

JULY MEETING OF THE BOARD OF TRUSTEES

TUESDAY, July 16, 2024 @ 6:00 pm

Torrance Office | Conference Rooms A1&2

A G E N D A

1. **CALL TO ORDER & INTRODUCTIONS.....CHRIS PATAY, President**
2. **MINUTES OF THE *MAY 21, 2024* MEETING.....DR. JAMES FLORES, Secretary**
3. **TREASURER'S REPORT.....FU-TIEN CHIOU, Treasurer**
4. **EXECUTIVE REPORT*.....PATRICK RUPPE, Executive Director**
 - Board Approval: (1) *revised* Purchase of Service Contract | Housing Development | Project ID: HRC-2223-4 | Brilliant Corners; and (1) *amended* Operations Contract | Furniture, Building B, 3rd Floor | Western Offices
 - Presentation: Board Governance, Conflict of Interest, Whistleblower Policies & Cultural Humility by Mary Hernandez, Director of Case Management Support Services
5. **COMMITTEE REPORTS:**
 - a) **ARCA.....JOSEPH CZARSKE, HRC REPRESENTATIVE**
 - b) **AUDIT.....LAURIE ZALESKI, CHAIRPERSON**
 - c) **BOARD DEVELOPMENT*.....CHRIS PATAY, CHAIRPERSON**
 - d) **BOARD PLANNING.....LAURIE ZALESKI, CHAIRPERSON**
 - e) **CLIENT ADVISORY.....PATRICIA JORDAN, CHAIRPERSON**
 - f) **CLIENT SERVICES.....PATRICIA JORDAN, CHAIRPERSON**
 - g) **COMMUNITY RELATIONS.....ANN LEE, Ph.D, CHAIRPERSON**
 - h) **RETIREMENT.....FU-TIEN CHIOU, CHAIRPERSON**
 - i) **SERVICE PROVIDER ADVISORY.....ANGELA RODRIGUEZ, CHAIRPERSON**
 - j) **SELF DETERMINATION ADVISORY.....ANTOINETTE PEREZ, LIAISON**
6. **PUBLIC COMMENT/INPUT**
7. **CLOSED SESSION.....CHRIS PATAY, President**
8. **ADJOURNMENT – 8:00 p.m.**

*indicates action



**MINUTES OF THE MAY 21, 2024 MEETING OF THE BOARD OF TRUSTEES
OF THE HARBOR DEVELOPMENTAL DISABILITIES FOUNDATION**

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| <p><u>BOARD PRESENT:</u> Mr. Eber Bayona, Board Member Mr. Ron Bergmann, Board Member Mr. Gordon Cardona, Board Member Mr. Fu-Tien Chiou, Board Member Mr. Joe Czarske, <i>President</i> Dr. James Flores, <i>Treasurer</i> Mr. LaVelle Gates, <i>Vice-President</i> Mr. David Gauthier, <i>Secretary</i> Mr. Ramon Gonzalez, Board Member Ms. Patricia Jordan, Board Member Mr. Chris Patay, Board Advisor Ms. Angela Rodriguez, Board Member Ms. Laurie Zaleski, Board Member</p> <p><u>BOARD ABSENT:</u> Ms. Ann Lee, Ph.D, Board Member Ms. Jacquelyn Solorio, Board Member</p> <p><u>STAFF PRESENT:</u> Mr. Patrick Ruppe, Executive Director Ms. Judy Wada, Chief Financial Officer Ms. Elizabeth Garcia-Moya, Director of Community Services Ms. Thao Mailloux, Director of Information & Development Ms. Antoinette Perez, Director of Children’s Services Ms. Judy Samana Taimi, Director of Adult Services Mr. Richard Malin, Manager of IT Ms. Jennifer Lauro, Executive Assistant Mr. Jesus Jimenez, Department Assistant Executive Office</p> <p><u>STAFF ABSENT:</u> Ms. Mary Hernandez, Director of Case Management Support Services Ms. LaWanna Blair, Director of Early Childhood Services</p> | <p><u>INTERPRETERS:</u> Mr. Fernando Nunez, LRA Spanish Interpreter</p> <p><u>GUESTS:</u> Ms. Monserrat Palacios, DDS Mr. Barry Finley, Aide Mr. E.J. Parva Mr. Cristian Marquez Mr. Edmund Falcon Mr. Vincent K. Winston Ms. Claudia Mena Mr. Titus Hardy Ms. Flor Perez Mr. Kent Yamashiro, HRC Staff Mr. Brian Carrillo, HRC Staff Ms. Sofia Garcia, HRC Staff Ms. Emma Robins, HRC Staff Ms. Theresa Lopez, HRC Staff Ms. Ailym Cabral-Araga, HRC Staff Ms. Diana Figueroa, HRC Staff Ms. Karen Renteria, HRC Staff Mr. Marcello Bermeo, HRC Staff Ms. Rosanna Preciado, HRC Staff Mr. Sheldon Trang, HRC Staff Ms. Angeline Guerra, HRC Staff Ms. Sayla Calderon, HRC Staff Mr. Christian Chacon, HRC Staff Mr. Luis Barrera, HRC Staff</p> |
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CALL TO ORDER

Mr. Czarske called the Board to order at 6:03 p.m.

PRESIDENT’S REPORT

Mr. Czarske welcomed Board members, guests and staff; Mr. Czarske took roll call of Board Members and a quorum was established.

Mr. Czarske informed there will be an opportunity for the Board to receive comments from the public immediately following the end of the Board’s regular business meeting. Anyone present who wishes to

address the Board during the public time should complete the Public Comment Request form that was presented to you at time of check in and submit it to the Executive Assistant.

Mr. Czarske announced that tonight we have our annual Board meeting at which we elect officers. Mr. Czarske reminded Board members to complete the Election Ballot and the Slate of Officers Ballot that they each received prior to the meeting and turn them in to the Executive Assistant prior to leaving tonight.

Mr. Czarske reminded the Board that our next meeting in June will be an in-person training at our Torrance location and not a regular business meeting. The next regular business meeting of the Board will be on July 16, 2024 and in person at the Torrance location in conference rooms A1&2.

CLOSED SESSION – OPEN 6:06 pm

Mr. Czarske announced that we will have a Closed Session tonight to discuss: 1) Labor Contract Negotiations; and 2) Employee Salaries and Benefits. At this time Mr. Czarske made a motion to ask the Board close the public board meeting and go into closed session.

Mr. Gauthier moved to close the public board meeting and go into closed session and Ms. Jordan seconded the motion. The full Board adjourned to Conference Room A4 for closed session at 6:06 p.m.

CLOSED SESSION – ADJOURN 6:54 pm

Mr. Czarske made a motion to ask the Board to conclude closed session on 1) Labor Contract Negotiations; and 2) Employee Salaries and Benefits and return to the public board meeting.

Mr. Gates moved to close the closed session and return to the public board meeting and Mr. Chiou seconded the motion. The full Board adjourned to Conference Rooms A1 and 2 for the duration of the public board meeting at 6:54 p.m.

PRESENTATION OF MINUTES

Mr. Gauthier presented the draft minutes of the March 19, 2024 meeting of our Board which were included in the board packet and posted for the general public on the HRC website. **The MINUTES OF THE MARCH 19, 2024 BOARD MEETING were received and filed.**

PRESENTATION OF FINANCIALS & A BRIEF OVERVIEW

Ms. Judy Wada, HRC Chief Financial Officer made a presentation to the Board on ‘How to Read Financial Documents: A Brief Overview’ utilizing the Harbor Developmental Disabilities Foundation Harbor Help Fund Statement of Activities for Fiscal Year 2023-24.

Ms. Wada reviewed the following financial statements, which were received and filed:

- Harbor Regional Center Monthly Financial Report Fiscal Year 2023-24, dated February 2024
- Harbor Regional Center Functional Expense Summary, dated February 2024
- Harbor Regional Center POS Contract Summary, dated February 2024
- Harbor Regional Center Line Item Report, dated February 2024
- Harbor Regional Center Monthly Financial Report Fiscal Year 2023-24, dated March 2024
- Harbor Regional Center Functional Expense Summary, dated March 2024
- Harbor Regional Center POS Contract Summary, dated March 2024
- Harbor Regional Center Line Item Report, dated March 2024

EXECUTIVE REPORT

1. FISCAL YEAR 2024-25 STATE BUDGET UPDATE | MAY REVISE:

Mr. Ruppe referred the Board to the 2024 May Revision Highlights from the Department of Developmental Services and summarized the key highlights.

2. HARBOR REGIONAL CENTER STRATEGIC PLAN UPDATE:

Mr. Ruppe provided the Board with an Executive Summary of Harbor Regional Center Strategic Plan Progress Report for January 1, 2024 to March 31, 2024 and announced that 11 of the 13 goals are on track, and 1 goal is in progress and slow progress is being made on 1 goal. Mr. Ruppe also called the Board's attention to the Person-Centered Organization Plan. Mr. Ruppe thanked his team and advised the Board that he will continue to update them and our community on progress.

3. HARBOR REGIONAL CENTER UNIVERSAL CUSTOMER SERVICE STANDARDS:

Mr. Ruppe called the Board's attention to a new document developed as part of Harbor's strategic initiatives, entitled "Harbor Regional Center Universal Customer Service Standards". Mr. Ruppe informed that as part of Harbor's broader strategic plan to cultivate a customer-centered culture, the new "standards" will enhance Harbor's customer service skills as an organization with a goal leading to greater satisfaction among the individuals and families Harbor serves.

4. BORROWING RESOLUTION FOR BOARD APPROVAL – LINE OF CREDIT WITH CITY NATIONAL BANK:

Mr. Ruppe informed that it is necessary for Harbor Regional Center to have a line of credit in place in the event we have insufficient cash to ensure that our service providers are paid timely and to meet other obligations. HRC has renewed its line of credit with City National Bank. The loan agreement is dated February 9, 2024, maturing on June 30, 2024. The loan is a revolving credit facility used to manage cash flow requirements as needed. Beginning July 1, 2024 the principal sum will decrease from \$50,000,000.00 to \$40,000,000.00. The termination date will be extended to June 30, 2025.

BORROWING RESOLUTION: RESOLVED that Harbor Regional Center renew its line of credit with City National Bank from \$50,000,000.00 to \$40,000,000.00 to manage cash flow requirements as needed. **Mr. Gauthier moved to adopt the borrowing resolution as noted above and Mr. Gates seconded the motion, which was unanimously approved by the Board.**

5. CONTRACT FOR BOARD APPROVAL – PURCHASE OF SERVICE | THE COLUMBUS ORGANIZATION

Mr. Ruppe advised that the Lanterman Act requires any regional center contract which exceeds \$250,000 be approved by the regional center Board. Mr. Ruppe referred the Board to the purchase of service contract for approval of professional services by The Columbus Organization that will allow Columbus to continue to offer competitive pay rates for the professionals we utilize through them. A vote is required by the Board for the approval of this contract.

Mr. Cardona moved to approve the Purchase of Service Contract for Professional Services by The Columbus Organization with a projected annual amount of \$1,954,609.00 and Ms. Zaleski seconded the motion, which was unanimously approved by the Board with no opposition.

6. CONTRACT FOR BOARD APPROVAL – OPERATIONS | FURNITURE PURCHASE & INSTALLATION | WESTERN OFFICES LOS ANGELES:

Mr. Ruppe advised that the Lanterman Act requires any regional center contract which exceeds \$250,000 be approved by the regional center Board. Mr. Ruppe provided a description of the project

and purchases needed to renovate facilities located at 21309 Hawthorne Boulevard, Torrance, CA 90503 with a contract amount not to exceed \$325,000.00.

Ms. Rodriguez moved to approve the Operations Contract for the purchase of furniture and installation and Ms. Jordan seconded the motion, which was unanimously approved by the Board with no opposition.

7. CONTRACT FOR BOARD APPROVAL – PURCHASE OF SERVICE | FOUR (4) TRANSPORTATION COMPANIES | COMFORT, IDEAL, RELIABLE & ROUND TRIP:

Mr. Ruppe advised that the Lanterman Act requires any regional center contract which exceeds \$250,000 be approved by the regional center Board. Mr. Ruppe provided a description of each transportation service and indicated that the projected annual amount for all four (4) transportation providers contracts with Comfort, Ideal Reliable and Round Trip will be approximately between \$9,600,000 to \$13,800,000 and the contract period for all four (4) transportation contracts is from July 1, 2024 through June 30, 2027.

Mr. Cardona moved to approve the four (4) Purchase of Service Transportation Contracts with Comfort, Ideal, Reliable and Round Trip who will have a projected annual amount of approximately \$9,600,000 to \$13,800,000 and Mr. Bergmann seconded the motion, which was unanimously approved by the Board with no opposition.

8. CONTRACT FOR BOARD APPROVAL – PURCHASE OF SERVICE | CCP START-UP FUNDING | HRC 2324-1 | UNIVERSAL SUPPORT, INC.:

Mr. Ruppe advised that the Lanterman Act requires any regional center contract which exceeds \$250,000 be approved by the regional center Board. Mr. Ruppe informed that CPP/CRDP funds may fund up to the approved amount for the development of an Adult Residential Facility For Persons with Special Health Care Needs (ARFPSHN) intended to serve a maximum of four (4) adults. The home will be owned by a Housing Development Organization (HDO) and will be leased to Universal Support, Inc. (Housing Development grant awarded in FY 2022-23). The total start-up funding is not to exceed \$250,000.00 with a contract period of July 1, 2024 to June 30, 2026.

