

**Harbor Regional Center
Board Planning Committee
August 24, 2018**

Ron Bergman, Chair

Members: Patricia Jordan, LaVelle Gates, Steve Gocłowski, Barry Finley, Nancy Spiegel, Erika Braxton-White

Diversity Initiatives

Nancy provided an update on current efforts and projects, including those funded by DDS for 2017-18, focused upon clients with the greatest under-utilization of purchase of services, and reduction of service barriers:

- Marta Gomez began work in April as a bilingual Spanish –speaking **Community Outreach Specialist**. Since then she has represented HRC at outreach and information events, and parent support groups in underserved communities. She is working with community partners to bring needed spanish language training and guest speakers into these communities. For example training and support groups will be hosted in a Providence Wellness Center in Wilmington, and an elementary school multipurpose room in Norwalk, for training in understanding disabilities, child development, and behavior.
- The HRC **Parents as Partners Program**, funded for 2017-2018 employs bilingual Spanish speaking parents to assist other parents to access supports and reduce barriers, so they can more fully utilize HRC services. Since late 2017, the project has worked in coordination with Service Coordinators and Spanish Speaking families to assess their service needs and priorities, barriers, and challenges, and provide extra support to overcome barriers. For the 61 clients/ 59 families that have had post –assessments of program outcomes thus far, we have seen progress in Protective Factors and increased utilization of both HRC and generic services.
- Editing is now in progress for two **videos**, one in English, and one in Spanish, to update our video orientation to HRC, “Partners in Lifelong Support.”
- We are working together with **Community Based Organizations**, Pediatric Therapy Network, Carolyn Kordich Family Resource Center, and Learning Rights Law Center to collaborate in their efforts to increase outreach, support, information and training for underserved communities.

The committee provided input for funding proposals to DDS for 2019.

Harbor Regional Center Performance Plan

The draft Performance Plan for 2018, and announcement of a public meeting scheduled for September 14th, will be posted on the website by Aug. 28th. Presentations have been held over the last several months with focus and support groups, for discussion and public input, with more to take place in September. We will also share information through the Enewsletter. Nancy shared the current draft of the plan, and a simplified handout, with outcome data illustrated by informational graphics.

We discussed a plan to offer at least one Town Hall meeting by this time next year, as a way to present the Performance Plan, Diversity projects, and initiatives to achieve outcomes for housing, employment, family support, etc.

Community Resource Development Planning


HRC has posted our resource development priorities on our website, in preparation for submitting proposals to the Department of Developmental Services for Community Resource Development Plan funding. We have been gathering input over the past year, in meetings with our community, regarding unmet resource needs. At this time we have identified the following priorities for resource development:

- Licensed homes for up to three adults that can support individuals with:
 - Complex behavior support needs and mental health diagnoses, including individuals that are transitioning from a State Developmental Center or other institutional setting into the community;
 - Health care conditions requiring care by licensed staff, such as diabetes.
- Specialized Supported Living Services, to serve clients with a variety of mental health, behavioral or health challenges, including individuals that are transitioning from a State Developmental Center or other institutional setting into the community.
- Specialized Supported Employment Services, to serve clients with a variety of mental health, behavioral or health challenges.
- Crisis Services that can provide mobile support to individuals living in licensed residential care, independent and supported living settings, or with their family.

When we receive approval of funding for our proposals, we will post a Request for Proposals for development of these resources.


HARBOR REGIONAL CENTER PERFORMANCE PLAN 2019

PUBLIC POLICY OUTCOMES

Public Policy Measures	Statewide Average	HRC Outcomes	Planned Activities
<p>Clients who have lived in State Developmental Centers will live in the community; Fewer clients will live in State Developmental Centers</p>  <p>Achieving Desired Outcome? YES</p>	<p>2005 1.49%</p> <p>2010 0.83%</p> <p>2015 0.36%</p> <p>2018 0.16%</p>	<p>2005 1.50% 141 clients</p> <p>2010 0.78% 77 clients</p> <p>12/15 0.23% 28 clients</p> <p>2018 0.07% 10 individuals in court-ordered secure treatment.</p>	<p>Seek DDS Community Placement and Community Resource Development Plan funding for continued development of needed resources in the community, to serve clients moving out of State Developmental Centers as well as our clients already in the community.</p> <p>Assess individuals' severe and complex behavioral, mental health, and health challenges, and coordinate specialized supports in the community.</p>

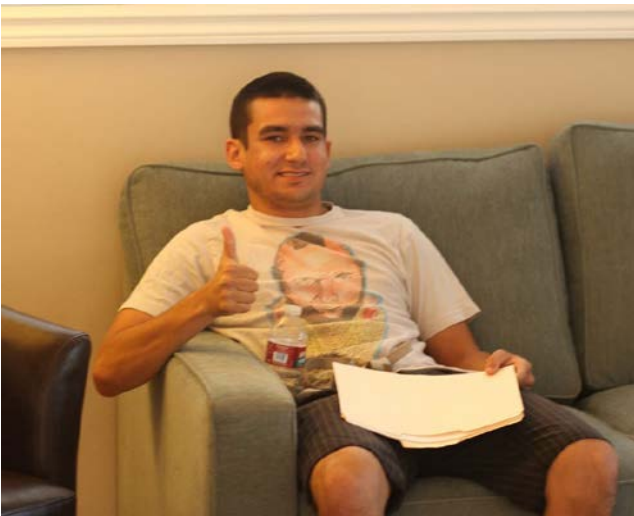
Measures of Success: ●Maintain or show improved performance over prior year, and/or ●Equal to or better than statewide average.

HARBOR REGIONAL CENTER PERFORMANCE PLAN 2019

Public Policy Measures	Statewide Average	HRC Outcomes	Planned Activities
<p>Children served by HRC will live with families; Increase percentage of minors living with families: includes own family, foster family, and guardian.</p> 	<p>2005 97.65% 2010 98.60% 2015 99.15% 2018 99.34%</p>	<p>2005 98.75% 2010 99.56% 2015 99.80% 2018 99.82%</p>	<p>To promote child development and family stability, continue to provide support, information, and training to families, including but not limited to:</p> <ul style="list-style-type: none"> • Orientation to HRC Services for new and continuing families • Informative workshops for clients/families by specialists, in varied locations in our service area. • Support for families through support groups and mentor parents, in multiple languages. • Resources and Information sharing via resource fairs, publications, website, newsletter, social media • Respite and in home nursing services • Social Skills training • Mommy/Daddy and Me and language development groups, providing tools for supporting child development • Group and individual parent training in behavior management, safety and sexuality
<p>Children served by HRC who live in licensed homes shall live in small homes.</p> <p>Achieving Desired Outcome? YES</p>	<p>2005 0.22% 2010 0.04% 2015 0.06% 2018 0.05%</p>	<p>2005 0.04% 2010 0.00% 2015 0.00% 2018 0.00%</p>	<p>Continue to avoid use of large licensed settings, and provide support for children to live with families (their own, foster, or guardian).</p>

Measures of Success: •Maintain or show improved performance over prior year, and/or •Equal to or better than statewide average.


