



Kern Regional Center (KRC)
Self Determination Advisory Committee (SDAC) Meeting Minutes
October 21, 2019- 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

Members Present

Kelly Kulzer-Reyes
Mario Espinoza
Nick Schneider (phone)
Rick Wood (Chair) phone

Members Absent

Others Attending

Cherylle Mallinson
Celia Pinal
Ed Romero
Amy McNinch
Mitzi Villalon
Dian Schneider (phone)
Lulu Calvillo
Jennifer Rimer
Kristine Khuu
Juan Vieyra
Ana Guerra
Heidi Harntzen (phone)
Ana Leheny
Yesenia Mackie
Tamica Fouts-Rachal, SCDD (phone)

1) Call to Order

5:14 pm: Meeting was called to order by Kelly Kulzer-Reyes

2) Establish of Quorum

Quorum established at 5:14 p.m., as all members were now present

3) Additional Agenda Items

None

4) Public Comments

KRC thanks Kelly Kulzer-Reyes for providing tonight's light snack.

5) Approval of Minutes September 2019

M/S/C (Espinosa/Schneider) approved minutes with minor changes.

6) Status of Waiver Application (Wood/Kulzer-Reyes)

a) *Discussion on Bagley-Keene continued to be discussed in 12/09/19 meeting.*

b) *(Wood)*

MEMO FOR KRC SELF DETERMINATION ADVISORY COMMITTEE

TO: ALL INTERESTED IN SDP

FROM: RICK WOOD, CHAIR

SUBJECT: OCTOBER 21 LAC MEETING

DATE: 10/21/2019

"I wanted to let you know that I attended the Statewide SD Advisory Committee meeting in Sacramento yesterday. It is clear that all RCs are experiencing the same issues as we are, based on reports from each of the 21 LAC chairs. The complaints and comments are consistent with those which Judy Mark, Connie Lapin, and I made in a DDS SD Workgroup meeting which was held on October 7 in Sacramento. I am specifically looking for more directives to RCs and guidance to consumers from DDS in order to establish consistency among all RCs. In the afternoon yesterday, we broke into 5 groups to discuss barriers and solutions, and then reported out to the entire group and audience. I have attached the summary of my group's discussion and would like this to be included in the handouts on Monday. The summaries from the other 4 groups will be combined with this summary and presented to DDS as recommendations. I will be happy to walk through the summary at the time of the meeting. Next, I am still not prepared to discuss Bagley Keene. Finally, I am looking forward to a staff report on number of consumers who have completed orientation, status of start and completion of PCP plans and budget certification; number of persons and Pilot participants who have formally transitioned to SD; status of issues related to delayed payments to FMS; and outreach efforts to potential IFs and also vendors. As for next meeting date, we are bumping up against Thanksgiving. The first Monday in December is right after the Thanksgiving weekend and I think that may be difficult for some. I am available that date by only by phone. I am available on the 9th either by phone or in person. As you know, it is sometimes difficult to hear when on the phone, so hope to have both of you seated next to one another so that your voices are loud and clear. Thank you! " – Rick Wood, Chair KRC SDAC

See attached summary from Rick Wood (memorandum 101919.pdf). Next Statewide SDAC meeting is scheduled sometime in January 2020.

c) *Orientation Overview (Kulzer-Reyes) – 10/24/19 at 5:30pm Mario and Kelly will be completing the orientation for the 18 families still required to complete. Orientation is in both English and Spanish at KRC office in two (2) different conference room.*

7) KRC Updates (Pinal/Mallinson)

a) *KRC Updates (Khuu/Mallinson/Pinal) – There are 23 pilot individuals that have transitioned, 6 pending, and 4 are scheduled to transition on 11/01/19. The 18 individuals still needing orientation will be disenrolled by 11/15/19 if they do not complete the required orientation. 23 individuals withdrew from the waiver for a variety of reasons. A new drawing will be completed by the Department.*

- b) *General Updates (Mallinson) – KRC Community Resource Development Plan (CRDP) request for fiscal year 2019-2020 for a Resource Developer Consultant to assist Families, Service Coordinators, and Independent Facilitators to seek and research resources (resource development) has been granted. Position to be filled ASAP. Temporarily this position is being covered by Community Service Specialist, Program Manager of Community Service Dept. (CSD) and Director of CSD.*

8) Topics for Next Meeting

1. *Call to Order*
2. *Establishment of Quorum*
3. *Additional Agenda Items*
4. *Public Comments*
5. *Approval of Minutes*
6. *Status of Waiver Application (Wood/Kulzer-Reyes)*
 - a.) *Discussion on Bagley-Keene*
 - b.) *Updates on Self-Determination*
 - c.) *Orientation Updates*
7. *KRC Updates (Pinal/Mallinson)*
 - a.) *KRC SD Updates*
 - b.) *General Updates*
 - c.) *Nominations for Committee*
8. *Topics for Next Meeting*
9. *Date for Next Meeting*
10. *Adjournment*

9) Date of Next Meeting

December 9, 2019, 5:00 pm to 7pm

10) Adjournment

5:50pm

Attachment A

TRANSCRIBED SSDAC BREAKOUT NOTES OCTOBER 2019

GROUP 1 – Mai Poowskar

BARRIER	Recommendations
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	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

GROUP 2 – Rick Wood

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

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 Ifs (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 Ifs, 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

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

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>	