Mr. Bergmann moved to approve the CPP Start-Up Funding for an Adult Residential Facility For Persons With Special Care Needs (ARFPSHN) with a total start-up fund not to exceed \$250,000.00 and Ms. Zaleski seconded the motion, which was unanimously approved by the Board with no opposition.

9. CONTRACT FOR BOARD APPROVAL – PURCHASE OF SERVICE | HOUSING DEVELOPMENT FDLRC 2122-4 | BRILLIANT CORNERS:

Mr. Ruppe advised that the Lanterman Act requires any regional center contract which exceeds \$250,000 be approved by the regional center Board. Mr. Ruppe advised that the Board approved this original contract at last year's May Board meeting; however a revised contract is being presented to the Board because there was a revision in the allocation of previously approved acquisition amount of \$350,000.00 and renovation amount of \$450,000.00 due to an increase in residential home prices in the greater Los Angeles area. The revised total CPP/CRDP funding for acquisition is now \$674,785.00 and for renovation is now \$125,215.00.

Dr. Flores moved to approve the revised total CPP/CRDP funding for acquisition of \$674,785.00 and renovation of \$125,215.00 and Mr. Gates seconded the motion, which was unanimously approved by the Board with no opposition.

10. DRAFT 2024-2025 PERFORMANCE PLAN presentation:

Ms. Thao Mailloux, Director of Information and Development made a presentation to the Board on our draft 2024-25 Performance Plan.

COMMITTEE REPORTS

A. ARCA

Mr. Czarske, ARCA Representative for Harbor summarized the key highlights of the March meetings.

B. BOARD DEVELOPMENT – ELECTIONS & SLATE OF OFFICERS

Mr. Czarske reported that the Committee met on May 7, 2024 where review of two returning members (Christopher Patay and Jeffrey Herrera) occurred. Additionally, the Board Development Committee drafted the official Election Ballot and Slate of Officers Ballot for the Fiscal Year 2024-25.

- 1) Mr. Czarske referred the Board to the Official Election Ballot and announced that the Board Development Committee is pleased to recommend the following candidates to serve on the Board. If elected, the term of service will be July 1, 2024 to June 30, 2025. A total of eleven (11) Board members present at tonight’s meeting unanimously voted to re-elect each member below:

| | |
|-------------------|---|
| Jeffery Herrera | 11 ayes, 0 no, 0 abstentions = all in favor |
| Christopher Patay | 11 ayes, 0 no, 0 abstentions = all in favor |

- 2) Mr. Czarske referred the Board to the official Slate of Officers Ballot for Fiscal Year 2024-25 provided at the start of tonight’s meeting and asked all Board members for a vote of the following Members: A total of eleven (11) Board members present at tonight’s meeting unanimously voted to elect each Office below:

| | |
|-------------------|-----------------|
| Christopher Patay | President |
| LaVelle Gates | Vice- President |
| David Gauthier | Secretary |
| Dr. James Flores | Treasurer |

Mr. Czarske reminded the Committee that there are no meetings in June, July and August. Next meeting will be September 11, 2024.

C. CLIENT ADVISORY

Mr. Gauthier reported that the Committee met on May 8, 2024 where the Committee was shown a presentation about Coordinated Family Support Services. Next meeting is scheduled for August 14, 2024.

D. CLIENT SERVICES

Ms. Jordan reported that the Committee met on March 26, 2024 where the Committee reviewed and discussed services available to our individuals when exiting the school district focusing on the workforce innovation and opportunities act, supported employment and the paid internship program. Next meeting is scheduled for May 28, 2024.

E. COMMUNITY RELATIONS

Ms. Mailloux informed that the Committee met on March 28, 2024 and continued review of community outreach and engagement efforts involving the impact of holiday campaigns, training and presentations provided to organizations and agencies and Harbor-sponsored events. Next meeting is scheduled for August 22, 2024.

F. RETIREMENT

Dr. Flores, Chair of the Retirement Committee reported on the Retirement Plan Balances for the quarter ending March 31, 2024.

G. SELF-DETERMINATION ADVISORY

Ms. Perez advised the Board that the Self-Determination Advisory Committee continues to meet monthly via zoom and provided an update on the April and May meetings.

H. SERVICE PROVIDER ADVISORY

Ms. Rodriguez reported that the Committee met on April 30, 2024 and summarized the highlights of the meeting.

PUBLIC COMMENT

Mr. Czarske advised that public input was next on the agenda. Mr. Czarske stated that he will call upon each person who submitted a Public Comment Request form to address the Board and requested that he or she limit their comments to two minutes in order to accommodate everyone.

Mr. Czarske indicated that we had received seven (7) Public Comment Request forms and called upon each person to address the Board.

ADJOURNMENT 8:35 p.m.

Mr. Czarske thanked all those who participated in our Board meeting tonight.

Submitted by: _____

David Gauthier, Secretary
Board of Trustees
Harbor Developmental Disabilities Foundation

**HARBOR REGIONAL CENTER
MONTHLY FINANCIAL REPORT
FISCAL YEAR 2023-24**

Apr-24

| | FY 2023-24 E-2 | Month Exp | Y-T-D Expenses | Proj. Annual Expenses* | Proj. Funds Available |
|------------------------------------|-----------------------|----------------------|-----------------------|---------------------------|--------------------------|
| Operations | | | | | |
| Salaries & Benefits | \$ 44,137,914 | \$ 3,295,104 | \$ 33,078,070 | \$ 44,137,914 | \$ - |
| Operating Expenses | 11,477,935 | 950,804 | 7,642,119 | 11,477,935 | - |
| less other income | (118,754) | (3,515) | (95,658) | (118,754) | - |
| Total Operations | <u>55,497,095</u> | <u>4,242,393</u> | <u>40,624,531</u> | <u>55,497,095</u> | <u>-</u> |
| Purchase of Service | | | | | |
| Regular* | 378,253,742 | 29,055,944 | 267,312,303 | 355,664,623 | 22,589,119 |
| Compliance with HCBS Regulations** | 633,401 | - | - | 633,401 | - |
| less other income | (1,700,000) | (163,708) | (1,454,718) | (1,700,000) | - |
| Subtotal Regular | <u>377,187,143</u> | <u>28,892,236</u> | <u>265,857,584</u> | <u>354,598,024</u> | <u>22,589,119</u> |
| CPP/CDRP/START** | 1,100,000 | - | - | 1,100,000 | - |
| Total Purchase of Service | <u>378,287,143</u> | <u>28,892,236</u> | <u>265,857,584</u> | <u>355,698,024</u> | <u>22,589,119</u> |
| TOTAL | \$ 433,784,238 | \$ 33,134,629 | \$ 306,482,116 | \$ 411,195,119 | \$ 22,589,119 |
| % of Budget | 100.00% | 7.64% | 70.65% | 94.79% | |

* The Projected Annual Expenses for Regular POS is based on expenditures through April and estimated costs of new programs and growth. POS includes an offset for other income for ICF SPA expenditures. ICF SPA expenditures are not funded through the contract with DDS but billed separately. The Projected Expense decreased by approximately \$2.9 million compared to the prior month financial report.

**HARBOR REGIONAL CENTER
MONTHLY FINANCIAL REPORT
FISCAL YEAR 2023-24
May-24**

| | FY 2023-24 E-2 | Month Exp | Y-T-D Expenses | Proj. Annual Expenses* | Proj. Funds Available |
|------------------------------------|-----------------------|----------------------|-----------------------|---------------------------|--------------------------|
| Operations | | | | | |
| Salaries & Benefits | \$ 44,137,914 | \$ 4,762,213 | \$ 37,840,283 | \$ 44,137,914 | \$ - |
| Operating Expenses | 11,527,935 | 768,551 | 8,410,671 | 11,527,935 | - |
| less other income | (168,754) | (58,951) | (154,609) | (168,754) | - |
| Total Operations | <u>55,497,095</u> | <u>5,471,814</u> | <u>46,096,345</u> | <u>55,497,095</u> | <u>-</u> |
| Purchase of Service | | | | | |
| Regular* | 378,253,743 | 31,100,946 | 298,413,248 | 351,110,019 | 27,143,724 |
| Compliance with HCBS Regulations** | 633,401 | - | - | 633,401 | - |
| less other income | (1,700,000) | (88,656) | (1,543,374) | (1,700,000) | - |
| Subtotal Regular | <u>377,187,144</u> | <u>31,012,290</u> | <u>296,869,874</u> | <u>350,043,420</u> | <u>27,143,724</u> |
| CPP/CDRP/START** | 1,100,000 | - | - | 1,100,000 | - |
| Total Purchase of Service | <u>378,287,144</u> | <u>31,012,290</u> | <u>296,869,874</u> | <u>351,143,420</u> | <u>27,143,724</u> |
| TOTAL | \$ 433,784,239 | \$ 36,484,104 | \$ 342,966,219 | \$ 406,640,515 | \$ 27,143,724 |
| % of Budget | 100.00% | 8.41% | 79.06% | 93.74% | |

* The Projected Annual Expenses for Regular POS is based on expenditures through April and estimated costs of new programs and growth. POS includes an offset for other income for ICF SPA expenditures. ICF SPA expenditures are not funded through the contract with DDS but billed separately. The Projected Expense decreased by approximately \$4.6 million compared to the prior month financial report.

**HARBOR REGIONAL CENTER
FUNCTIONAL EXPENSE SUMMARY
May-24**

| | FY 2023-24 E-2 | Net Expended Month | Y-T-D | Projected Expenses | Proj. Annual Expenses | Proj. Funds Available |
|---|---------------------------|-------------------------------|-----------------------|-------------------------------|----------------------------------|----------------------------------|
| Purchase of Service: | | | | | | |
| Residential care facilities | \$ 143,338,710 | \$ 11,535,871 | \$ 116,402,764 | \$ 16,649,871 | \$ 133,052,635 | \$ 10,286,075 |
| Day programs | 98,323,522 | 7,320,844 | 71,741,445 | 19,526,320 | 91,267,765 | 7,055,757 |
| Other purchased services | 136,591,511 | 12,244,231 | 110,269,039 | 16,520,580 | 126,789,619 | 9,801,892 |
| TOTAL PURCHASE OF SERVICE | 378,887,144 | 31,100,946 | 298,413,248 | 53,330,172 | 351,743,420 | 27,143,724 |
| Community Placement & Program Development: | | | | | | |
| TOTAL CPP/CDRP/START | \$ 1,100,000 | \$ - | \$ - | 1,100,000 | \$ 1,100,000 | \$ - |
| Salaries and Related Expenses: | | | | | | |
| Salaries | 33,999,346 | 3,839,657 | 29,314,502 | 4,684,844 | 33,999,346 | - |
| Employee health and retirement benefits | 10,138,568 | 922,556 | 8,525,781 | 1,612,787 | 10,138,568 | - |
| Total Salaries and related expenses | 44,137,914 | 4,762,213 | 37,840,283 | 6,297,631 | 44,137,914 | - |
| Operating expenses: | | | | | | |
| Facility Rent | 5,521,309 | 561,933 | 5,521,309 | (0) | 5,521,309 | - |
| Equipment and facility maintenance | 1,241,905 | 24,878 | 520,695 | 721,210 | 1,241,905 | - |
| Equipment purchases | 564,100 | 11,000 | 323,519 | 240,581 | 564,100 | - |
| General | 2,246,212 | 40,067 | 624,441 | 1,621,771 | 2,246,212 | - |
| Communication | 813,159 | 54,631 | 681,613 | 131,546 | 813,159 | - |
| Contract and consultant fee | 197,113 | 5,781 | 12,996 | 184,117 | 197,113 | - |
| General office expenses | 392,948 | 25,898 | 202,760 | 190,188 | 392,948 | - |
| Staff travel | 55,031 | 4,939 | 47,656 | 7,375 | 55,031 | - |
| Legal fees | 61,334 | 21,495 | 55,933 | 5,401 | 61,334 | - |
| Insurance | 353,056 | 17,206 | 353,056 | 0 | 353,056 | - |
| Accounting fees | 57,400 | - | 57,400 | - | 57,400 | - |
| Board expenses | 24,368 | 723 | 9,292 | 15,076 | 24,368 | - |
| Total Operating expenses | 11,527,935 | 768,551 | 8,410,671 | 3,117,264 | 11,527,935 | - |
| TOTAL OPERATIONS | 55,665,849 | 5,530,765 | 46,250,954 | 9,414,895 | 55,665,849 | - |
| TOTAL EXPENSES | \$ 435,652,993 | \$ 36,631,711 | \$ 344,664,202 | \$ 63,845,067 | \$ 408,509,269 | \$ 27,143,724 |
| Revenues: | | | | | | |
| ICF SPA Income | \$ (1,700,000) | \$ (88,656) | \$ (1,543,374) | \$ (156,626) | \$ (1,700,000) | - |
| Other income | (168,754) | (58,951) | (154,609) | (14,145) | (168,754) | - |
| TOTAL REVENUES | \$ (1,868,754) | \$ (147,607) | \$ (1,697,983) | \$ (170,771) | \$ (1,868,754) | - |
| TOTAL | \$ 433,784,239 | \$ 36,484,104 | \$ 342,966,219 | \$ 63,674,296 | \$ 406,640,515 | \$ 27,143,724 |