HARBOR REGIONAL CENTER PERFORMANCE PLAN 2019

Public Policy Measures	Statewide Average	HRC Outcomes	Planned Activities																
<p>Adults served by HRC will live in home settings; Increase percentage of adults living in independent & supported living, with parent, or with adult family home agency.</p>  <p>Achieving Desired Outcome? YES</p>	<table border="0"> <tr> <td>2005</td> <td>70.03%</td> </tr> <tr> <td>2010</td> <td>73.99%</td> </tr> <tr> <td>2015</td> <td>78.04%</td> </tr> <tr> <td>2018</td> <td>79.90%</td> </tr> </table>	2005	70.03%	2010	73.99%	2015	78.04%	2018	79.90%	<table border="0"> <tr> <td>2005</td> <td>72.34%</td> </tr> <tr> <td>2010</td> <td>76.51%</td> </tr> <tr> <td>2015</td> <td>80.92%</td> </tr> <tr> <td>2018</td> <td>83.01%</td> </tr> </table>	2005	72.34%	2010	76.51%	2015	80.92%	2018	83.01%	<p>Continue to promote and maintain options for adults to live in home environments with families, or in their own homes, with supports as needed. These may include but are not limited to:</p> <ul style="list-style-type: none"> • Independent living skills training • Supported living services • Post-secondary education • Job preparation • Supported employment. • Adult day options tailored to varied individual needs, such as Inclusion Centers, Partial Inclusion/Work options, Therapeutic Centers, etc. <p>Continue to work with community partners to advocate and support development of affordable housing options for adults.</p>
2005	70.03%																		
2010	73.99%																		
2015	78.04%																		
2018	79.90%																		
2005	72.34%																		
2010	76.51%																		
2015	80.92%																		
2018	83.01%																		

Measures of Success: ●Maintain or show improved performance over prior year, and/or ●Equal to or better than statewide average.


HARBOR REGIONAL CENTER PERFORMANCE PLAN 2019

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Public Policy Measures	Statewide Average	HRC Outcomes	Planned Activities
<p>Adults served by HRC who live in licensed homes shall live in small homes; Reduce percentage of adults living in licensed homes serving greater than 6.</p> 	<p>2005 5.76%</p> <p>2010 3.80%</p> <p>2015 2.78%</p> <p>2018 2.39%</p>	<p>2005 4.46%</p> <p>2010 2.37%</p> <p>2015 1.50%</p> <p>2018 1.01%</p>	<p>Continue to avoid use of large licensed settings and to support adults moving from larger settings into more integrated/less restrictive living options.</p> <p>Increase access to living options through continued development of residential resources, as funds allow;</p> <p>Work to create additional resources, including the replacement of resources lost during the recession and long standing rate freeze.</p>
<p>Achieving Desired Outcome? YES</p>			

Measures of Success: ●Maintain or show improved performance over prior year, and/or ●Equal to or better than statewide average.

HARBOR REGIONAL CENTER PERFORMANCE PLAN 2019

Public Policy Measures	Planned Activities
<p>Adults who want to work will be supported to prepare for, find and maintain employment. See measurement methodology on following page.</p> 	<ul style="list-style-type: none"> • Share information regarding our Employment First policy with our clients and families • Discuss employment options with clients and families when they reach transition age and adulthood. • Work in partnership with school districts, community colleges, and the Department of Rehabilitation to promote opportunities for volunteerism, work training, internships, and competitive employment. • Offer Employment Orientations to inform clients and families about employment services. • Offer Training courses to prepare clients for employment. • Work in partnership with supported employment service providers and the Department of Rehabilitation to develop jobs for individuals who want to work, and support their success on the job.. • Work with adult day activity service providers to offer work and volunteer opportunities and experiences

Measures of Success: •Maintain or show improved performance over prior year, and/or •Equal to or better than statewide average.

HARBOR REGIONAL CENTER PERFORMANCE PLAN 2019


Measures Related To Employment

<i>Measure</i>	<i>Measurement Methodology</i>
Number and percentage of consumers, ages 16-64 with earned income.	Employment Development Department (EDD) data--changes in number and percentage of consumers ages 16-64 with earned income as reported to EDD.
Average annual wages for consumers ages 16-64.	EDD data--average annual wages as reported to EDD for consumers ages 16-64
Annual earnings of consumers ages 16-64 compared to people with all disabilities in CA.	EDD data--consumer wage data compared to people with all disabilities as reported to EDD.
Number of adults who were placed in competitive, integrated employment following participation in a Paid Internship Program.	Data collected manually from service providers by regional centers.
Percentage of adults who were placed in competitive, integrated employment following participation in a Paid Internship Program.	Data collected manually from service providers by regional centers.
Average hourly or salaried wages and hours worked per week for adults who participated in a Paid Internship Program during the prior fiscal year.	Data collected manually from service providers by regional centers.
Average wages and hours worked for adults engaged in competitive, integrated employment, on behalf of whom incentive payments have been made.	Data collected manually from service providers by regional centers.
Total number of \$1000, \$1250 and \$1500 incentive payments made for the fiscal year.	Data collected manually from service providers by regional centers.
Percentage of adults who reported having integrated employment as a goal in their IPP.	National Core Indicators (NCI) Survey - Yes/No/Don't Know Individual has community employment as a goal in his/her IPP.

* EDD data reflects wages reported to EDD for the purpose of unemployment insurance reporting. There is a limitation of the data, as some people have contract earnings that are unreported.

Measures of Success: ●Maintain or show improved performance over prior year, and/or ●Equal to or better than statewide average.

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Public Policy Measure	Planned Activities
<p>HRC Clients and Families will have access to information and services regardless of age, diagnosis, ethnicity, or language;</p> <p>Indicator showing the relationship between annual authorized services and expenditures by individual’s residence type and ethnicity.</p> <p>Percent of total annual purchase of service authorizations and expenditures by individual’s ethnicity and age</p> <ul style="list-style-type: none"> • Birth to age two, inclusive • Age three to twenty-one, inclusive • Twenty-two and older <p>See data on following page.</p> 	<p>Harbor Regional Center will provide services and supports in a culturally and linguistically responsive manner. Continue to:</p> <ul style="list-style-type: none"> • Provide community outreach so that the ethnic, language and cultural demographics of our client population reflect that of the general population in our service area. • Recruit and maintain a culturally diverse staff whose ethnicity, language and cultural background reflect that of our client population. • Provide information and training for staff and service providers to promote culturally-responsive service delivery. • Provide training and information for clients and families to increase awareness of and access to available services and supports. • Distribute and post written guide to available services by age group. • Expand our library of translated materials as funds allow. • Facilitate and share information through parent support groups and peer mentors • Gather input from our community regarding access and utilization of services and reduction of barriers.

Measures of Success: •Maintain or show improved performance over prior year, and/or •Equal to or better than statewide average.

HARBOR REGIONAL CENTER PERFORMANCE PLAN 2019

Percent of Expenditures and Clients by Age Group and Ethnicity/Race Fiscal Years 2015-16 and 2016-17															
Age Group	Measure	American Indian or Alaska Native		Asian		Black/African American		Hispanic		Native Hawaiian or Other Pacific Islander		White		Other Ethnicity or Race	
		2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017
Birth to 2 years	Clients	0%	0.1%	10%	9%	10%	7%	45%	44%	0%	0.1%	16%	16%	20%	24%
	Expenditures	0%	0.0%	12%	12%	9%	5%	44%	43%	0%	0.1%	17%	17%	18%	23%
3 to 21 years	Clients	0%	0.1%	13%	13%	10%	10%	45%	46%	0%	0.5%	18%	17%	13%	13%
	Expenditures	0%	0.2%	15%	17%	12%	11%	35%	34%	0%	0.3%	21%	23%	17%	15%
22 years and older	Clients	0%	0.2%	12%	13%	15%	15%	32%	32%	1%	0.7%	35%	34%	5%	6%
	Expenditures	0%	0.2%	12%	12%	13%	13%	23%	23%	0%	0.5%	48%	46%	4%	5%

