowledge/ to develop plans; no “professionals” available	RCs to provide certified trainers to train IFs; require cultural/language diversity DDS to issue “sample” plans; RC service coordinators to be trained
Budget: Consumers fear “cap” on spending; if plan requires budget changes, who will pay for IF assistance? Confusion/delay in RC processing requests for payment for services	Unmet needs to be addressed which will increase budget; RC service coordinators to assist in changes at no additional cost; RCs need to be timely responsive to requests for payment
Financial Management Service (FMS): lack of timely payment for payroll and other services and supports; FMS control over allowable expenses included in approved plans whose budgets have been certified.	DDS to consider advance payments to FMS; DDS to issue directive to FMS to prohibit FMS interference in approved plans

GROUP 3 – Pierre Landry

BARRIER	POSSIBLE ACTION
<p><u>PCP</u> Qualified PCPs Lack of understanding PCP PCP < > IPP Intimidated Over complicated Lack of RC understanding by SCs (solution: recruit experts in PCP; multiple opps for training; individualizing; self-advocate presented training for RC staff training S/D for any services; targeted trainings for PCP, spending plan, budget, FMS, manuals and quick guides)</p> <p><u>FMS</u> Only one agency in my territory Change (triangle symbol) in nursing services</p>	

<p>FMS authority about hiring (solution: change regs) Id'd nursing skills/care services (not allowed under co-employer) I/DD with medical needs or end of life Simplify explanation of different models FMS not getting money from DDS (solution: survey FMS) FMS doesn't understand SDP, especially different models</p> <p><u>General Issues</u> Service coordinator' role definition Unclear guidelines/criteria for I/s (no money to do certifications) Need clarity on how/why SCDD holds SSDAC Lack of skilled service providers (rates) No stats for direct services (job coaches, SLS, ILS, etc.) Delays in background check (3 mo – S/D 1 mo) After orientation, what's next General population pool (lots of non-Ps)</p> <p><u>IF</u> No list Clarity of parent I/s, service coordinator, silos</p>	
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GROUP 4 – Judy Mark

BARRIER	POSSIBLE ACTION
Cant find IF or PCP provider	Discourage lists Encourage SD fairs, forums, listserves Inform participant to select people who know them best to then get the training
People don't know what to do next. - Delay - Lost momentum (D)	Support groups for participants and families Need to get more info to them Handbook Direct contact with participant without regional center filter Create role models from community Deadline to be in six months after orientation
Transition peoples thinking	Live life like people without disability

<p>(C)</p>	<p>Form network of participants to share models of success. Also share with SCS. Committees share</p>
<p>SCS aren't will trained</p>	<p>LAC have training modules Need to her same thing Need models of what to do</p> <ul style="list-style-type: none"> - Peer who has had success - Needed consistency
<p>Information not accessible</p> <ul style="list-style-type: none"> - Language (e.g., Spanish) - Plain language - Online 	<p>DDS translate directives (at least to Spanish) SSDAC could vet the DDS language. Assist in making more plain.</p>
<p>DDS is reactive not proactive. (waits till problem occurs and then reacts too late)</p> <p>(B)</p>	<p>SSDAC can't always rely on them. We need to be more proactive. SSDAC meets more. Have easier way to get issues to DDS. Don't get involved 1 by 1. Look at systemic issues. Piecemeal.</p>
<p>Regional center not in alignment or supportive or SDP PCP needs to be authentic. Biggest barrier but hardest to solve.</p> <p>(A)</p>	<p>More DDS oversight Needed to "sell" this to RX staff more Participants and families don't rely on regional center Need participants to understand Better regional center training</p>
<p>FMS</p> <ul style="list-style-type: none"> - People aren't at the point. - Scared - Regional centers intimidating - Ridiculous rules by FMS for selection of staff 	<p>More strict control over FMS to understand what they can make decision on. More info to participants</p>
<p>Budgets to low, especially for children.</p> <ul style="list-style-type: none"> - How to afford FMS <p>(E. unmet need generally)</p>	
<p>Racial disparities</p>	<p>More training on unmet needs. SSDAC reviews of budgets by race LACs have meetings with participants with disparities.</p>
<p>Geographic disparities</p>	<p>Unmet needs on statewide basis. Look at data of individual budgets by age, disability, race, gender</p>
<p>Less bureaucratic different orientation</p>	

GROUP 5 – Public Input

BARRIER	POSSIBLE Solutions
<p><u>Beginning (delay)</u> Delay, misinformation, no information Disparity among regional centers Service coordinators not up to date</p> <p><u>Training (delay)</u> Order of events Quality PCP IF</p>	<p><u>Beginning</u> Step by step training materials in plain language Uniform information continuously distributed in multiple languages and available online Flow charts, check lists</p> <p><u>Training</u> Ongoing Quality PCP trainings Ongoing producing plans Encourage IFs Ongoing trainings</p>
<p><u>Infrastructure (delay)</u> No providers, how to find FMS Differences across regional centers Budget – many issues clarified/simplified Ongoing relationships matter</p>	<p>need complete list of vendors and other local providers with knowledge (that not vetted?) possibility for sole employer encourage involvement in program encourage providers LAC chairs have leadership authority with State advisory committee</p>
<p>Transparency</p>	<p>Make it simple no over bureaucratic requirements Culture/paradigm shift for all agencies/families/self-advocate “Who is in charge” (important to/important for)</p>
<p><u>Questions</u> Can IHSS provider be IF? How will overtime work? Conservatorship? FMS & DDS resolved criminal background checks? What will come of this and when? (who will do it, how will we know I is done, what happens if it is not done?)</p>	