Month End Caseload

18,643

**HARBOR REGIONAL CENTER
POS CONTRACT SUMMARY
May-24**

| Fiscal Year | Contract | Fund | POS Budget | POS Claimed | Current Balance/ (Deficit) | Projected Expenses | Projected Balance/ (Deficit) |
|-------------|----------|-----------------|-----------------------|-----------------------|-------------------------------|----------------------|---------------------------------|
| 2023-24 | E-2 | Reg POS | \$ 376,553,743 | \$ 296,869,874 | \$ 79,683,869 | \$ 52,540,145 | \$ 27,143,724 |
| | | CPP/CDRP/START | 1,100,000 | - | 1,100,000 | 1,100,000 | - |
| | | HCBS Compliance | 633,401 | - | 633,401 | 633,401 | - |
| | | TOTAL | <u>\$ 378,287,144</u> | <u>\$ 296,869,874</u> | <u>\$ 81,417,270</u> | <u>\$ 54,273,546</u> | <u>\$ 27,143,724</u> |
| 2022-23 | D-3 | Reg POS | \$ 367,557,895 | \$ 296,681,117 | \$ 70,876,778 | \$ 5,672,856 | \$ 65,203,922 |
| | | CPP/CDRP/START | 2,100,000 | 140,000 | 1,960,000 | 2,009,996 | (49,996) * |
| | | HCBS Compliance | 622,672 | 456,100.00 | 166,572 | 166,572 | - |
| | | TOTAL | <u>\$ 370,280,567</u> | <u>\$ 297,277,217</u> | <u>\$ 73,003,350</u> | <u>\$ 7,849,424</u> | <u>\$ 65,153,926</u> |
| 2021-22 | C-4 | Reg POS | \$ 287,633,810 | \$ 259,462,145 | \$ 28,171,665 | \$ 4,170,063 | \$ 24,001,602 |
| | | CPP/CDRP/START | 2,635,000 | 1,894,476 | 740,524 | 1,365,000 | (624,476) * |
| | | HCBS Compliance | 1,373,394 | 1,303,180 | 70,214 | - | 70,214 ** |
| | | TOTAL | <u>\$ 291,642,204</u> | <u>\$ 262,659,801</u> | <u>\$ 28,982,403</u> | <u>\$ 5,535,063</u> | <u>\$ 23,447,340</u> |

* FY 2021-22 CPP Startup funds are pending for two Brilliant Corners projects. Brilliant Corners was originally approved to develop a children's home. The project has changed to an adult home with an increased cost of \$155,385. The second Brilliant Corners project to build an Enhanced Behavior Support Home (EBSH) received approval to increase cost by \$289,087. The allocation of \$394,476 to FY 2021-22 and \$49,996 to FY 2023-24 by DDS is pending..

On May 24, 2024, DDS authorized \$230,000 in FY 2021-22 CRDP Provider Start-Up funds to support the purchase of generators. The allocation is pending.

Additionally, HRC and Frank D. Lanterman Regional Center (FDLRC) are working on a joint project to develop an EBSH. Brilliant Corners has been awarded \$800,000 in CPP Startup funds that DDS allocated to FDLRC. HRC initiated the contract and FDLRC will reimburse HRC.

** The remaining balance FY 2021-22 HCBS Compliance funds is attributed to two projects that did not move forward and two providers with expenditures slightly below the grant amount awarded.

**HARBOR REGIONAL CENTER
LINE ITEM REPORT
May-24**

| | FY 2023-24 E-2 | Net Expended Month | Y-T-D | Projected Expenses | Proj. Annual Expenses | Proj. Funds Available |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| PURCHASE OF SERVICE | | | | | | |
| Regular | | | | | | |
| 320** Out-of-Home | \$ 143,338,710 | \$ 11,535,871 | \$ 116,402,764 | \$ 16,649,871 | \$ 133,052,635 | \$ 10,286,075 |
| 430** Day Programs | 98,323,522 | 7,320,844 | 71,741,445 | 19,526,320 | 91,267,765 | 7,055,757 |
| 6505* Transportation | 11,326,792 | 1,010,165 | 9,184,376 | 1,329,598 | 10,513,974 | 812,818 |
| 650** Other Services | 125,264,719 | 11,234,066 | 101,084,663 | 15,190,981 | 116,275,645 | 8,989,074 |
| TBD HCBS Compliance | 633,401 | - | - | 633,401 | 633,401 | - |
| Subtotal Regular POS | <u>378,887,144</u> | <u>31,100,945.82</u> | <u>298,413,248</u> | <u>53,330,172</u> | <u>351,743,420</u> | <u>27,143,724</u> |
| Revenue | | | | | | |
| 20090 ICF SPA Income | (1,700,000) | (88,656) | (1,543,374) | (156,626) | (1,700,000) | - |
| TOTAL PURCHASE OF SERVICE | <u>377,187,144</u> | <u>31,012,290</u> | <u>296,869,874</u> | <u>53,173,546</u> | <u>350,043,420</u> | <u>27,143,724</u> |
| Community Placement & Program Development | | | | | | |
| 32010 Start Up | 1,000,000 | - | - | 1,000,000 | 1,000,000 | - |
| 65*** Placement/Assessment | 100,000 | - | - | 100,000 | 100,000 | - |
| TOTAL CPP/CDRP/START | <u>1,100,000</u> | <u>-</u> | <u>-</u> | <u>1,100,000</u> | <u>1,100,000</u> | <u>-</u> |
| OPERATIONS | | | | | | |
| Salaries & Benefits | | | | | | |
| 2501- Salaries and Wages | 33,999,346 | 3,839,657 | 29,314,502 | 4,684,844 | 33,999,346 | - |
| 2503- Benefits | 10,138,568 | 922,556 | 8,525,781 | 1,612,787 | 10,138,568 | - |
| Subtotal Salaries & Benefits | <u>44,137,914</u> | <u>4,762,213</u> | <u>37,840,283</u> | <u>6,297,631</u> | <u>44,137,914</u> | <u>-</u> |
| Operating Expenses | | | | | | |
| 30020 Equipment Maint | 447,759 | 20,092 | 264,330 | 183,429 | 447,759 | - |
| 30030 Facility Rental | 5,521,309 | 561,933 | 5,521,309 | (0) | 5,521,309 | - |
| 30040 Facility Maint | 794,146 | 4,786 | 256,366 | 537,780 | 794,146 | - |
| 30050 Communication | 813,159 | 54,631 | 681,613 | 131,546 | 813,159 | - |
| 30060 General Office Exp | 167,741 | 16,998 | 153,885 | 13,856 | 167,741 | - |
| 30070 Printing | 130,244 | 10,728 | 49,021 | 81,223 | 130,244 | - |
| 30080 Insurance | 353,056 | 17,206 | 353,056 | 0 | 353,056 | - |
| 30090 Utilities | 19,906 | 1,261 | 17,754 | 2,152 | 19,906 | - |
| 30110 Data Processing Maint | 197,801 | 7,405 | 24,240 | 173,561 | 197,801 | - |
| 30123 Interest/Bank Expense | 7,500 | 234 | 6,881 | 619 | 7,500 | - |
| 30140 Legal Fees | 61,334 | 21,495 | 55,933 | 5,401 | 61,334 | - |
| 30150 Board of Dir. Exp | 24,368 | 723 | 9,292 | 15,076 | 24,368 | - |
| 30160 Accounting Fees | 57,400 | - | 57,400 | - | 57,400 | - |
| 30170 Equipment Purchases | 564,100 | 11,000 | 323,519 | 240,581 | 564,100 | - |
| 30180 Contr/Consult Services | 197,113 | 5,781 | 12,996 | 184,117 | 197,113 | - |
| 30184 Clinical Services | 112,752 | 5,316 | 53,109 | 59,643 | 112,752 | - |
| 30185 Employee Conf. & Tuition Rein | 29,586 | 1,695 | 17,333 | 12,253 | 29,586 | - |
| 30220 Travel in State | 25,031 | 1,519 | 22,279 | 2,752 | 25,031 | - |
| 30223 Staff Mileage | 30,000 | 3,421 | 25,377 | 4,623 | 30,000 | - |
| 30230 ARCA Dues | 120,093 | - | 120,093 | (0) | 120,093 | - |
| 30240 General Expenses | 1,213,172 | 22,328 | 384,884 | 828,288 | 1,213,172 | - |
| TBD Tuition Reimbursement Progra | 640,365 | - | - | 640,365 | 640,365 | - |
| Subtotal Operating Expenses | <u>11,527,935</u> | <u>768,551</u> | <u>8,410,671</u> | <u>3,117,264</u> | <u>11,527,935</u> | <u>-</u> |
| Other Revenue | | | | | | |
| 20040 Interest Income | (78,238) | (48,092) | (75,238) | (3,000) | (78,238) | - |
| 20050 Other Income | (3,804) | - | (2,031) | (1,773) | (3,804) | - |
| 20055 Other Income-Subleases | (55,134) | (9,211) | (55,133) | (1) | (55,134) | - |
| 20100 ICF SPA Admin Fee | (31,578) | (1,647) | (22,206) | (9,372) | (31,578) | - |
| Subtotal Other Revenue | <u>(168,754)</u> | <u>(58,951)</u> | <u>(154,609)</u> | <u>(14,145)</u> | <u>(168,754)</u> | <u>-</u> |
| TOTAL OPERATIONS | <u>55,497,095</u> | <u>5,471,814</u> | <u>46,096,345</u> | <u>9,400,750</u> | <u>55,497,095</u> | <u>-</u> |
| TOTAL | <u>\$ 433,784,239</u> | <u>\$ 36,484,104</u> | <u>\$ 342,966,219</u> | <u>\$ 63,674,296</u> | <u>\$ 406,640,515</u> | <u>\$ 27,143,724</u> |
| % of Budget | 100.00% | 8.41% | 79.06% | 14.68% | 93.74% | 6.26% |

**HARBOR REGIONAL CENTER
FUNCTIONAL EXPENSE SUMMARY
Apr-24**

| | FY 2023-24 E-2 | Net Expended Month | Y-T-D | Projected Expenses | Proj. Annual Expenses | Proj. Funds Available |
|---|---------------------------|-------------------------------|-----------------------|-------------------------------|----------------------------------|----------------------------------|
| Purchase of Service: | | | | | | |
| Residential care facilities | \$ 143,949,481 | \$ 11,882,941 | \$ 104,866,893 | \$ 30,485,999 | \$ 135,352,892 | \$ 8,596,589 |
| Day programs | 92,060,859 | 6,827,768 | 64,420,601 | 22,142,431 | 86,563,032 | 5,497,827 |
| Other purchased services | 142,243,402 | 10,345,235 | 98,024,808 | 35,723,891 | 133,748,699 | 8,494,703 |
| TOTAL PURCHASE OF SERVICE | 378,887,143 | 29,055,944 | 267,312,303 | 88,985,721 | 356,298,024 | 22,589,119 |
| Community Placement & Program Development: | | | | | | |
| TOTAL CPP/CDRP/START | \$ 1,100,000 | \$ - | \$ - | 1,100,000 | \$ 1,100,000 | \$ - |
| Salaries and Related Expenses: | | | | | | |
| Salaries | 33,999,346 | 2,546,611 | 25,474,845 | 8,524,501 | 33,999,346 | - |
| Employee health and retirement benefits | 10,138,568 | 748,492 | 7,603,225 | 2,535,343 | 10,138,568 | - |
| Total Salaries and related expenses | 44,137,914 | 3,295,104 | 33,078,070 | 11,059,844 | 44,137,914 | - |
| Operating expenses: | | | | | | |
| Facility Rent | 5,357,259 | 520,319 | 4,959,376 | 397,883 | 5,357,259 | - |
| Equipment and facility maintenance | 1,241,905 | 47,906 | 495,817 | 746,088 | 1,241,905 | - |
| Equipment purchases | 564,100 | 73,298 | 312,520 | 251,580 | 564,100 | - |
| General | 2,360,318 | 200,626 | 584,374 | 1,775,944 | 2,360,318 | - |
| Communication | 813,159 | 69,730 | 626,982 | 186,177 | 813,159 | - |
| Contract and consultant fee | 197,113 | 4,671 | 7,215 | 189,898 | 197,113 | - |
| General office expenses | 392,948 | 6,116 | 176,862 | 216,086 | 392,948 | - |
| Staff travel | 55,031 | 9,522 | 42,717 | 12,314 | 55,031 | - |
| Legal fees | 61,334 | 472 | 34,438 | 26,896 | 61,334 | - |
| Insurance | 353,000 | 17,206 | 335,849 | 17,151 | 353,000 | - |
| Accounting fees | 57,400 | - | 57,400 | - | 57,400 | - |
| Board expenses | 24,368 | 938 | 8,569 | 15,799 | 24,368 | - |
| Total Operating expenses | 11,477,935 | 950,804 | 7,642,119 | 3,835,816 | 11,477,935 | - |
| TOTAL OPERATIONS | 55,615,849 | 4,245,908 | 40,720,189 | 14,895,660 | 55,615,849 | - |
| TOTAL EXPENSES | \$ 435,602,992 | \$ 33,301,852 | \$ 308,032,492 | \$ 104,981,381 | \$ 413,013,873 | \$ 22,589,119 |
| Revenues: | | | | | | |
| ICF SPA Income | \$ (1,700,000) | \$ (163,708) | \$ (1,454,718) | \$ (245,282) | \$ (1,700,000) | - |
| Other income | (118,754) | (3,515) | (95,658) | (23,096) | (118,754) | - |
| TOTAL REVENUES | \$ (1,818,754) | \$ (167,223) | \$ (1,550,376) | \$ (268,378) | \$ (1,818,754) | - |
| TOTAL | \$ 433,784,238 | \$ 33,134,629 | \$ 306,482,116 | \$ 104,713,003 | \$ 411,195,119 | \$ 22,589,119 |