Percentage of Authorizations and Clients by Age Group and Ethnicity/Race Fiscal Year 2016 -17								
Age Group	Measure	American Indians or Alaska Native	Asian	Black/African Americans	Hispanics	Native Hawaiian or Other Pacific Islanders	White	Other Ethnicity or Race
		2017	2017	2017	2017	2017	2017	2017
Birth to 2 Years	Clients	0.1%	9%	7%	44%	0.1%	16%	24%
	Authorizations	0.0%	12%	6%	44%	0.1%	17%	22%
3 to 21 Years	Clients	0.1%	13%	10%	46%	0.2%	17%	13%
	Authorizations	0.1%	17%	11%	36%	0.0%	22%	14%
22 years and older	Clients	0.2%	13%	15%	32%	0.4%	34%	6%
	Authorizations	0.2%	13%	13%	24%	0.3%	45%	5%

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HARBOR REGIONAL CENTER PERFORMANCE PLAN 2019

Compliance Measures

	HRC Baseline	Planned Activities
Unqualified independent audit with no material findings	Yes	Continue generally accepted accounting principles Maintain good business practices Maintain compliance with state contract and Medicaid Waiver requirements
Substantial compliance with DDS fiscal audit	Yes	
Accuracy/percent of POS fiscal projections based on February Sufficiency of Allocation Report (SOAR)	Yes	
Operates within Operations budget	Yes	
Certified to participate in Waiver	Yes	
Compliance with vendor audit requirements	Yes	
Individuals with updated CDERs and ESRs (Client Development Evaluation Report or Early Start Report)	98.49%	Continue timely completion/updates of the CDER/ESR.
Intake/assessment timelines for children and adults ages 3 and above	100%	Provide timely completion of intake/assessment for children and adults ages 3 and above
IPP (Individual Person Centered Plan) development, ages 3 and above, Welfare and Institutions Code requirements)	99.57%	Provide timely completion of individual person-centered plans (IPP) for clients receiving services under the Lanterman Act.
Intake/Assessment and IFSP timelines (ages 0-2)	95%	Provide timely completion of intake/assessment for infants and toddlers ages birth through 2 years.
IFSP development, for infants/toddlers ages 0-2	83.90%	Provide timely completion of intake/assessment and Individual/Family Service planning for infants and toddlers birth - 2 years of age.

Measures of Success: ●Maintain or show improved performance over prior year, and/or ●Equal to or better than statewide average.

Harbor Regional Center

Client Advisory Committee

August 18, 2018

Meeting Minutes

Members Present: David Gauthier-CAC Chairperson; Deaka Mc Clain-CAC Co-Chairperson; Rita Teodoro; Debbie Howard; Michelle Roach; Tom Basch; Kelly Sutton; Danielle Short; David Oster; Mead Duley

HRC Staff Present: Elizabeth Garcia-Moya; Kris Zerhusen

Life Steps Staff Present: Janelle Reyes

Call to Order & Minutes Approved

David called the meeting to order at 1:01 p.m.

The minutes were unanimously approved by all committee members.

Benefits Overview by Cori Reifman

Cori introduced herself and explained her role as the Benefits Specialist here at HRC. Within her role, she consults with clients, families, and Service Coordinators regarding benefits such as Social Security, Medi-Cal, Medicare, In Home Supportive Services (IHSS), and other benefits that an individual may be receiving. She also conducts benefits trainings for clients, families, and Service Coordinators. The benefits trainings are posted in the Trainings and Events Catalog. Cori informed the CAC that the SSI and Medi-Cal booklets that are available online and also at the Resource Center where recently updated. Cori is working on revising the IHSS booklet.

Cori provided the CAC with some of the recent changes that IHSS has implemented such as their assessment tool which helps determine the number of hours an individual is eligible for. She explained that IHSS is trying to standardize their assessment forms to determine the level of need. With the implementation of the new assessment tool, it's affecting individuals that are receiving hours for protective supervisions. Protective supervision hours are being reduced or taken away.

CAC members asked individual questions regarding their benefits. A common question was regarding the impact that earnings from employment have on Social Security benefits. Cori explained how each individual program has different rules on how wages are counted toward the benefit. Cori encouraged the CAC members that have individual questions regarding their

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benefits, to contact their Service Coordinator so they can assist them with scheduling an individual consult.

An update regarding the ABLE Act was provided by Cori. Congress passed a federal law that allows for a person with a disability to have more than \$2,000 which is tax exempt and would not count as an asset and affect eligibility for benefits such as SSI and Medi-Cal. The ABLE ACT did establish a yearly limit of \$15,000 that can be deposited into an ABLE account. It also set a total limit of \$100,000 that can be in an ABLE account. In California, CAL ABLE accounts will be available in January. HRC is offering trainings on ABLE act/accounts. The next training is scheduled on October 13th at the Transition Event that will be held at HRC Long Beach. A second training will also be offered at the Torrance office on November 29th at 4:00 p.m. Both trainings are on the Trainings and Events catalog.

DDS CAC Update

Deaka shared with the CAC members that she attended a conference in which Carol Watilo from Progressive Employment Concept spoke about helping people with disabilities find and maintain employment.

She inquired about the assignment that was given to the CAC members at the last meeting that was held in May. The assignment was related to a series of trainings that Deaka will be conducting throughout the year. These trainings are directly from the DDS website. The last training was on “Planning and Decision Making”. At the last meeting, Deaka provided CAC members with a booklet that contained questions regarding planning and decision making. The CAC members were to work on answering the questions and provide Deaka with their feedback on the booklet and if they thought it was a useful tool. Most of the CAC members needed additional time to complete the assignment. It was agreed that member, Kelly Sutton, will email the assignment to the CAC members so it can be completed and discussed at the next CAC meeting.

In preparation for the “End of Life” trainings, Deaka shared that she along with other DDS CAC members reviewed and completed the booklet, “Thinking Ahead, My Way, My Choice, My Life at the End”. Each member received a copy of the booklet and it was reviewed as a group. Deaka was given input/suggestions on what can be added in the different sections. Deaka will share this input at the next DDS CAC meeting.

Deaka discussed the role of CAC which is to advise and represent the clients of HRC. The CAC would like to review the CAC by laws at the next meeting.

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Client Services & Self Determination update

David and Deaka informed the CAC that they attended the last Self Determination meeting. Self Determination has been approved. They reminded the members that clients/families that are interested in the Self Determination program have to attend an Informational Meeting in order for their name to be submitted to DDS. The next Informational Meeting is scheduled for September 10th at the HRC Torrance office conference room A-4 from 6 p.m. to 8 p.m. On October 1st, the initial participants will be chosen by DDS.

Community Outreach

Discussion was held regarding the CAC working in conjunction with the Department of Adult Services in developing trainings in the areas of the supported employment process and the role of client in the IPP process. The CAC is open to working with the Department of Adult Services in developing such training and providing their input.

HRC Update

Kris and Elizabeth shared the great news that as of Tuesday of this week, the last client residing at Fairview DC, moved out! The CAC was very happy to hear this news.

Elizabeth presented HRC's Performance Plan for 2019. The goals for the upcoming year are as follow:

- Move people from state hospitals to the community.
- Help families keep their children at home (and not in a group home).
- Help adults to live in homes.
- Help adults to find and keep jobs.
- Help people of all cultures and languages to receive services.

The progress and action plan to meet these goals was also reviewed and discussed with the CAC. They also provided their input in the area of adults living in homes particularly for clients that either live independently in their own apartment/home or would like to live independently. CAC members shared the challenges of affordable housing and resolving roommate issues. A discussion of developing an interview tool that would help clients through the screening process of potential roommates was held. Majority of the CAC members agreed that it would be beneficial to create such tool.

Adjournment

David adjourned the meeting at 3:13 p.m.