Month End Caseload

18,574

**HARBOR REGIONAL CENTER
POS CONTRACT SUMMARY
Apr-24**

| Fiscal Year | Contract | Fund | POS Budget | POS Claimed | Current Balance/ (Deficit) | Projected Expenses | Projected Balance/ (Deficit) |
|--------------------|-----------------|-----------------|-----------------------|-----------------------|---------------------------------------|---------------------------|---|
| 2023-24 | E-2 | Reg POS | \$ 376,553,743 | \$ 265,854,584 | \$ 110,699,159 | \$ 88,110,039 | \$ 22,589,120 |
| | | CPP/CDRP/START | 1,100,000 | - | 1,100,000 | 1,100,000 | - |
| | | HCBS Compliance | 633,401 | - | 633,401 | 633,401 | - |
| | | TOTAL | <u>\$ 378,287,144</u> | <u>\$ 265,854,584</u> | <u>\$ 112,432,560</u> | <u>\$ 89,843,440</u> | <u>\$ 22,589,120</u> |
| 2022-23 | D-3 | Reg POS | \$ 367,557,895 | \$ 296,518,055 | \$ 71,039,840 | \$ 5,835,918 | \$ 65,203,922 |
| | | CPP/CDRP/START | 2,100,000 | 140,000 | 1,960,000 | 2,009,996 | (49,996) |
| | | HCBS Compliance | 622,672 | 400,100.00 | 222,572 | 222,572 | - |
| | | TOTAL | <u>\$ 370,280,567</u> | <u>\$ 297,058,155</u> | <u>\$ 73,222,412</u> | <u>\$ 8,068,486</u> | <u>\$ 65,153,926</u> |
| 2021-22 | C-4 | Reg POS | \$ 287,633,810 | \$ 259,461,314 | \$ 28,172,496 | \$ 4,170,894 | \$ 24,001,602 |
| | | CPP/CDRP/START | 2,635,000 | 1,453,606 | 1,181,394 | 1,575,870 | (394,476) * |
| | | HCBS Compliance | 1,373,394 | 1,370,593 | 2,801 | 2,801 | - |
| | | TOTAL | <u>\$ 291,642,204</u> | <u>\$ 262,285,514</u> | <u>\$ 29,356,690</u> | <u>\$ 5,749,564</u> | <u>\$ 23,607,126</u> |

* FY 2021-22 CPP Startup funds are pending for two Brilliant Corners projects. Brilliant Corners was originally approved to develop a children's home. The project has changed to an adult home with an increased cost of \$155,385. The second Brilliant Corners project to build an Enhanced Behavior Support Home (EBSH) received approval to increase cost by \$289,087. HRC is currently awaiting this additional allocation of \$394,476 to FY 2021-22 and \$49,996 to FY 2023-24 by DDS.

Additionally, HRC and Frank D. Lanterman Regional Center (FDLRC) are working on a joint project to develop an EBSH. Brilliant Corners has been awarded \$800,000 in CPP Startup funds that DDS allocated to FDLRC. HRC initiated the contract and FDLRC will reimburse HRC.

**HARBOR REGIONAL CENTER
LINE ITEM REPORT
Apr-24**

| | FY 2023-24 E-2 | Net Expended Month | Y-T-D | Projected Expenses | Proj. Annual Expenses | Proj. Funds Available |
|--|------------------------------|-----------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| PURCHASE OF SERVICE | | | | | | |
| Regular | | | | | | |
| 320** Out-of-Home | \$ 143,949,481 | \$ 11,882,941 | \$ 104,866,893 | \$ 30,485,999 | \$ 135,352,892 | \$ 8,596,589 |
| 430** Day Programs | 92,060,859 | 6,827,768 | 64,420,601 | 22,142,431 | 86,563,032 | 5,497,827 |
| 6505* Transportation | 11,124,324 | 1,112,433 | 8,174,211 | 2,285,774 | 10,459,985 | 664,339 |
| 650** Other Services | 131,119,078 | 9,232,802 | 89,850,598 | 33,438,116 | 123,288,714 | 7,830,364 |
| TBD HCBS Compliance | 633,401 | - | - | 633,401 | 633,401 | - |
| Subtotal Regular POS | <u>378,887,143</u> | <u>29,055,943.72</u> | <u>267,312,303</u> | <u>88,985,721</u> | <u>356,298,024</u> | <u>22,589,119</u> |
| Revenue | | | | | | |
| 20090 ICF SPA Income | (1,700,000) | (163,708) | (1,454,718) | (245,282) | (1,700,000) | - |
| TOTAL PURCHASE OF SERVICE | <u>377,187,143</u> | <u>28,892,236</u> | <u>265,857,584</u> | <u>88,740,440</u> | <u>354,598,024</u> | <u>22,589,119</u> |
| Community Placement & Program Development | | | | | | |
| 32010 Start Up | 1,000,000 | - | - | 1,000,000 | 1,000,000 | - |
| 65*** Placement/Assessment | 100,000 | - | - | 100,000 | 100,000 | - |
| TOTAL CPP/CDRP/START | <u>1,100,000</u> | <u>-</u> | <u>-</u> | <u>1,100,000</u> | <u>1,100,000</u> | <u>-</u> |
| OPERATIONS | | | | | | |
| Salaries & Benefits | | | | | | |
| 2501- Salaries and Wages | 33,999,346 | 2,546,611 | 25,474,845 | 8,524,501 | 33,999,346 | - |
| 2503- Benefits | 10,138,568 | 748,492 | 7,603,225 | 2,535,343 | 10,138,568 | - |
| Subtotal Salaries & Benefits | <u>44,137,914</u> | <u>3,295,104</u> | <u>33,078,070</u> | <u>11,059,844</u> | <u>44,137,914</u> | <u>-</u> |
| Operating Expenses | | | | | | |
| 30020 Equipment Maint | 447,759 | 28,045 | 244,237 | 203,522 | 447,759 | - |
| 30030 Facility Rental | 5,357,259 | 520,319 | 4,959,376 | 397,883 | 5,357,259 | - |
| 30040 Facility Maint | 794,146 | 19,861 | 251,580 | 542,566 | 794,146 | - |
| 30050 Communication | 813,159 | 69,730 | 626,982 | 186,177 | 813,159 | - |
| 30060 General Office Exp | 167,741 | 4,855 | 136,887 | 30,854 | 167,741 | - |
| 30070 Printing | 130,244 | 5,849 | 38,292 | 91,952 | 130,244 | - |
| 30080 Insurance | 353,000 | 17,206 | 335,849 | 17,151 | 353,000 | - |
| 30090 Utilities | 19,906 | 1,261 | 16,494 | 3,412 | 19,906 | - |
| 30110 Data Processing Maint | 197,801 | - | 16,835 | 180,966 | 197,801 | - |
| 30123 Interest/Bank Expense | 7,500 | - | 6,647 | 853 | 7,500 | - |
| 30140 Legal Fees | 61,334 | 472 | 34,438 | 26,896 | 61,334 | - |
| 30150 Board of Dir. Exp | 24,368 | 938 | 8,569 | 15,799 | 24,368 | - |
| 30160 Accounting Fees | 57,400 | - | 57,400 | - | 57,400 | - |
| 30170 Equipment Purchases | 564,100 | 73,298 | 312,520 | 251,580 | 564,100 | - |
| 30180 Contr/Consult Services | 197,113 | 4,671 | 7,215 | 189,898 | 197,113 | - |
| 30184 Clinical Services | 112,752 | 3,900 | 47,793 | 64,959 | 112,752 | - |
| 30185 Employee Conf. & Tuition Rein | 29,586 | 3,517 | 15,638 | 13,948 | 29,586 | - |
| 30220 Travel in State | 25,031 | 5,914 | 20,761 | 4,270 | 25,031 | - |
| 30223 Staff Mileage | 30,000 | 3,608 | 21,956 | 8,044 | 30,000 | - |
| 30230 ARCA Dues | 120,093 | 120,093 | 120,093 | (0) | 120,093 | - |
| 30240 General Expenses | 1,327,278 | 67,268 | 362,557 | 964,721 | 1,327,278 | - |
| TBD Tuition Reimbursement Progra | 640,365 | - | - | 640,365 | 640,365 | - |
| Subtotal Operating Expenses | <u>11,477,935</u> | <u>950,804</u> | <u>7,642,119</u> | <u>3,835,816</u> | <u>11,477,935</u> | <u>-</u> |
| Other Revenue | | | | | | |
| 20040 Interest Income | (28,238) | (146) | (27,146) | (1,092) | (28,238) | - |
| 20050 Other Income | (3,804) | (1,960) | (2,031) | (1,773) | (3,804) | - |
| 20055 Other Income-Subleases | (55,134) | - | (45,922) | (9,212) | (55,134) | - |
| 20100 ICF SPA Admin Fee | (31,578) | (1,409) | (20,559) | (11,019) | (31,578) | - |
| Subtotal Other Revenue | <u>(118,754)</u> | <u>(3,515)</u> | <u>(95,658)</u> | <u>(23,096)</u> | <u>(118,754)</u> | <u>-</u> |
| TOTAL OPERATIONS | <u>55,497,095</u> | <u>4,242,393</u> | <u>40,624,531</u> | <u>14,872,564</u> | <u>55,497,095</u> | <u>-</u> |
| TOTAL | <u>\$ 433,784,238</u> | <u>\$ 33,134,629</u> | <u>\$ 306,482,116</u> | <u>\$ 104,713,003</u> | <u>\$ 411,195,119</u> | <u>\$ 22,589,119</u> |
| % of Budget | 100.00% | 7.64% | 70.65% | 24.14% | 94.79% | 5.21% |



EXECUTIVE REPORT



Patrick Ruppe,
HRC Executive Director
July 16, 2024



BUDGET

- **Trailer Bill AB 162**



Assembly Bill No. 162

CHAPTER 47

An act to amend Sections 95004 and 95020 of the Government Code, and to amend Sections 4512, 4519.10, 4620.3, 4646, 4684, 4685.7, 4688.22, and 4699.3 of, to add Section 4648.13 to, to add Chapter 4.1 (commencing with Section 4580) to Division 4.5 of, and to repeal Sections 4783, 4785, 4785.1, and 4785.2 of, the Welfare and Institutions Code, relating to developmental services, and making an appropriation therefor, to take effect immediately, bill related to the budget.

[Approved by Governor July 2, 2024. Filed with Secretary of State July 2, 2024.]

LEGISLATIVE COUNSEL'S DIGEST

AB 162, Committee on Budget. Developmental services.

(1) Existing law establishes within the California Health and Human Services Agency a State Department of Developmental Services (department) and sets forth its powers and duties, including, but not limited to, the administration and oversight of community programs providing services to consumers with developmental disabilities and their families. Existing law, the Lanterman Developmental Disabilities Services Act (act), requires the department to contract with regional centers to provide services and supports to individuals with developmental disabilities and their families.

This bill would require the Secretary of California Health and Human Services Agency (secretary), in coordination with the department, to lead the development and implementation of a master plan for developmental services for the state. The bill would require other state entities that interact with the department to be included in discussions with the master plan, as applicable. The bill also would require the secretary and the Director of Developmental Services to work with other state agencies, as necessary, to identify policies, efficiencies, and strategies necessary to implement the master plan, as specified. The bill would also require the secretary to submit to the Governor and the Legislature an initial report summarizing the recommended components of the master plan, as well as annual master plan implementation updates, as specified. The bill would clarify that any funding needed to support program enhancements proposed in the master plan would be subject to an appropriation by the Legislature for those purposes.

(2) Existing law requires the department to submit, on or before March 1, 2019, a rate study to specified committees of the Legislature regarding community-based services for individuals with developmental disabilities. Existing law requires the department to implement rate increases between April 1, 2022, and July 1, 2024, to raise service providers' rates to the fully funded rate reflected in the rate models included in that rate study. Existing

law requires the department, commencing January 1, 2023, through the end of the 2023–24 fiscal year, to adjust rates to equal $\frac{1}{2}$ of the difference between rates in effect March 31, 2022, and the fully funded rate model for each provider. Existing law requires the department, commencing July 1, 2024, to implement the fully funded rate models, as specified.

This bill would extend the above rate adjustment period from the end of the 2023–24 fiscal year through December 31, 2024, and would extend the date for implementation of the fully funded rate models to January 1, 2025.

Existing law requires the department to implement a hold harmless policy, as specified, for providers whose rates exceed rate model recommendations, to freeze a provider's existing rates until June 30, 2026, and then to adjust the provider's rates to equal the rates for other providers in the provider's service category and region. Existing law requires the department, beginning July 1, 2024, to implement a similar hold harmless policy for providers whose rates in effect on January 1, 2023, exceed 90% of the rate model.

This bill instead would begin implementation of the latter hold harmless policy on January 1, 2025.

(3) The act requires the department to contract with regional centers for the provision of community services and supports for persons with developmental disabilities and their families. Existing law, until June 30, 2024, requires a meeting regarding the provision of services and supports by the regional center, including a meeting to develop or revise a consumer's individual program plan (IPP), to be held by remote electronic communications if requested by the consumer or, if appropriate, if requested by the consumer's parents, legal guardian, conservator, or authorized representative.

Under existing law, the California Early Intervention Services Act, direct services for eligible infants and toddlers and their families are provided by regional centers and local educational agencies. Existing law requires an eligible infant or toddler receiving services to have an individualized family service plan (IFSP) and requires that parents be fully informed of their rights, including the right to invite another person, including a family member or an advocate or peer parent, to accompany them to any or all IFSP meetings. Existing law, until June 30, 2024, requires, at the request of the parent or legal guardian, an IFSP meeting to be held by remote electronic communications.

This bill would indefinitely extend the requirements that, if requested, IPP and IFSP meetings be held by remote electronic communications. By extending a requirement for local educational agencies, this bill would impose a state-mandated local program. The bill also would require a regional center that has not held an in-person meeting, or completed any other in-person meeting or visit in the previous 12 months for an IPP or 6 months for an IFSP, to hold an in-person meeting or other meeting, as prescribed. The bill would prohibit that in-person meeting requirement from impeding, delaying, or preventing the timely development or revision of an IFSP or IPP, or the timely authorization or receipt of services and supports.

The bill would also require the in-person meeting requirement to remain in effect pending a review by the department, to be completed and provided to the Legislature by May 14, 2026, and in coordination with stakeholders, regarding implementation of these provisions, including whether and to what extent the in-person requirements are effective in assisting the infant or toddler in meeting the goals stated in the IFSP, among other specified information. The bill would also require the department to provide an update to the Legislature on the status of the review by no later than January 10, 2026.

(4) Existing law requires the department to conduct fiscal audits of regional centers.

This bill would authorize the department and regional centers to utilize probability sampling and statistical extrapolation when conducting fiscal audits of service providers under specified conditions.

Existing law requires the department to establish, and regional centers to administer, an entry-level training and internship program for individuals interested in becoming direct support professionals, as specified.

This bill would specify that the establishment and administration of that program is subject to an appropriation by the Legislature.

(5) Existing law establishes the Family Cost Participation Program, which requires the department to develop and establish a Family Cost Participation Schedule consisting of a sliding scale for families with an annual gross income of not less than 400% of the federal poverty guideline, as specified, to be used by regional centers to assess the parents' cost participation for providing respite, daycare, and camping services to their children under 18 years of age who have developmental disabilities and who, among other eligibility criteria, are not eligible for Medi-Cal. Existing law also requires a regional center to assess an annual family program fee, as specified, from parents whose adjusted gross family income is at or above 400% of the federal poverty level and who have a child meeting prescribed requirements, including receiving specified services from a regional center. Existing law requires regional centers to suspend, until June 30, 2024, existing and new assessments and reassessments of the cost participation and existing and new assessments, reassessments, and collections of the annual family program fee.

This bill would repeal those provisions relating to regional center fees and would make technical and conforming changes.

(6) Existing law defines "developmental disability" as a disability that originates before an individual attains 18 years of age, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for the individual. Under existing law, "developmental disability" includes intellectual disability, cerebral palsy, epilepsy, and autism, among other conditions, as specified. Under existing law, if a child who is under 5 years of age is not otherwise eligible for regional center services under that definition, the child is provisionally eligible for regional center services if the child has a disability that is not solely physical in nature and has significant functional limitations, as specified.

Under this bill, a child who is under 5 years of age would be provisionally eligible for regional center services if the child has a disability that is not solely physical in nature and has significant functional limitations, as specified, without regard to whether the child is not otherwise eligible for regional center services under the definition of “developmental disability.”

Existing law requires the regional center, after an infant or toddler has been determined eligible for early intervention services, to determine if the child is also provisionally eligible for regional center services.

This bill would instead authorize a regional center to concurrently assess an infant or toddler who has been determined eligible for early intervention services to determine whether the infant or toddler is provisionally eligible for regional center services.

Existing law requires a regional center to assess an infant or toddler who has been determined eligible for early intervention services, at least 90 days before they turn 3 years of age, for purposes of determining their ongoing eligibility for regional center services. If the regional center determines that the child does not have a developmental disability, existing law requires the regional center to determine if the child is provisionally eligible for regional center services.

This bill would instead require a regional center to assess a child who qualifies for early intervention services but has not been found to have a developmental disability or to be provisionally eligible, at least 90 days before they turn 3 years of age, for purposes of determining their eligibility for regional center services.

(7) The act authorizes the department to implement the provision of social recreation services, camping services, and nonmedical therapies by means of written directives or similar instructions, including the provision of those services as participant-directed services.

This bill would require regional centers to use certain principles when purchasing those services, including that consumers receive services and supports in settings that are typical of those in which persons without disabilities engage in social recreation, camping, or nonmedical therapies. The bill would prohibit regional center purchase-of-service policies and related procedures from imposing certain restrictions or conditions on those services.

The bill would require, by October 1, 2024, regional centers to designate one or more employees to serve as a point of contact regarding access to those services and any related policies, procedures, or written directives, as specified. The bill would require, by January 1, 2025, regional centers to adopt procedures aimed at increasing the availability of vendors and expediting vendorizations accordingly. The bill would require, by March 1, 2025, regional center staff to complete training about those services, as specified.

The bill would require the department, as part of its quarterly briefings to the Legislature, to provide certain information on the status of implementation of these provisions. The bill would make changes to related legislative findings.

(8) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

(9) The Budget Act of 2021 made appropriations for the support of state government for the 2021–22 fiscal year.

This bill would reappropriate specified amounts from the Budget Act of 2021 to extend the period to liquidate encumbrances of those funds to June 30, 2025.

(10) This bill would declare that it is to take effect immediately as a bill providing for appropriations related to the Budget Bill.

Appropriation: yes.

The people of the State of California do enact as follows:

SECTION 1. Section 95004 of the Government Code, as amended by Section 1 of Chapter 25 of the Statutes of 2012, is amended to read:

95004. The early intervention services specified in this title shall be provided as follows:

(a) Direct services for eligible infants and toddlers and their families shall be provided pursuant to the existing regional center system under the Lanterman Developmental Disabilities Services Act (Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code) and the existing local education agency system under appropriate sections of Part 30 (commencing with Section 56000) of Division 4 of Title 2 of the Education Code and regulations adopted pursuant thereto, and Part C of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1431 et seq.).

(b) (1) In providing services under this title, regional centers shall comply with the Lanterman Developmental Disabilities Services Act (Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code), and its implementing regulations (Division 2 (commencing with Section 50201) of Title 17 of the California Code of Regulations), including, but not limited to, those provisions relating to vendorization and ratesetting, except if compliance with those provisions would result in any delays in the provision of early intervention, or otherwise conflict with this title and the regulations implementing this title (Chapter 2 (commencing with Section 52000) of Division 2 of Title 17 of the California Code of Regulations), or Part C of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1431 et seq.), and applicable federal regulations contained in Part 303 (commencing with Section 303.1) of Title 34 of the Code of Federal Regulations. Notwithstanding any other law or regulation, private health insurance for medical services or a health care service plan identified in the

individualized family service plan, other than for evaluation and assessment, shall be used in compliance with applicable federal and state law and regulation.

(2) When compliance with this subdivision would result in any delays in the provision of early intervention services for the provision of any of these services, the department may authorize a regional center to use a special service code that allows immediate procurement of the service.

(c) The use of private health insurance or a health care service plan to pay for early intervention services under Part C of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1431 et seq.) shall not:

(1) Count towards or result in a loss of benefits due to the annual or lifetime health insurance or health care service plan coverage caps for the infant or toddler with a disability, the parent, or the child's family members who are covered under that health insurance policy or health care service plan contract.

(2) Negatively affect the availability of health coverage for the infant or toddler with a disability, the parent, or the child's family members who are covered under that health insurance policy or health care service plan contract, or result in a discontinuance of the health insurance policy or the health care service plan contract or coverage under the health insurance policy or health care service plan contract for these individuals.

(3) Be the basis for increasing the health insurance or health care service plan premium of the infant or toddler with a disability, the parent, or the child's family members covered under that health insurance policy or health care service plan contract.

(d) Services shall be provided by family resource centers that provide, but are not limited to, parent-to-parent support, information dissemination and referral, public awareness, family professional collaboration activities, and transition assistance for families.

(e) Existing obligations of the state to provide these services at state expense shall not be expanded.

(f) It is the intent of the Legislature that services be provided in accordance with Sections 303.124, 303.126, and 303.527 of Title 34 of the Code of Federal Regulations.

SEC. 2. Section 95020 of the Government Code is amended to read:

95020. (a) An eligible infant or toddler shall have an individualized family service plan. The individualized family service plan shall be used in place of an individual program plan required pursuant to Sections 4646 and 4646.5 of the Welfare and Institutions Code, the individualized education program required pursuant to Section 56340 of the Education Code, or any other applicable service plan.

(b) For an infant or toddler who has been evaluated for the first time, a meeting to share the results of the evaluation, to determine eligibility and, for children who are eligible, to develop the initial individualized family service plan shall be conducted within 45 calendar days of receipt of the written referral. Evaluation results and determination of eligibility may be shared in a meeting with the family prior to the individualized family service

plan. Written parent consent, or consent by a legal guardian, to evaluate and assess shall be obtained within the 45-day timeline. A regional center, local educational agency, or the designee of one of those entities shall initiate and conduct this meeting. Families shall be afforded the opportunity to participate in all decisions regarding eligibility and services. During intake and assessment, but no later than the individualized family service plan meeting, the parents, legal guardian, or conservator shall provide copies of any health benefit cards under which the consumer is eligible to receive health benefits, including, but not limited to, private health insurance, a health care service plan, Medi-Cal, Medicare, and TRICARE. If the individual, or, if appropriate, the parents, legal guardians, or conservators, do not have any benefits, the regional center shall not use that fact to negatively impact the services that the individual may or may not receive from the regional center.

(c) (1) Parents and legal guardians shall be fully informed of their rights, including the right to invite another person, including a family member or an advocate or peer parent, or any or all of them, to accompany them to any or all individualized family service plan meetings. Notwithstanding any other law, at the request of the parent or legal guardian, an individualized family service plan meeting shall be held by remote electronic communications.

(2) (A) If a regional center has not held an in-person individualized family service plan meeting or completed any other in-person meeting or visit in the previous six months, the regional center shall hold an in-person individualized family service plan meeting, or other meeting, or visit at a location and at a time that is convenient for, and reflects the preference of, the parent, legal guardian, or authorized representative. This requirement on the part of the regional center shall not impede, delay, or prevent the timely development or revision of an individualized family service plan, or the timely authorization or receipt of services and supports.

(B) The in-person meeting requirement established in this subparagraph shall remain in effect pending the department's review, in coordination with stakeholders, of implementation of this subdivision, as amended by the act that added this paragraph. The review shall include the development of recommendations that may include, but not be limited to, whether and to what extent the in-person requirements are effective in assisting the infant or toddler in meeting the goals stated in the individual family service plan, in positively facilitating and improving service access and equity, and in helping to build relationships between service coordinators and parents, legal guardians, or authorized representatives. The department shall, after consulting with and receiving input from stakeholders, provide an update to the Legislature on the status of the review no later than January 10, 2026, and shall provide, with any additional consultation and documented input from stakeholders, the completed review to the Legislature no later than May 14, 2026.

(3) With parental consent, or consent by a legal guardian, a referral shall be made to the local family resource center or network. A request for consent

shall be offered to the parents or the legal guardian at the initial individualized family service plan meeting and at any subsequent individualized family service plan meeting, if consent was not previously obtained.

(d) The individualized family service plan shall be in writing and shall address all of the following:

(1) A statement of the infant's or toddler's present levels of physical development including vision, hearing, and health status, cognitive development, communication development, social and emotional development, and adaptive developments.

(2) With the concurrence of the family, a statement of the family's concerns, priorities, and resources related to meeting the special developmental needs of the eligible infant or toddler.

(3) A statement of the major outcomes expected to be achieved for the infant or toddler and family where services for the family are related to meeting the special developmental needs of the eligible infant or toddler.

(4) The criteria, procedures, and timelines used to determine the degree to which progress toward achieving the outcomes is being made and whether modifications or revisions are necessary.

(5) (A) A statement of the specific early intervention services necessary to meet the unique needs of the infant or toddler as identified in paragraph (3), including, but not limited to, the frequency, intensity, location, duration, and method of delivering the services, including by remote electronic communications, and ways of providing services in natural generic environments, including group training for parents and legal guardians on behavioral intervention techniques in lieu of some or all of the in-home parent and legal guardian training component of the behavior intervention services, and purchase of neighborhood preschool services and needed qualified personnel in lieu of infant development programs.

(B) Effective July 1, 2009, at the time of development, review, or modification of an infant's or toddler's individualized family service plan, the regional center shall consider both of the following:

(i) The use of group training for parents and legal guardians on behavior intervention techniques, in lieu of some or all of the in-home parent and legal guardian training component of the behavior intervention services.

(ii) The purchase of neighborhood preschool services and needed qualified personnel, in lieu of infant development programs.

(6) A statement of the agency responsible for providing the identified services.

(7) The name of the service coordinator who shall be responsible for facilitating implementation of the plan and coordinating with other agencies and persons.

(8) The steps to be taken to ensure transition of the infant or toddler upon reaching three years of age to other appropriate services. These may include, as appropriate, special education or other services offered in natural environments.

(9) The projected dates for the initiation of services in paragraph (5) and the anticipated duration of those services.

(e) Each service identified in the individualized family service plan shall be designated as one of three types:

(1) An early intervention service, as defined in subsection (4) of Section 1432 of Title 20 of the United States Code, and applicable regulations, that is provided or purchased through the regional center, local educational agency, or other participating agency. The State Department of Health Care Services and the State Department of Social Services shall provide services in accordance with state and federal law and applicable regulations, and up to the level of funding as appropriated by the Legislature. Early intervention services identified in an individualized family service plan that exceed the funding, statutory, and regulatory requirements of these departments shall be provided or purchased by regional centers or local educational agencies under subdivisions (b) and (c) of Section 95014. The State Department of Health Care Services and the State Department of Social Services shall not be required to provide early intervention services over their existing funding, statutory, and regulatory requirements.

(2) Another service, other than those specified in paragraph (1), that the eligible infant or toddler or their family may receive from other state programs, subject to the eligibility standards of those programs.