Next CAC Meeting

The next Client Advisory Meeting will be held on Saturday, November 17th, 2018 at HRC Long Beach office.



RESPITE SERVICES
SERVICE REVIEW SUMMARY

September, 2018

RESPITE SERVICES DRAFT REPORT

BACKGROUND:

Between May and July, 2018, Harbor Regional Center (HRC) held monthly meetings designed to conduct an extensive review of policies and practices related to respite services. We invited interested HRC clients, family members and service providers to participate in these reviews which took place on May 22nd, June 27th, and July 24th.

Copies of all of the materials which were shared and discussed in the first review session on May 22nd are identified as **Appendix A**. The second review session was devoted to hearing from providers of respite. Summaries of all three of the review sessions are identified as **Appendix B**.

DISCUSSION SUMMARY:

On the evening of July 24th, there were over 50 participants (including HRC Board members) who were divided into eight groups to allow for a more detailed discussion regarding various topics related to respite services. The discussion questions which formed the framework for the service review are identified as **Appendix C**. There were many suggestions and recommendations. Below is a summary of the major comments/recommendations which emerged:

NOTE – Appendices A, B & C to this report are posted on our website

HRC Respite Service Policy:

- **Do you think there is anything important that is not addressed in the HRC policy?**
 - Include respite worksheet in Annual Review to determine hours for parents and consumer
 - Timeline for emergency respite services
 - Increase consideration for parent request
 - List camp as out of home respite option
 - Respite should be provided out of the home i.e.
 - Specify exceptional family situations
 - Different respite services i.e. self/agency/night care
 - Ages (seniors)
 - Include family choice for provider (wants two at a time)
 - 24 hours to request to the provider for a respite provider
 - Policy does not address FCPP
 - Expedited process for emergency situations requiring respite for family should be addressed in policy
 - Policy does not discuss “self-directed” respite
 - Policy does not address that respite is not for “ doing tasks”

- **Do you think there are parts of the HRC policy that need clarification?**

- Provide clarification on respite coverage summary services
- What to do if respite hours run out due to family emergency
- Respite hours per client, not per family
- Clarify multiple clients within a single family (hours, respite providers)
- Define natural support
- What respite provider can/cannot do while providing respite services
- Emergency respite service & expectation for services to begin
- Policy does not state that respite can now be accrued on quarterly basis.
- **Do you think there are any important concepts in the Lanterman Act provisions related to respite services that are not referenced in the HRC service policy that should be added?**
 - Needs to include what the Act says about respite
 - Out of home for minors
 - Mention of behavioral respite
 - Include Lanterman Law about respite
- **What other suggestions do you have for changes to the HRC policy?**
 - Separate respite funding for out of home short term stay
 - Provide references to places to go for short term stay
 - Respite Worker training : cell phone usage, sleeping on job
 - Clarify Out of Home Respite 21 days cap availability
 - It would be great if family members can be the respite providers when services are approved
 - Every year policies should be revised w/parent input
 - Consider clients culture
 - More effective training for staff providing care
 - Revise the point system currently in place to help capture specific clients need
 - Increase or consider an increase in hours for respite services during summer breaks from school
 - Consider Family members who are not able to show proof of a working permit or legal residency in the USA to be a care provider (self-directed respite)
 - Consistency in the way respite services are assessed throughout all departments
 - Increase the income/wages for workers who provide respite
 - Consider paying self-directed workers more/fair wages for all
 - Separate the amount of hours and not do sibling rate and assess separately each individual
 - When emergencies present themselves to expedite a response the same day and not wait for the next day
 - When HRC contracts with vendors for respite to ensure the agency has an emergency response system in place
 - As policy is updated-booklet needs to be consistent
 - Camp as respite. Other Regional Centers are doing it, address in policy.
 - Consider annual respite in addition to quarterly respite

- Policy very bureaucratic or lawyer like. Should consider person centered language.

HRC Respite Assessment Tool:

- **Is there any additional information that should be added?**
 - **Respite only limited to in house. Consider outside trip/commuting trip**
 - Needs less restrictive definition
 - What happens if the hours required for this & what determines the actual hours
 - Bigger focus on sibling needs over caregiver needs
 - If considering out of home placement and if the parent doesn't want it, to consider providing that level of care in the family home (respite)
 - Consider both parents working or going to school full time
 - Consideration of the other children (non-HRC client)
 - Add a column for zero points- a lot of things in point item are actually zero
 - Age of parent should be included in tool (recommend 60 yrs.)
 - Exceptional level of need should be more than 4pts
- **Do you have some general guidance to provide concerning the assessment tools?**
 - The previous tool doesn't capture all the needs of the family/client
 - The new tool does capture more of the need, but parents would like to reconvene at a later time to see if the new tool works or not
 - More training for service coordinators to better assist families
 - Both working parents should move to HIGH need on the tool
 - SC's should utilize the tool during the IPP
 - Mobility is really not addressed in the tool-barely
 - Feel that the new respite tool much easier to understand

Respite booklets:

- **What are some major areas that should be added?**
 - Include poverty scale in documentation
 - Booklet should stay summary/top level, referring to detail guidelines as attached (keep the words at top level. Keep it simple)
 - Update booklet with current clients/culture
 - For cost effectiveness consider using a different material for the booklet
 - Add the assessment tool to the booklet
 - Update the booklet with current law
 - Include/ clarify how quarterly hours can be used
 - Add that family can be reassessed at anytime
 - Frequency of re-assessment
 - Respite Booklet: headlines-bullet pts-less words/more pics-simplify/streamline sections
 - Booklet says no more than 8hr shifts-not in policy
 - Booklet does not discuss background check/fingerprinting
- **Is there anything that you think should be deleted?**
 - Don't consider IHSS or EPSDT hours when assessing

- **Do you have some general guidance to provide concerning the use of this booklet?**
 - For SC's to provide detailed information on the booklet
 - Consider more of the humanitarian side of the assessment
 - SC's should carry respite booklet to give to parents/providers
 - Booklet is outdated. PG. 11 says "monthly hours"
 - Spanish Translation needs to be corrected PG. 2 "time limited"

Comments Re: Service Providers:

- **Do you have some comments, recommendations, general guidance related to respite service provider issues?**
 - Service Provider needs to do focused training regularly
 - HRC needs to collect client feedback and provide to service provider regularly e.g. quarterly assessment for service
 - More providers timeline of service outside of quarter
 - Improve how SC's educate families about respite
 - Contract with more agencies, bigger pool of providers
 - Providers spend too much time on their phones
 - Providers do not interact with clients
 - Better quality assurance for providers
 - Non reliable workers (providers)
 - Better way to evaluate caregivers
 - Help on how to get started on self-directed respite
 - Need another CPR class
 - Clarify scope of work for providers
 - Training for service providers on how to fill out timesheets

Other Comments or Suggestions:

- HRC to have a candid discussion with Parents/Caregivers on how hours are determined
- Cambrian does 92% of HRC's respite, they have a monopoly. Should equalize this with other respite agency
- Providers: Improve communication –call parents back in a timely manner
- Increase bilingual respite workers
- More behavioral respite workers
- Match respite worker to client's needs: size, height, weight
- Cultural sensitivity-language sensitive professionals
- More outreach
- Parent Trainings
- Provides translation for all participants, not enough translators for the group
- Be more understanding to each family's needs
- Be more culturally sensitive in considering family needs

FOLLOW-UP PLAN:

1. HRC staff will draft a revised Respite Policy incorporating the recommendations made by the service review participants. It is expected that this draft can be available

for review and action by the full Board before the end of the fiscal year.