(3) A referral to a nonrequired service that may be provided to an eligible infant or toddler or their family. Nonrequired services are those services that are not defined as early intervention services or do not relate to meeting the special developmental needs of an eligible infant or toddler related to the disability, but that may be helpful to the family. The granting or denial of nonrequired services by a public or private agency is not subject to appeal under this title. Notwithstanding any other law or regulation to the contrary, effective July 1, 2009, with the exception of durable medical equipment, regional centers shall not purchase nonrequired services, but may refer a family to a nonrequired service that may be available to an eligible infant or toddler or their family.

(f) An annual review, and other periodic reviews, of the individualized family service plan for an infant or toddler and the infant's or toddler's family shall be conducted to determine the degree of progress that is being made in achieving the outcomes specified in the plan and whether modification or revision of the outcomes or services is necessary. The frequency, participants, purpose, and required processes for annual and periodic reviews shall be consistent with the statutes and regulations under Part C of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and this title, and shall be specified in regulations adopted pursuant to Section 95028. At the time of the review, the parents, legal guardian, or conservator shall provide copies of any health benefit cards under which the consumer is eligible to receive health benefits, including, but not limited to, private health insurance, a health care service plan, Medi-Cal, Medicare, and TRICARE. If the parents, legal guardian, or conservator have no such benefit cards, the regional center shall not use

that fact to negatively impact the services that the individual may or may not receive from the regional center.

(g) (1) A regional center shall communicate and provide written materials in the family's native language during the assessment, evaluation, and planning process for the individualized family service plan, as required by Part C of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and implementing regulations, and as required by Sections 11135 to 11139, inclusive, and implementing regulations, including providing alternative communication services pursuant to Sections 11161 and 11162 of Title 2 of the California Code of Regulations.

(2) The family's native language shall be documented in the individualized family service plan.

SEC. 3. Section 4512 of the Welfare and Institutions Code is amended to read:

4512. As used in this division:

(a) (1) "Developmental disability" means a disability that originates before an individual attains 18 years of age, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include intellectual disability, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability, but shall not include other handicapping conditions that are solely physical in nature.

(2) (A) A child who is under five years of age shall be provisionally eligible for regional center services if the child has a disability that is not solely physical in nature and has significant functional limitations in at least two of the following areas of major life activity, as determined by a regional center and as appropriate to the age of the child:

- (i) Self-care.
- (ii) Receptive and expressive language.
- (iii) Learning.
- (iv) Mobility.
- (v) Self-direction.

(B) To be provisionally eligible, a child is not required to have one of the developmental disabilities listed in paragraph (1).

(3) (A) An infant or toddler referred for early intervention services from the regional center pursuant to the California Early Intervention Services Act (Title 14 (commencing with Section 95000) of the Government Code) may be concurrently assessed, if appropriate, to determine whether the infant or toddler is provisionally eligible for regional center services under paragraph (2) or eligible for regional center services under paragraph (1).

(B) If the regional center determines that the infant or toddler qualifies for early intervention services from the regional center pursuant to the California Early Intervention Services Act (Title 14 (commencing with Section 95000) of the Government Code) but has not been found to have a

developmental disability as defined in paragraph (1) or to be provisionally eligible as defined in paragraph (2), the regional center shall assess the child at least 90 days prior to the date that they turn three years of age for purposes of determining their eligibility for regional center services under this section. If the regional center determines the child is not eligible, the regional center shall give adequate notice pursuant to Section 4701.

(4) A child who is provisionally eligible pursuant to paragraph (2) shall be reassessed at least 90 days before turning five years of age. The child shall meet the definition set forth in paragraph (1) to continue to be eligible for regional center services at five years of age.

(5) Regional center services for a child who was provisionally eligible pursuant to paragraph (2) and who does not meet the definition in paragraph (1) shall end when the child is five years of age unless an appeal was filed pursuant to Section 4715.

(b) “Services and supports for persons with developmental disabilities” means specialized services and supports or special adaptations of generic services and supports directed toward the alleviation of a developmental disability or toward the social, personal, physical, or economic habilitation or rehabilitation of an individual with a developmental disability, or toward the achievement and maintenance of an independent, productive, and normal life. The determination of which services and supports are necessary for each consumer shall be made through the individual program plan process. The determination shall be made on the basis of the needs and preferences of the consumer or, when appropriate, the consumer’s family, and shall include consideration of a range of service options proposed by individual program plan participants, the effectiveness of each option in meeting the goals stated in the individual program plan, and the cost-effectiveness of each option. Services and supports listed in the individual program plan may include, but are not limited to, diagnosis, evaluation, treatment, personal care, daycare, domiciliary care, special living arrangements, physical, occupational, and speech therapy, training, education, supported and sheltered employment, mental health services, recreation, counseling of the individual with a developmental disability and of the individual’s family, protective and other social and sociolegal services, information and referral services, follow-along services, adaptive equipment and supplies, advocacy assistance, including self-advocacy training, facilitation and peer advocates, assessment, assistance in locating a home, childcare, behavior training and behavior modification programs, camping, community integration services, community support, daily living skills training, emergency and crisis intervention, facilitating circles of support, habilitation, homemaker services, infant stimulation programs, paid roommates, paid neighbors, respite, short-term out-of-home care, social skills training, specialized medical and dental care, telehealth services and supports, as described in Section 2290.5 of the Business and Professions Code, supported living arrangements, technical and financial assistance, travel training, training for parents of children with developmental disabilities, training for parents with developmental disabilities, vouchers, and transportation services necessary

to ensure delivery of services to persons with developmental disabilities. This subdivision does not expand or authorize a new or different service or support for any consumer unless that service or support is contained in the consumer's individual program plan.

(c) Notwithstanding subdivisions (a) and (b), for any organization or agency receiving federal financial participation under the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000, Chapter 144 (commencing with Section 15001) of Title 42 of the United States Code, as amended, "developmental disability" and "services for persons with developmental disabilities" mean the terms as defined in the federal act to the extent required by federal law.

(d) "Consumer" means a person who has a disability that meets the definition of developmental disability set forth in subdivision (a).

(e) "Natural supports" means personal associations and relationships typically developed in the community that enhance the quality and security of life for people, including, but not limited to, family relationships, friendships reflecting the diversity of the neighborhood and the community, associations with fellow students or employees in regular classrooms and workplaces, and associations developed through participation in clubs, organizations, and other civic activities.

(f) "Circle of support" means a committed group of community members, who may include family members, meeting regularly with an individual with developmental disabilities in order to share experiences, promote autonomy and community involvement, and assist the individual in establishing and maintaining natural supports. A circle of support generally includes a plurality of members who neither provide nor receive services or supports for persons with developmental disabilities and who do not receive payment for participation in the circle of support.

(g) "Facilitation" means the use of modified or adapted materials, special instructions, equipment, or personal assistance by an individual, such as assistance with communications, that will enable a consumer to understand and participate to the maximum extent possible in the decisions and choices that affect the individual's life.

(h) "Family support services" means services and supports that are provided to a child with developmental disabilities or the child's family and that contribute to the ability of the family to reside together.

(i) "Voucher" means any authorized alternative form of service delivery in which the consumer or family member is provided with a payment, coupon, chit, or other form of authorization that enables the consumer or family member to choose a particular service provider.

(j) "Planning team" means the individual with developmental disabilities, the parents or legally appointed guardian of a minor consumer or the legally appointed conservator of an adult consumer, the authorized representative, including those appointed pursuant to subdivision (a) of Section 4541, one or more regional center representatives, including the designated regional center service coordinator pursuant to subdivision (b) of Section 4640.7, any individual, including a service provider, invited by the consumer, the

parents or legally appointed guardian of a minor consumer or the legally appointed conservator of an adult consumer, or the authorized representative, including those appointed pursuant to subdivision (a) of Section 4541, and including a minor's, dependent's, or ward's court-appointed developmental services decisionmaker appointed pursuant to Section 319, 361, or 726.

(k) "Stakeholder organizations" means statewide organizations representing the interests of consumers, family members, service providers, and statewide advocacy organizations.

(l) (1) "Substantial disability" means the existence of significant functional limitations in three or more of the following areas of major life activity, as determined by a regional center, and as appropriate to the age of the person:

- (A) Self-care.
- (B) Receptive and expressive language.
- (C) Learning.
- (D) Mobility.
- (E) Self-direction.
- (F) Capacity for independent living.
- (G) Economic self-sufficiency.

(2) A reassessment of substantial disability for purposes of continuing eligibility shall utilize the same criteria under which the individual was originally made eligible.

(m) "Native language" means the language normally used or the preferred language identified by the individual and, when appropriate, the individual's parent, legal guardian or conservator, or authorized representative.

(n) "Authorized representative" means an individual appointed by the State Council on Developmental Disabilities pursuant to subdivision (a) of Section 4541 or who is an authorized representative, as defined in Section 4701.

SEC. 4. Section 4519.10 of the Welfare and Institutions Code is amended to read:

4519.10. (a) The Legislature finds and declares all of the following:

(1) The current service provider rate structure in the system administered by the State Department of Developmental Services lacks transparency, remains complex, is not tied to person-centered outcomes, and varies across providers who provide the same service in the same region.

(2) In 2016, the Legislature funded a rate study to address the sustainability, quality, and transparency of community-based services for individuals with developmental disabilities.

(3) The department, with the help of a consultant, completed the rate study in 2019 and subsequently submitted the study's findings and recommendations to the Legislature. Among other things, the study recommended all of the following:

(A) Within each service category, rate models that include components that may be regularly updated.

(B) Regional differentials to account for regional variance in the cost of living and doing business.

(C) Enhanced rates for services delivered in other languages, including American Sign Language.

(D) An optional add-on for direct service professional levels and wage differentials based on training and demonstrated competency.

(E) The consolidation of certain service codes.

(4) The rate study's fiscal impact analysis indicated that full implementation of these rate models would cost an additional one billion one hundred million dollars (\$1,100,000,000) from the General Fund, or one billion eight hundred million dollars (\$1,800,000,000) of total funds, in the 2019–20 fiscal year.

(5) The recommendations from the rate study and the associated rate models have not been implemented, even as rate study findings informed supplemental rate increases for many service categories in the 2019–20 fiscal year and three additional service categories in the 2020–21 fiscal year.

(6) For Medi-Cal eligible consumers, the department receives federal Medicaid reimbursements to support home- and community-based services provided to those consumers.

(7) Direct service professionals employed by service providers are critical to the quality and provision of services and supports to individuals with intellectual and developmental disabilities.

(8) A prevailing need and challenge within the developmental services system is moving from a compliance-based system to an outcomes-based system. Outcome measures must reinforce the system's core values of meeting individual needs based on person-centered planning. The implementation of rates, pursuant to this section, should support this person-centered transformation through consideration of incentive payments, alternative payment models, alternative service delivery, lessons learned from the COVID-19 pandemic period, person-centered and culturally and linguistically sensitive and competent approaches, training of direct service professionals, compliance with the federal home- and community-based services rule set to take effect on March 17, 2023, and methods for assessing and reporting outcomes.

(9) To improve consumer outcomes and experiences and measure overall system performance, four goals should guide rate reform:

(A) Consumer experience.

(B) Equity.

(C) Quality and outcomes.

(D) System efficiencies.

(b) Therefore, it is the intent of the Legislature to phase in funding and policies beginning in the 2021–22 fiscal year to implement rate reform, which shall include a quality incentive program, create an enhanced person-centered, outcomes-based system, and complete this transformation by July 1, 2025.

(c) (1) (A) Commencing April 1, 2022, the department shall implement a rate increase for service providers that equals one-quarter of the difference between current rates and the fully funded rate model for each provider.

(B) Commencing January 1, 2023, and continuing through December 31, 2024, the department shall adjust rates to equal one-half of the difference between rates in effect March 31, 2022, and the fully funded rate model for each provider, and additional funding shall be available for the quality incentive program described in subdivision (e).

(i) Notwithstanding any other law or regulation, it is the intent of the Legislature that the majority of the rate increase described in this subparagraph for the 2022–23 fiscal year be used for the purpose of enhancing wages and benefits for staff who spend a minimum of 75 percent of their time providing direct services to consumers.

(ii) Commencing January 1, 2023, a provider shall not spend a smaller percentage of the rate increase on direct care staff wages and benefit costs than the corresponding percentage included for direct care staff wages and benefit costs in the rate models for each specific service.

(iii) A provider granted a rate increase pursuant to this section shall maintain documentation, subject to audit by the department or regional center, that the portion of the rate increase identified in this subparagraph was used to increase wages, salaries, or benefits of eligible staff members spending a minimum of 75 percent of their time providing direct services to consumers at least at the same percentage as provided in the rate models.

(iv) For the purpose of this subparagraph, “direct services” are services, supports, care, supervision, or assistance provided by staff directly to a consumer to address the consumer’s needs, as identified in the individual program plan, and includes staff’s participation in training and other activities directly related to providing services to consumers, as well as program preparation functions as defined in Section 54302 of Title 17 of the California Code of Regulations.

(v) Commencing July 1, 2023, a vendor shall be in compliance with the home- and community-based final rule, effective March 17, 2014, or implementing a corrective action plan, to be eligible for the quality incentive program described in subdivision (e).

(C) (i) Commencing January 1, 2025, the department shall implement the fully funded rate models. The fully funded rate models shall be implemented using two payment components, a base rate equaling 90 percent of the rate model, and a quality incentive payment, equaling up to 10 percent of the rate model, to be implemented through the quality incentive program described in subdivision (e).

(ii) Notwithstanding any other law, commencing July 1, 2024, the rate models shall be updated to account for the current and any subsequent changes to the statewide minimum wage, as established by Section 1182.12 of the Labor Code, or other relevant statute.

(2) (A) Effective January 1, 2025, it is the intent of the Legislature that rates be uniform within service categories and adjusted for geographic cost differentials, including differentials in wages, the cost of travel, and the cost of real estate.

(B) Providers who were not identified as requiring a rate increase in the rate study are not eligible for rate adjustments pursuant to paragraph (1).

(d) (1) Beginning in the 2021–22 fiscal year, the department shall implement a hold harmless policy for providers whose rates exceed rate model recommendations. The policy shall freeze a provider’s existing rates until June 30, 2026, after which time the provider’s rates shall be adjusted to equal the rates for other providers in the provider’s service category and region.

(2) Beginning January 1, 2025, the department shall also implement a hold harmless policy for providers whose rates in effect on January 1, 2023, exceed 90 percent of the rate model. The policy shall freeze a provider’s base rate at the rate in effect on January 1, 2023, until June 30, 2026, after which time the provider’s base rates shall be adjusted to equal the base rates for other providers in the provider’s service category and region. The provider shall be eligible for a quality incentive payment that, when added to their base rate, equals the fully funded rate model.

(3) Notwithstanding paragraphs (1) and (2), the department may adjust rates as a result of reviews or audits.

(e) In conjunction with implementing rate reform, the department shall implement a quality incentive program in order to improve consumer outcomes, service provider performance, and the quality of services.

(1) (A) The department shall, with input from stakeholders, develop quality measures or benchmarks, or both, for consumer outcomes and regional center and service provider performance. Given the time necessary to identify and develop the measures or benchmarks described in this paragraph, the department may establish quality measures or benchmarks, or both, in the initial years of the quality incentive program that focus on building capacity, developing reporting systems, gathering baseline data, and similar activities while working towards meaningful outcome measures at the individual consumer level for all services. Measures or benchmarks, or both, shall initially include process- and performance-related measures for service providers and, by the conclusion of the 2025–26 fiscal year, shall also evolve to include outcome measures at the individual consumer level. In developing the proposed measures or benchmarks, or both, the department shall do all of the following:

(i) Gather public input through regularly held public meetings that are accessible both virtually and by telephone. Public meeting agendas and meeting materials shall be posted at least three days in advance of any meeting and shared by various means, including internet website updates, focus groups, and other communication.

(ii) Provide documents, which may include, but are not limited to, updates, concept papers, interim reports, proposals, and performance and quality measures and benchmarks, and revisions to these materials, to the Legislature and post these materials on an internet website for public comment at least 30 days, as required by the Centers for Medicare and Medicaid Services, prior to submitting a request for federal funding.

(iii) Seek input from subject matter experts to understand options for outcomes-based system structures using person-centered planning and alternative payment models.

(B) (i) On or before April 1, 2022, proposed quality measures or benchmarks, or both, shall be provided to the Legislature and posted for public comment, as described in subparagraph (A). After the department has considered public comments and modified the proposed quality measures or benchmarks, or both, as needed, the measures or benchmarks, or both, shall be finalized and implemented in the 2022–23 fiscal year.

(ii) On or before April 1 of any subsequent year in which the department proposes new or revised quality measures or benchmarks, or both, the proposed measures or benchmarks, or both, shall be provided to the Legislature and posted for public comment, as described in subparagraph (A). After the department has considered public comments and modified the proposed quality measures or benchmarks, or both, as needed, the measures or benchmarks, or both, shall be finalized and implemented in the upcoming fiscal year.

(C) Beginning in the 2024–25 fiscal year, there will be opportunity for eligible providers to earn full quality incentive payments through one or more measures.

(2) (A) The department shall develop a quality incentive payment structure for providers meeting the quality measures or benchmarks, or both, developed pursuant to paragraph (1). The department shall issue written directives to define the way quality incentive payments will be made to service providers based on quality measures or benchmarks, or both, developed and implemented under this subdivision.

(B) The department shall determine each provider’s quality incentive payment percentage prior to the start of the fiscal year, with the exception of the 2024–25 fiscal year, by measuring the provider’s performance against the quality measures or benchmarks for the most recently available reporting period. The department shall provide a written communication to the fiscal and policy committees of the Legislature that reports on the total amount of quality incentive payments estimated to be paid to providers pursuant to this section. This written communication shall be made as soon as is practicable, but no later than 60 days after the quality incentive payment percentages are determined and the providers are informed of their payments.

(f) On or before March 1, 2024, the department shall provide a status update to the Legislature regarding progress toward implementing rate reform and creating an enhanced person-centered, outcomes-based system. The status update may include, but is not limited to, information about all of the following:

(1) Additional changes that may be necessary to effectively implement rate reform, including adding and amending statutes, regulations, and other departmental policies.

(2) Compliance with rules of the federal Medicaid program, including the home- and community-based services final rule effective on March 17, 2014, and state compliance consistent with the current federal guidance, including all of the following:

(A) A definition of what it means to be compliant with the rules of the federal Medicaid program.

(B) Whether there are certain service categories that are unlikely to achieve compliance due to the structure of the service, and, if so, which categories this includes.

(C) Data about the total number of providers within each service category and the estimated number of providers that have not yet achieved compliance.

(3) Program and system improvement efforts made as a result of the state’s home- and community-based services additional federal funding, including the one-time investment implemented beginning in the 2021–22 state fiscal year, including a description of how the department will build on the investments.

(g) For purposes of this section, “rate model” means a rate model included in the rate study submitted to the Legislature pursuant to Section 4519.8.

(h) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement, interpret, or make specific this section by means of written directives or similar instructions until regulations are adopted, which shall occur no later than June 30, 2028.

(i) Implementation of this section is contingent upon the approval of federal funding.

SEC. 5. Chapter 4.1 (commencing with Section 4580) is added to Division 4.5 of the Welfare and Institutions Code, to read:

CHAPTER 4.1. MASTER PLAN FOR DEVELOPMENTAL SERVICES IN
CALIFORNIA

4580. (a) The Legislature finds and declares all of the following:

(1) More than 460,000 Californians who have intellectual and developmental disabilities are currently served at the State Department of Developmental Services’ 21 regional centers. Since 2019, the number of Californians served by the state’s developmental services system has grown by 31 percent, with significant growth among young people of color under 22 years of age who have an autism diagnosis.

(2) The experiences and outcomes of Californians served by the state’s developmental services system impact not only people with disabilities, but also their families and local communities.

(3) California is the only state in the nation that provides developmental services and supports as an entitlement, with an intentional focus on home- and community-based services.

(4) Over the last decade, California and the federal government have prioritized the inclusion of people with intellectual and developmental disabilities in their communities, while avoiding institutional settings.

(5) Individuals receiving services through California’s developmental services system are often deeply connected to other health and social systems. Across the state, people with intellectual and developmental

disabilities and their families rely on services provided through multiple state and local entities, including, but not limited to, the State Department of Developmental Services, the State Department of Health Care Services, the California Department of Aging, the State Department of Social Services, the Department of Rehabilitation, and the State Department of Education.

(6) Multiple entities have issued reports identifying opportunities for improving consumer experiences and the provision of developmental services, including the California State Auditor’s Office in 2021 and the Little Hoover Commission in 2023.

(7) These reports and other research studies have identified the following:

(A) There are wide racial, ethnic, and geographic disparities in the access to services provided in the developmental services system, as measured by purchase of service spending.

(B) Consumer experiences vary significantly across the 21 regional centers, reflecting variation in policies and processes across the regional centers.

(C) There are challenges faced by individuals and families navigating programs or systems that provide “generic” services and that are required to be accessed by consumers before receiving funded services through a regional center.

(D) For several years, staffing models have led to many regional centers assigning more consumers to each service coordinator than authorized by statutory staffing requirements, which has limited the abilities of service coordinators to assist individuals and families in accessing services.

(8) The Secretary of California Health and Human Services appointed members of the Master Plan for Developmental Services Committee for a one-year term, with the intent that they collectively deliver a master plan by March of 2025.

(9) In 2024, the California Health and Human Services Agency will engage in outreach activities such as roundtable discussions and focus groups in communities across the state to learn about the lived experiences of individuals with intellectual and developmental disabilities, their families, and system partners.

(b) It is the intent of the Legislature in enacting this chapter that a Master Plan for Developmental Services is developed that strengthens accessibility, quality, and equity of the developmental services system for all system consumers and their families, regardless of their language spoken, demographic group, geographic region, or socioeconomic status, and improves the accountability and transparency of the systems supporting them.

4581. (a) The Secretary of California Health and Human Services, in coordination with the State Department of Developmental Services, shall lead the development and implementation of the master plan for developmental services referenced in Governor Gavin Newsom’s January 2024 Budget proposal and in the subsequent proclamation by the Governor that declared March 2024 as Developmental Disabilities Awareness Month.

(b) Other state entities that interact with the State Department of Developmental Services shall be included in discussions with the Master Plan for Developmental Services Committee as applicable. These entities shall include, but not be limited to, the State Department of Health Care Services, the State Department of Social Services, the Department of Rehabilitation, the California Department of Aging, the State Department of Education, and the agencies listed in subdivision (f).

(c) The Secretary of California Health and Human Services shall solicit input through the committee, or through other means, from individuals with intellectual and developmental disabilities and their families, professionals in the developmental services field, and a broad range of subject matter experts.

(d) When the California Health and Human Services Agency convenes meetings of the master plan committee, the information and materials about the work of the master plan committee shall be posted on the California Health and Human Services Agency's internet website in a timely manner.

(e) By March 15, 2025, the Secretary of California Health and Human Services shall submit an initial report to the Governor and the Legislature that summarizes the recommended components of the master plan resulting from the master plan committee advisory process, the community roundtable discussions, and the public comment received.

(f) The secretary and the director shall work with other state agencies and departments, as necessary, to identify policies, efficiencies, and strategies necessary to implement the master plan, which may include any of the following:

- (1) The California Health and Human Services Agency.
- (2) The Government Operations Agency.
- (3) The State Department of Education.
- (4) The Labor and Workforce Development Agency.
- (5) The Transportation Agency.
- (6) The Business, Consumer Services, and Housing Agency.
- (7) The Behavioral Health Services Oversight and Accountability Commission.

(8) The office of the Treasurer.

(g) The workgroup shall solicit input from stakeholders and gather information on the experiences of Californians with intellectual and developmental disabilities and their families in the implementation process of the master plan.

(h) The Secretary of California Health and Human Services shall submit master plan implementation updates to the Governor and the Legislature annually beginning March 15, 2026, to March 15, 2036, inclusive. The updates shall include, but are not limited to, identification of any statutory changes, funding requirements, and changes to the department's new case management system considered necessary to effectively implement the plan.

(i) Any funding needed to support program enhancements proposed in the master plan is subject to an appropriation by the Legislature for those purposes.

(j) A report to be submitted pursuant to this section shall be submitted in compliance with Section 9795 of the Government Code.

SEC. 6. Section 4620.3 of the Welfare and Institutions Code is amended to read:

4620.3. (a) To provide more uniformity and consistency in the administrative practices and services of regional centers throughout the state, promote appropriateness of services, maximize efficiency of funding, address the state budget deficit, ensure consistency with Lanterman Act values, maintain the entitlement to services, and improve cost-effectiveness, the department, in collaboration with stakeholders, shall develop best practices for the administrative management of regional centers and for regional centers to use when purchasing services for consumers and families.

(b) In developing regional center administrative management best practices, the department shall consider the establishment of policies and procedures to ensure prudent fiscal and program management by regional centers; effective and efficient use of public resources; consistent practices to maximize the use of federal funds; detection and prevention of fraud, waste, and abuse; and proper contracting protocols.

(c) In developing purchase of services best practices, the department shall consider eligibility for the service; duration of service necessary to meet objectives set in an individual program plan; frequency and efficacy of the service necessary to meet objectives in an individual program plan; impact on community integration; service providers' qualifications and performance; rates; parental and consumer responsibilities pursuant to Sections 4646.4, 4659, 4677, and 4784 of this code and Section 95004 of the Government Code; and self-directed service options.

(d) The department shall ensure that implementation of best practices that impact individual services and supports are made through the individual program planning process provided for in this division or an individualized family service plan pursuant to Section 95020 of the Government Code, and that consumers and families are notified of any exceptions or exemptions to the best practices and their appeal rights established in Section 4701.

(e) Purchase of services best practices developed pursuant to this section may vary by service category and may do all of the following:

(1) Establish criteria determining the type, scope, amount, duration, location, and intensity of services and supports purchased by regional centers for consumers and their families.

(2) Modify payment rates.

(3) Reflect family and consumer responsibilities, pursuant to Sections 4646.4, 4659, 4677, and 4784 of this code and Section 95004 of the Government Code.

(f) Purchase of services best practices shall include provisions for exceptions to ensure the health and safety of the consumer or to avoid out-of-home placement or institutionalization.

(g) Best practices developed pursuant to this section shall not do either of the following:

(1) Endanger a consumer's health or safety.

(2) Compromise the state's ability to meet its commitments to the federal Centers for Medicare and Medicaid Services for participation in the Home and Community-Based Services Waiver or other federal funding of services for persons with developmental disabilities.

(h) The department shall submit the proposed best practices to the fiscal and applicable policy committees of the Legislature by no later than May 15, 2011. This submission shall include a description of the process followed to collaborate with system stakeholders; the anticipated impact of the best practices, coupled with prior reductions on consumers, families, and providers; estimated cost savings associated with each practice; and draft statutory language necessary to implement the best practices. Implementation of the best practices shall take effect only upon subsequent legislative enactment.