2. HRC staff will draft a revised Respite Assessment Tool incorporating the recommendations made by the service review participants. The draft will be shared with service coordinators, to seek their feedback; staff will revise and finalize the draft and will hope to complete this project by March, 2019.
3. HRC staff will draft the Respite Booklet incorporating the recommendations made by the service review participants. Staff will share the draft with service coordinators, service providers, clients and families to seek their feedback and will revise and finalize the draft with the hope of completing this project by end of fiscal year.

THANK YOU:

We close with many thanks to all those whose thoughtful participation will serve to enhance Harbor Regional Center supported living services.

Harbor Regional Center Community Relations Committee July 24, 2018

Monica Sifuentes MD, Chairperson, Pediatrician/Board Member; David Gauthier, Client/Board Member; Dee Prescott, Service Provider Easter Seals Southern California; David Bourassa, Community Volunteer; Nancy Spiegel, HRC Director of Information and Development. Guest Kerry Ryerson, HRC Public Information Specialist

Support from the Community

HRC has been nominated to apply for the Cisco Matching Gift Program, and we have submitted the application. If we are approved, Cisco employees may make contributions of funds or volunteer hours, which may be matched by the program. The review of our application is in progress and we do not have a projected date for their decision.

We plan to again apply for funds from Boeing Employee Charitable Fund, but this requires a referral from a Boeing Employee. Nancy will follow up to inquire whether retired employees may make this referral.

In her role as Public Information Specialist, Kerry Ryerson has worked with various community organizations to build support for our clients in various forms. Kerry will share information about some of these programs, such as Backpack and Back to School support for needy clients, Social Recreation Resource Fair, South Bay Rotary Beer and Wine Fest, and Holiday giving sponsors.

Budget Advocacy Update:

At our last meeting we discussed our advocacy efforts together with other regional centers and agencies within the Lanterman Coalition, for bridge funding to support service providers, opposition of the Uniform Holiday Schedule (required unpaid closure dates), and restoration of social recreation and camp services. Budget Subcommittees in both the Senate and Assembly showed support for these actions, but in the final negotiation with the Governor, support for developmental services was reduced.

- \$25 million in one-time bridge funding for service providers, who are struggling due to increasing costs and frozen rates. This 'bridge' is to provide some relief while we await the results of the Department of Developmental Services Rate Survey, which we hope will provide strong evidence of the actual costs of developmental services. The Department has distributed a rate survey to service providers of most major types of services, and they are being asked to complete surveys by August 3rd. Approval of bridge funding is reported to be contingent upon obtaining federal matching funds. Dee reported that Easter Seals and two other service providers from Assembly Member Holden's area, Ability First and Villa Esperanza, are visiting him to thank him for his support.
- The Uniform Holiday Schedule was approved, but suspended for one year, to become effective in July, 2019. We will work again in the coming year to oppose this action.

- Funding for Social Recreation and Camp services was not restored. Advocacy efforts will continue in the coming year, with a new Administration to come into office in 2019.

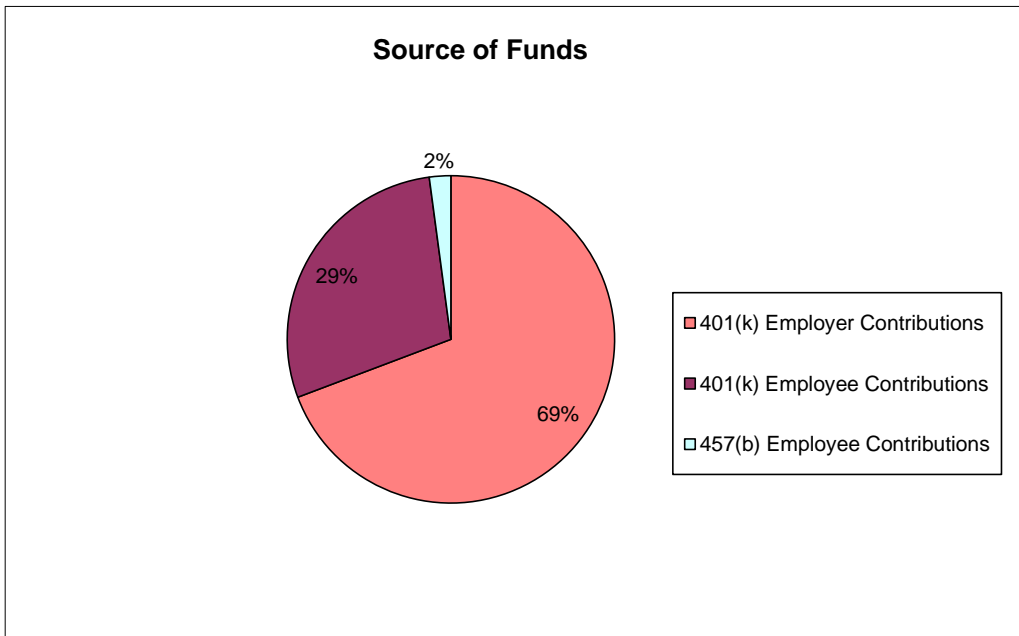
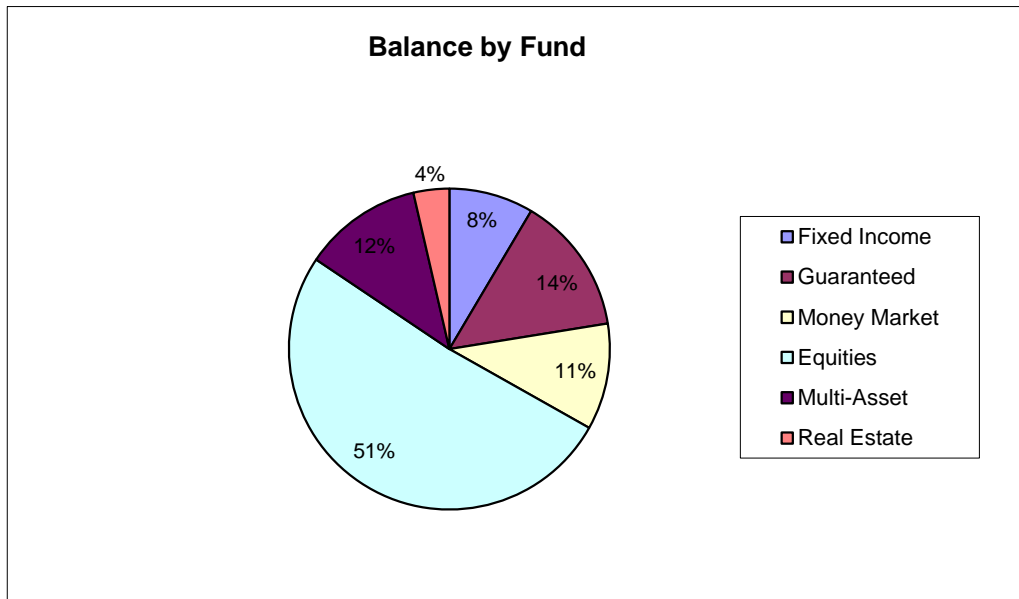
We discussed Voter Registration initiatives including one which Easter Seal is participating with some other service providers. We will distribute information on voter registration to our Service Provider and Client Advisory committees.

**Harbor Regional Center
Retirement Plan Balances as of 6-30-2018**

	401(k) Employer Contributions	401(k) Employee Contributions	457(b) Employee Contributions	Total Balance
Fixed Income	\$2,993,597	\$1,134,199	\$79,864	\$4,207,660
Guaranteed	\$3,874,547	\$2,443,690	\$567,753	\$6,885,990
Money Market	\$4,191,209	\$1,069,318	\$36,143	\$5,296,670
Equities	\$17,629,261	\$7,330,384	\$359,995	\$25,319,639
Multi-Asset	\$4,433,504	\$1,483,634	\$0	\$5,917,138
Real Estate	\$1,094,216	\$686,768	\$2,714	\$1,783,698
Total	\$34,216,335	\$14,147,992	\$1,046,469	\$49,410,796

* Plan Balances include active and terminated employees still in the Retirement Plan.

** Employee Contributions include \$1,582,102 in Rollover funds.



**Harbor Regional Center
Retirement Plan Performance**

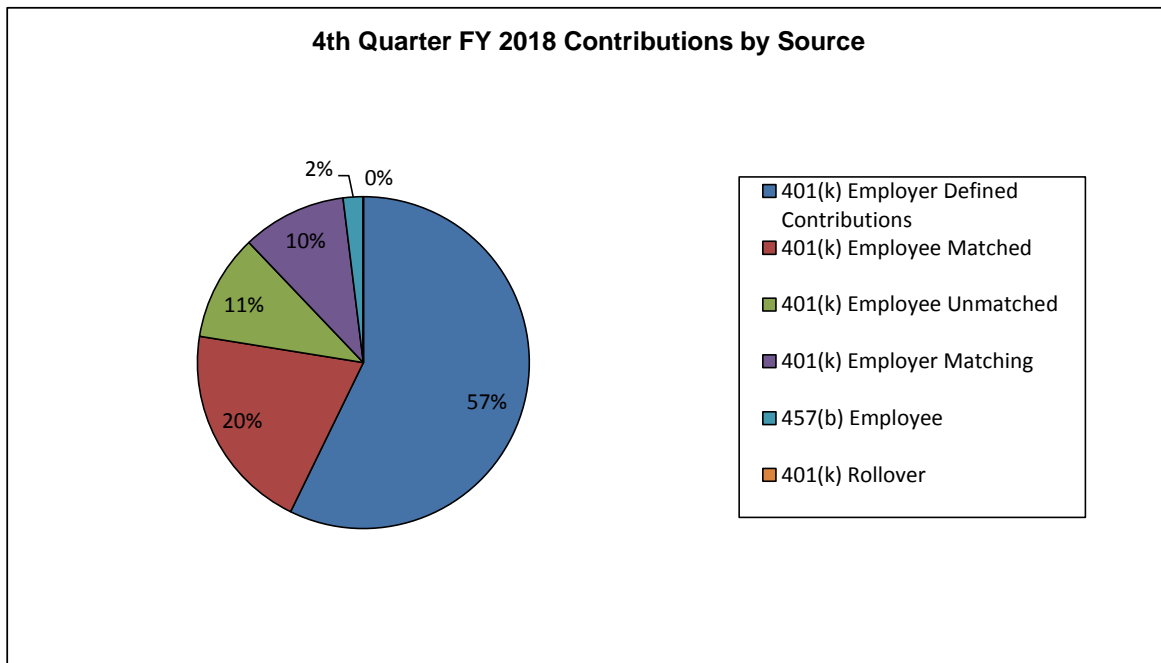
	<u>401(k)</u>	<u>457(b)</u>
Fund Balance 3/31/18	\$47,132,290	\$1,017,047
Activity 4/1/18 - 6/30/18		
Distributions	(\$552,885)	\$0
Contributions	<u>\$867,005</u>	<u>\$17,330</u>
Net	\$47,446,410	\$1,034,377
Fund Balance 6/30/18	\$48,364,327	\$1,046,469
Gain/(Loss)	\$917,918	\$12,092
% Gain/(Loss) for the Period	1.95%	1.19%

Participants

Active Employees in Retirement Plan	302	6	54%
Terminated Employees in Retirement Plan	264	3	46%
Active Employees Total Balance	\$33,773,342	\$780,031	70%
Terminated Employees Total Balance	\$14,590,985	\$266,437	30%

Contributions

Employer		
Defined (10%)	\$506,044	\$0
Matching (50% of Employee Matched)	\$89,826	\$0
Employee		
Matched (up to 6%)	\$179,652	\$0
Rollover	\$0	\$0
Unmatched	<u>\$91,482</u>	<u>\$17,330</u>
	\$867,005	\$17,330



**Harbor Regional Center
Retirement Plan Performance**

<u>Loan Information</u>	<u>as of 3/31/2018</u>	<u>as of 6/30/2018</u>	<u>Increase/ (Decrease)</u>
Employees with Loans			
Active Employees with Loans	29	32	3
Terminated Employees with Loans	<u>5</u>	<u>5</u>	<u>0</u>
Total	34	37	3
 Average Balance Amount	 \$9,225	 \$8,252.56	 (\$973)
 Loan Value			
Employee Contributions	\$313,269	\$305,267	(\$8,001)
Employer Contributions	<u>\$391</u>	<u>\$77</u>	<u>(\$314)</u>
Total	\$313,660	\$305,345	(\$8,315)



Self-Determination Advisory Committee

Harbor Regional Center
Minutes, June 13, 2018

Present: Miriam Kang, Linda Chan Rapp, Sandy Farah, Rosalinda Garcia, David Gauthier Mariano Sanz;
State Council on Developmental Disabilities staff – Sofia Cervantes and Melody Goodman;
Harbor Regional staff – Mary Hernandez, Liz Cohen-Zebulon, Judy Wada
Absent: Deaka McClain

1. 6:13 Call to Order – quorum established

2. Welcome: Introduction of committee members and guests, including Judy Wada, chief financial officer of Harbor Regional Center (HRC) and Victor Lira and Yvette Torres from Premier Healthcare Services.

3. Presentation: Financial Management Services (FMS), Victor Lira, Premier Healthcare.

A. The role of the FMS provider under self-determination (SD)

1. The FMS assists the participant in managing/directing funds in the individual budget, and distributing and tracking funds in the participant's budget. Note: The SD budget does not affect the client's income. The FMS provides the participant and regional center (RC) with a monthly individual budget statement to monitor expenditures and help individuals stay within their budget.
2. The FMS verifies the provider credentials and qualifications to verify that they have all applicable state licenses, certifications or other documentation and are not on the federal excluded list and meet the Home and Community Based Services regulations, both initially and ongoing.
3. The FMS is a required, RC-vendored service paid from the individual's budget, with fees directly related to the number of services to be provided. However the FMS is paid even if no service provider payments are made in a given month.

B. The 3 FMS models (see comparison chart in the hand out)

1. **FMS as Bill Payer** (also known as Fiscal Agent Model): FMS only writes the checks to pay the bills for services in the budget. There is very little contact between the participant and FMS.
2. **Participant as Sole Employer** (Fiscal/Employer Agent model): The consumer is the actual employer (would get an EIN#). The FMS provider helps the participant with specific employment tasks and processes payroll and withholds taxes. The consumer would need to get any required insurance (such as workers comp) for providers.
3. **Co-employer:** the FMS is the Employer of Record and maintains employer responsibility and

liability and the required insurance, while the consumer maintains the ability to hire and terminate providers. The consumer piggybacks on the FMS infrastructure.

Notes: [1] Typically **FMS As Bill Payer** incurs the least number of services, so the monthly FMS fees will be less than either the **Participant as Sole Employer** or the **Co-Employer** model.

[2] Hiring a current provider away from an agency as a private provider is not recommended. However negotiating with an agency to reduce fees if you want to work with a current provider under SD is okay. Best: hiring someone directly to avoid contractual limitations, then negotiate payment, insurance and withholding.

[3] Premier Healthcare Services will work with either the Bill Payer or Co-Employer models.

C. *The relationship between the FMS provider and other members of the self-determination team:*

1. **Consumer:** FMS provider is selected from RC-vendorized agencies by the participant. Amount of support, contact, and duties vary according to the model chosen as detailed in 3B above.
2. **RC:** HRC manages the vendorization process of FMS providers and both provides and monitors the participant's budget which is based on funds utilized (not just authorized) in the last fiscal year.
Note: Unmet needs, changes, and new circumstances can also be considered.
In addition to monitoring for quality control, RC may supply certain facilitator services if the participant does not designate one externally.
3. **Facilitator:** Amount of contact between the FMS and facilitator also depends on the model chosen as detailed in 3B above. A good facilitator is an incredible asset. The facilitator finds resources and providers to be included in the budget, negotiates fees and contracts. Copies of the contracts will be on file with FMS. The facilitator is paid from the budget, but **if the participant's parent is acting as facilitator, that parent can Not be paid.**

Discussion

D. *Background checks* – Providers are required to pay for their own Life Scan screening (\$60-70) which can be part of FMS services. Miriam Kang noted that SD Program providers' Life Scan results will be on file with Department of Developmental Services (DDS), so they won't have to undergo new background checks each time they contract to work with a new SD program client.

E. *Billing and other forms* – DDS is working with certain RCs to pilot billing procedures, to be documented in the DDS database. Also, by the end of June, SD Program subgroups will be finalizing forms on settings and services assessment.

F. *Will a catalog of providers be available to clients?* Uncertain at this time – but the thought behind SD is to get beyond lists... Miriam K. brought up the question of criteria for providers, and the question of alternative therapy in the budget.

G. *Hours:* Workers who are on the job more than 29.9 hours are entitled to insurance provided by the employer. Workers are not supposed to work more than 40 hours.

4. Minutes from 5/9/2018 were approved.

5. HRC Update – Mary Hernandez

A. With the approval of the SD waiver 6/7/2018, HRC has been gearing up for SD program to roll out probably in late fall. Of the 10 service coordinators who will be dedicated to working with SD program participants, five will serve children ages 3 up to 22, and five will serve those who are older than 22.

Managers are being certified in Person-Centered-Planning. Mary also reported that she has personally submitted 161 names so far and the demographic criteria has been met already within this sample. Vendors serving both traditional and SD program participants will need to know which clients are in which program.

B. *Informational meetings* – At the recent informational training in Spanish, 3 RSVP'd but 9 showed up. HRC is committed to continue holding informationals to get the word out about SD right up to the cutoff date for submitting names. There will be another informational meeting 6/18/2018, and there will be a training in July in English with a translator.

C. *Other Meeting notes*: Association of Regional Center Agencies (ARCA) met, but Jim Knight did not attend. The SD advisory workgroup met; and proposed timelines should be announced by June 18, including the deadline for signing up for the participant drawing for the soft roll-out of the SD Program. There is a focus on standardizing forms and materials. Updates from these subwork groups are needed.

D. *Questions*: The law says that RC service coordinator may serve as a participant's facilitator at no charge. What will it look like if a RC service coordinator is asked to do so? The answer is not yet clear. RC staff will be trained in person-centered planning but is doubtful if a service coordinator will be able to search out resources, providers and negotiate contracts as effectively as an externally hired facilitator because of other workload constraints.

6. State Council Update – Sofia Cervantes

A. We welcomed Sofia Cervantes from the State Council for Developmental Disabilities (SCDD); she has stepped into SCDD's community training and liaison role, and is bilingual.

B. She announced that the SCDD is hosting a free training on June 16, 10 am - 12 noon, in South Gate entitled *Two of the Keys to Successful Self-Determination: Person-Centered Planning and Facilitation*. Christofer Arroyo will present.

C. SCDD will also host an all-day Wrightslaw *From Emotions to Advocacy* conference on 9/7/2018 at the California Endowment in Los Angeles.

7. Announcements and New Business

A. This advisory committee voted to take hiatus in July since we would not achieve a quorum due to 3 members attending the National Down Syndrome Congress convention in Dallas and other committee member family travels.

B. Miriam Kang was appointed as official SD advisory committee chair.

C. Office of Client's Rights Advocates open house: 1-6 pm in their Cerritos Office on July 11, 2018.

D. Linda Chan Rapp will fill in for Miriam Kang at the State SD Advisory Committee 7/19/2018.

E. Our next meeting: August 8, 2018, from 6-8 pm at the Torrance office of Harbor Regional Center.

Abbreviations

DDS Department of Developmental Services

HRC Harbor Regional Center

FMS Financial Management Services

RC Regional Center

SCDD State Council on Developmental Disabilities

SD Self-Determination

HABOR REGOINAL CENTER
Self Determination Advisory Committee
Meeting Minutes

August 8, 2018

Opening:

The regular meeting of HRC Self Determination Advisory Committee was called to order at 6:19 PM on Wednesday August 8, 2018 in conference room A-4 at Harbor Regional Center in the City of Torrance. Quorum was established

Committee Member Present

Sandy Farah, Disability Rights California
Rosalinda Garcia, Parent
Miriam Kang, Parent
David Gauthier, Client
Linda Chan-Rapp, Parent
Deaka McClain, Client

Committee Member Absent

Mariano Sanz, Parent

HRC Staff Present

Mary Hernandez - Director of Adult Services
Liz Cohen-Zeboulon - Client Services Manager
Judy Samara Tami – Client Services Manager

SCDD Staff Present

Christopher Arroyo
Melody Goodman

SCDD Staff Absent

Visitors

Judy Mark – Disability Voices United

Welcome: Introductions of committee members and guests, including Judy Mark, from Disability Voices United. No guest at this meeting.

Approval of Minutes

Minutes from the regular meeting held on June 13, 2018 were approved by all committee members, Deaka did not approve minutes since she was absent on Jun3 13th.

Harbor Regional Center Monthly Update – Mary Hernandez

- HRC representative Mary Hernandez continues to give a monthly updates to the committee members and guests as to what is going on at HRC.
- The SD numbers have been adjusted and HRC now has 99 slots instead of the previous 98. 10 Service Coordinators have been assigned to the SD program.
- Mary Hernandez continues to do SD Informational trainings for families and clients who are interested in the program and would like to have their names submitted to the lottery.
- Two Informational meetings will be held at the **HRC office in Torrance on August 30th**, English will be held in conference room A4 and in Spanish in A1.
- **On Thursday, September 10th**, two meetings will be held at the **HRC office in Long Beach**, the meetings will be offered in both English and Spanish.
- Mary Hernandez will be doing an informational meeting for the Chinese Parent Support Group.
- HRC will continue to do community outreach and is available to do SD informational meetings until the deadline of September 17th.
- HRC has established specialized caseloads for the Self Determination program. Total of 10 Service Coordinators,

Presentation:

Judy Mark from Disability Voices United and Linda Chan Rapp, Parent and SDAC member presented half of the Orientation packet.

Linda Chan Rapp filled in for Miriam Kang, SD advisory committee chair person at the State SD Advisory meeting on 7/1/2018. Orientation packets were handed out and reviewed.

The State SD Advisory is looking for input on the Orientation presentation from local SD Advisory Committee's

Linda and Judy decided to start with Part two of the Orientation packet and would be reviewing Part one of the packets at the next SDAC meeting on September 12th at the HRC Long Beach office. 6pm to 8pm

Overview of Self Determination Program: Services must be in the community the program is designed so that individuals are included in their communities.

Community Inclusion Assessment: For every service paid by the SDP, the participant will need to fill out an assessment and have the provider sign it. The RC will review the assessment form; the RC Service Coordinator will sign off on the form and will be forward to the Financial Management agency. The RC will make the decision if services are not integrated, they will visit the site if needed.

Individual Budget: This is the amount of money you have to purchase services though the SDP. The budget is based on amount of money the regional center spent on services in the last 12 months. The individual budget can be changed if there is a change in circumstances, needs or resources. Such as leaving school, losing or getting a job, getting sick or better, behavioral crisis, moving into your own place.

Change your individual budget, unmet needs: This can be done at the start of services. Unmet needs are needs that have not been met by traditional services.

At the IPP meeting, participants will be informed of their annual budget, the group will work together to determine the amount and if there is a change in circumstances or unmet needs.

Must always look at Generic Resources first: No different than the traditional regional center system.

Budget Categories: Living Arrangements, Employment and Community Participation, Health and Safety.

Financial Management Services: Also called "FMS", they receive money from the regional center to pay for services, tells you how much you have spent every month and what is left in the budget. Background checks on employees and pays taxes for workers.

Three types of FMS: 1. Bill Payer, 2. Sole Employer and 3. Co-Employer, FMS will be Statewide vendor, will be available to all regional centers.

Each Orientation will have suggested activities and handouts: Worksheet on hopes and dreams, Discussion on Pre-planning, Turning goals into a plan, How your individual budget is developed, Definitions of services and supports, Figuring out your budget with your selected services or supports, Setting assessment tool. Interview questions for service provider template, Service provider agreement template, Type of FMS handout, Preventing abuse and neglect handout, Self-advocacy handout

Conferences cannot be paid with SDP: However, SDP can pay for trainings.

Updates:

- Judy Mark informed the committee that DDS will be pulling names on October 1, 2018. DDS has informed The State SD Advisory Committee that they will be informing clients, families and the Regional Center within 48 hours.
- Per Judy Mark, DDS will have a portal on their website for individuals to find out if they have been picked. After 10/1/18 can enter UCI # and will inform you if client was picked.
- Mary Hernandez spoke with Jim Knight; Assistant Deputy Director to DDS he informed her that at this time he is not sure if DDS will be sending out letters to clients and families if they have not been picked.
- Third week of October DDS will be doing train the trainers anyone can attend.
- Anyone that has been certified can do the orientation – Autism Society of LA, and SCDD have stated they plan on blanketing the area and doing trainings. The trainings will be standard; trainings will be done in groups of up to 300.
- Orientation trainings still need to be translated

New Business

- **Next meeting will be held on Wednesday September 12, 2018 at the HRC Long Beach site from 6-8pm**

Adjournment

Chairperson Miriam Kang adjourned the meeting at 6:58 PM. Minutes submitted by Liz Cohen-Zeboulon.

Harbor Regional Center
Service Provider Advisory Committee
August 7, 2018, 10:11 am

Members Present:

Member Name	Organization
Paul Quiroz, Chairperson	Cambrian Homecare
Keri Castaneda	Ability First
Harry Van Loon	ARC – Long Beach
Brandon Whitfield	Autism Spectrum Therapies
Juan Sanchez	Birth and Family Services
Rhiannon Acree	Cambrian Home Health
Nancy Langdon	Canyon Verde
Ben Espitia	Goodwill
Scott Elliott	ICAN LA
Corina DeLeon	Integrated Life
Kristine Engels	Life Steps Foundation
Patricia Flores	Life Steps Foundation
Steve Goclawski	Mentor Network
Alex Saldana	Oxford Services
Terri Nishimura	Pediatric Therapy Network
Angie Rodriguez	Social Vocational Services
Clare Grey	South Bay Vocational
Jessica Kalia Williams	South Bay Vocational

HRC Staff Present:

Staff Name	Title
Pat Del Monico	Executive Director
Judy Wada	Chief Financial Officer
Mary Hernandez	Director, Adult Services
Nancy Spiegel	Director of Information and Development
Kaye Quintero	Controller
Tes Castillo	Accounting Supervisor
Ashley Ayala	Fiscal Review Specialist

Call to Order

Paul Quiroz called the meeting to order at 10:11 a.m.

Presentation on HRC Resource Center

Barbara Del Monico, Manager of the Family Resource Center shared a short clip from a video regarding mobility published by the North Dakota Center for Persons with Disabilities (NDCPD). Barbara also shared other resources on the topics of training staff on how to handle threatening situations, internet safety, manners, being with people and community interaction. Members were encouraged to visit the resource center.

DDS Updates

Self Determination Program – Mary Hernandez gave a slide show presentation on the program and the current status of its implementation. Copies of the slide show presentation were provided.

Rate Study – Judy Wada reported the rate surveys were due to Burns & Associates and DDS by Friday August 3. At last report, 16.6% of service providers had submitted a survey. DDS hopes to receive at least 40% of the surveys. Some providers requested extensions from Burns & Associates. Burns & Associates hopes to design a new rate setting module, which would take into consideration economic and geographic areas. We should expect to see a report from Burns & Associates by March 2019.

Electronic Visit Verification – Paul reported the deadline for agencies employing care provider staff will be required to use an Electronic Visit Verification (EVV) process by January 2020. California is currently trying to determine what type of EVV system to use.

Budget Update

Prior Year – Judy reported the regional center system is showing a \$52-\$79 million projected surplus, with two regional centers showing small deficits.

Current Year – Governor Brown signed the budget on June 27, with the allocation for the regional centers of \$6.9 billion. Caseload growth statewide was projected to be 15,000 clients, growing to 333,000 clients in total. HRC had 14,000 clients as of June 2018. The budget overall is a stay in place budget. Social recreation and camp programs were not approved for this year, and the uniform holiday schedule implementation was postponed until next fiscal year.

Pat Del Monico reported there is a meeting taking place at HRC in September of the

regional center directors, the Southern California Lanterman Coalition, regional center service provider advisory committee chairpersons. Paul will be representing Harbor regional center service providers.

HRC Updates

Respite Service Review – Nancy Spiegel reported the information from the respite service review meetings is available on the HRC website. A plan regarding respite services delivery will be reported to the HRC board in September. There will be additional service reviews coming soon.

DDS Bi-annual Audit – Judy reported DDS completed their field work for the 2015/16 and 2016/17 fiscal years. There were a number of questions during the audit regarding provider rates. Service providers were reminded to keep all records regarding rates established with the regional centers.

Performance Plan 2019 – Nancy distributed a copy of the results of last year’s plan. The current fiscal year plan is currently being developed. Providers with any suggestions for plan goals should submit their ideas to Nancy.

Voting Registration Information – Nancy distributed a handout showing the page from the HRC website where the web links can be found to register to vote.

Privacy and Security Reminder – Nancy reminded providers to be sure to protect all client information, through data encryption, password protection, etc. Service providers interested in trainings on this subject should contact Nancy.

Service Provider Training Suggestions – Nancy solicited suggestions from providers regarding topics for trainings. Suggestions can be submitted to Nancy via email.

New Director of Community Services – Pat announced Erica Reimer Snell as the new Director of Community Services. She will be joining HRC on August 20.

HRC Service Providers to honor Colleen Mock

What Would Colleen Do (WWCD) – Rhiannon Acree lead discussion on what the SPAC

can do each year to honor Colleen Mock. It was decided Colleen's birthday, August 21, will be considered WWCD Day, where each service provider will do something meaningful in Colleen's memory.

Service Provider Updates

Service provider members in attendance shared events and other information regarding their respective programs.

Judy reported the annual HOPE, Inc. golf tournament will take place this year on October 22 at Old Ranch Country Club in Seal Beach.

Mary reported the DDS HCBS audit has been scheduled for July 15, 2019.

Next committee meeting is scheduled for October 2, 2018.

Meeting adjourned at 12:03 p.m.