SEC. 7. Section 4646 of the Welfare and Institutions Code is amended to read:

4646. (a) It is the intent of the Legislature that the individual program plan and provision of services and supports by the regional center system is centered on the individual and the family of the individual with developmental disabilities and takes into account the needs and preferences of the individual and the family, if appropriate. It is further the intent of the Legislature that the individual program plan be developed using a person-centered approach that reflects the needs and preferences of the consumer, and, as appropriate, their family. The services and supports provided by the regional center should assist each consumer in achieving their personal outcomes and life goals and promote inclusion in their community. It is the further intent of the Legislature to ensure that the provision of services to consumers and their families be effective in meeting the goals stated in the individual program plan, reflect the preferences and choices of the consumer, and reflect the cost-effective use of public resources.

(b) The individual program plan is developed through a process of individualized needs determination. The individual with developmental disabilities and, if appropriate, the individual's parents, legal guardian or conservator, or authorized representative, shall have the opportunity to actively participate in the development of the plan.

(c) An individual program plan shall be developed for any person who, following intake and assessment, is found to be eligible for regional center services. These plans shall be completed within 60 days of the completion of the assessment. At the time of intake, the regional center shall inform the consumer and, if appropriate, the consumer's parents, legal guardian or conservator, or authorized representative, of the services available through the state council and the protection and advocacy agency designated by the Governor pursuant to federal law, and shall provide the address and telephone numbers of those agencies.

(d) Individual program plans shall be prepared jointly by the planning team. Decisions concerning the consumer's goals, objectives, and services and supports that will be included in the consumer's individual program

plan and purchased by the regional center or obtained from generic agencies shall be made by agreement between the regional center representative and the consumer or, if appropriate, the parents, legal guardian, conservator, or authorized representative at the program plan meeting.

(e) Regional centers shall comply with the request of a consumer or, if appropriate, the request of the consumer's parents, legal guardian, conservator, or authorized representative, that a designated representative receive written notice of all meetings to develop or revise the individual program plan and of all notices sent to the consumer pursuant to Section 4710. The designated representative may be a parent or family member.

(f) (1) Notwithstanding any other law, a meeting regarding the provision of services and supports by the regional center, including a meeting to develop or revise the individual program plan, shall be held by remote electronic communications if requested by the consumer or, if appropriate, if requested by the consumer's parents, legal guardian, conservator, or authorized representative.

(2) (A) If the regional center has not held an in-person individual program plan meeting or completed any other in-person meeting or visit with the consumer in the previous 12 months, the regional center shall hold an in-person individual program plan meeting or other meeting or visit at a location and at a time that is convenient for, and reflects the preference of, the consumer, and, as appropriate, their parent, legal guardian, conservator, or authorized representative. This requirement on the part of the regional center shall not impede, delay, or prevent the timely development or revision of an individual program plan, or the timely authorization or receipt of services and supports.

(B) The in-person meeting requirement established in this paragraph shall remain in effect pending the department's review, in coordination with stakeholders, of implementation of this subdivision, as amended by the act that added this paragraph. The review shall include the development of recommendations that may include, but not be limited to, whether and to what extent the in-person requirements are effective in assisting the consumer in meeting the goals stated in the individual program plan, in positively facilitating and improving service access and equity, and in helping to build relationships between service coordinators and parents, legal guardians, conservators, or authorized representatives. The department shall, after consulting with and receiving input from stakeholders, provide an update to the Legislature on the status of the review no later than January 10, 2026 and shall provide, with any additional consultation and documented input from stakeholders, the completed review to the Legislature no later than May 14, 2026.

(g) At the conclusion of an individual program plan meeting, an authorized representative of the regional center shall provide to the consumer, in written or electronic format, a list of the agreed-upon services and supports, and, if known, the projected start date, the frequency and duration of the services and supports, and the provider. The authorized representative of the regional center shall sign the list of agreed-upon services and supports

at that time. The consumer, or if appropriate, the consumer's parent, legal guardian, conservator, or authorized representative shall sign the list of agreed-upon services and supports prior to its implementation. The consumer, or if appropriate, the consumer's parent, legal guardian, conservator, or authorized representative, may elect to delay receipt of the list of agreed-upon services and supports pending final agreement, as described in subdivision (h). If the consumer, or if appropriate, the consumer's parent, legal guardian, conservator, or authorized representative, elects to delay the receipt of the list of agreed-upon services and supports for 15 days, the list shall be provided in the preferred language of the consumer, or of the consumer's parent, legal guardian, or authorized representative.

(h) If a final agreement regarding the services and supports to be provided to the consumer cannot be reached at a program plan meeting, then a subsequent program plan meeting shall be convened within 15 days, or later at the request of the consumer or, if appropriate, the parents, legal guardian, conservator, or authorized representative or if agreed to by the planning team. The list of the agreed-upon services and supports described in subdivision (g) and signed by the authorized representative of the regional center shall be provided, in writing or electronically, at the conclusion of the subsequent program plan meeting, and shall be provided in the preferred language of the consumer, or of the consumer's parent, legal guardian, conservator, or authorized representative. Additional program plan meetings may be held with the agreement of the regional center representative and the consumer or, if appropriate, the parents, legal guardian, conservator, or authorized representative.

(i) An authorized representative of the regional center and the consumer or, if appropriate, the consumer's parent, legal guardian, conservator, or authorized representative shall sign the individual program plan and the list of the agreed-upon services and supports prior to its implementation. If the consumer or, if appropriate, the consumer's parent, legal guardian, conservator, or authorized representative, does not agree with all components of the individual program plan, the consumer may indicate that disagreement on the plan. Disagreement with specific plan components shall not prohibit the implementation of services and supports agreed to by the consumer or, if appropriate, the consumer's parent, legal guardian, conservator, or authorized representative. If the consumer or, if appropriate, the consumer's parent, legal guardian, conservator, or authorized representative, does not agree with the plan in whole or in part, the consumer shall be sent written notice of their appeal rights, as required by Sections 4701 and 4710.

(j) (1) A regional center shall communicate in the consumer's preferred language, or, if appropriate, the preferred language of the consumer's family, legal guardian, conservator, or authorized representative, during the planning process for the individual program plan, including during the program plan meeting, and including providing alternative communication services, as required by Sections 11135 to 11139, inclusive, of the Government Code and implementing regulations.

(2) A regional center shall provide alternative communication services, including providing copies of the list of services and supports, and the individual program plan in the preferred language of the consumer or the consumer's family, legal guardian, conservator, or authorized representative, or both, as required by Sections 11135 to 11139, inclusive, of the Government Code and implementing regulations.

(3) The preferred language of the consumer or the consumer's family, legal guardian, conservator, or authorized representative, or both, shall be documented in the individual program plan.

SEC. 8. Section 4648.13 is added to the Welfare and Institutions Code, to read:

4648.13. (a) For the purposes of this section, the following definitions apply:

(1) "Probability sample or sampling" means a standard statistical methodology by which a sample is selected based on the mathematical theory of probability regarding the occurrence of random events.

(2) "Statistical extrapolation" means the methodology whereby an unknown value can be estimated by projecting the results of a probability sample to the universe from which the sample was drawn with a calculated precision.

(b) The State Department of Developmental Services and regional centers may utilize probability sampling and statistical extrapolation when conducting fiscal audits of service providers.

(c) Probability sampling shall be done using methodologies that are well-accepted by statisticians.

(d) Whenever the results of a probability sample are extrapolated, the audit report shall include a clear description of all the following:

(1) The universe from which the sample was drawn.

(2) The sample size and method used to select the sample.

(3) The formulas and calculation procedures used to determine the dollar amount at issue.

(4) The confidence level associated with the precision of the extrapolation.

SEC. 9. Section 4684 of the Welfare and Institutions Code is amended to read:

4684. (a) Notwithstanding any other law, the cost of providing 24-hour out-of-home nonmedical care and supervision in community care facilities licensed or approved pursuant to Chapter 3 (commencing with Section 1500) of Division 2 of the Health and Safety Code shall be funded by the Aid to Families with Dependent Children-Foster Care (AFDC-FC) program pursuant to Section 11464, for children who are both AFDC-FC recipients and regional center consumers.

(b) The cost of providing adoption assistance benefits shall be funded by the Adoption Assistance Program (AAP) under Section 16121, for children who are both AAP recipients and regional center consumers.

(c) (1) For regional center consumers who are recipients of AFDC-FC benefits, regional centers shall purchase or secure the services that are contained in the child's Individualized Family Service Plan (IFSP) or

Individual Program Plan (IPP) but that are not allowable under federal or state AFDC-FC provisions.

(2) For regional center consumers who are recipients of AAP benefits, regional centers shall purchase or secure the services that are contained in the child's IFSP or IPP.

(3) For regional center consumers receiving services under paragraph (1) or (2), these services shall be separately purchased or secured by the regional center, pursuant to Sections 4646 to 4648, inclusive, Section 4685, and Sections 95018 and 95020 of the Government Code.

(4) Regional centers shall accept referrals for evaluations of AFDC-FC-eligible children and children receiving AAP benefits for the purpose of determining eligibility for regional center services, pursuant to Section 4642. Regional centers shall assist county welfare and probation departments in identifying appropriate placement resources for children who are recipients of AFDC-FC and who are eligible for regional center services.

(d) (1) For purposes of this section, children who are recipients of AFDC-FC and regional center services who are residing with a relative or nonrelative extended family member pursuant to paragraph (2) of subdivision (f) of Section 319 or Section 362.7, or a facility defined in paragraph (5) or (6) of subdivision (a) of Section 1502 of the Health and Safety Code that is not vendored by the regional center as a residential facility, shall not be prohibited from receiving services defined in paragraph (38) of subdivision (a) of Section 54302 of Title 17 of the California Code of Regulations.

(2) AFDC-FC and AAP benefits shall be for care and supervision, as defined in subdivision (b) of Section 11460, and the regional centers shall separately purchase or secure other services contained in the child's IFSP or IPP pursuant to Section 4646 to 4648, inclusive, Section 4685, and Sections 95018 and 95020 of the Government Code. Notwithstanding any other law or regulation, the receipt of AFDC-FC or AAP benefits shall not be cause to deny any other services that a child or family for which the child or family is otherwise eligible pursuant to this division.

(e) This section shall apply to all recipients of AFDC-FC and AAP benefits, including those with rates established prior to the effective date of the act that adds this subdivision, pursuant to Sections 11464 and 16121.

(f) Regulations adopted by the department pursuant to this section shall be adopted as emergency regulations in accordance with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, and for the purposes of that chapter, including Section 11349.6 of the Government Code, the adoption of these regulations is an emergency and shall be considered by the Office of Administrative Law as necessary for the immediate preservation of the public peace, health, safety, and general welfare.

SEC. 10. Section 4685.7 of the Welfare and Institutions Code is amended to read:

4685.7. (a) Contingent upon approval of a federal waiver, the Self-Directed Services Program (SDS Program) is hereby established and

shall be available in every regional center catchment area to provide participants, within an individual budget, greater control over needed services and supports. The Self-Directed Services Program shall be consistent with the requirements set forth in this section. In order to provide opportunities to participate in the program, the department shall adopt regulations, consistent with federal law, to implement the procedures set forth in this section.

(b) For purposes of this section, all of the following definitions shall apply:

(1) “Financial management services” means a service or function that assists the participant to manage and direct the distribution of funds contained in the individual budget. This may include, but is not limited to, bill paying services and activities that facilitate the employment of service workers by the participant, including, but not limited to, federal, state, and local tax withholding payments, unemployment compensation fees, setting of wages and benefits, wage settlements, fiscal accounting, and expenditure reports. The department shall establish specific qualifications that shall be required of a financial management services provider.

(2) “Supports brokerage” means a service or function that assists participants in making informed decisions about the individual budget, and assists in locating, accessing and coordinating services consistent with and reflecting a participant’s needs and preferences. The service is available to assist in identifying immediate and long-term needs, developing options to meet those needs, participating in the person-centered planning process and development of the individual program plan, and obtaining identified supports and services.

(3) “Supports broker” means a person, selected and directed by the participant, who fulfills the supports brokerage service or function and assists the participant in the SDS Program. Specific qualifications shall be established by the department and required of a supports broker provider.

(4) “Waiver” means a waiver of federal law pursuant to Section 1396n of Title 42 of the United States Code.

(5) “Independence Plus Self-Directed (IPSD) Waiver Program” or “Self-Directed Waiver Program” means a federal waiver to the state’s Medicaid plan to allow a person with developmental disabilities who needs or requires long-term supports and services, and, when appropriate, the person’s family, greater opportunity to control their own health and well-being by utilization of self-directed services.

(6) (A) “Self-directed services” or “SDS” means a voluntary delivery system consisting of a defined and comprehensive mix of services and supports, selected and directed by a participant, in order to meet all or some of the objectives in their individual program plan. Self-directed services are designed to assist the participant to achieve personally defined outcomes in inclusive community settings.

(B) Self-directed services shall include, but are not limited to, all of the following:

(i) Home health aide services.

- (ii) Supported employment and prevocational services.
- (iii) Respite services.
- (iv) Supports broker functions and services.
- (v) Financial management services and functions.
- (vi) Environmental accessibility adaptations.
- (vii) Skilled nursing.
- (viii) Transportation.
- (ix) Specialized medical equipment and supplies.
- (x) Personal emergency response system.
- (xi) Integrative therapies.
- (xii) Vehicle adaptations.
- (xiii) Communication support.
- (xiv) Crises intervention.
- (xv) Nutritional consultation.
- (xvi) Behavior intervention services.
- (xvii) Specialized therapeutic services.
- (xviii) Family assistance and support.
- (xix) Housing access supports.
- (xx) Community living supports, including, but not limited to, socialization, personal skill development, community participation, recreation, leisure, home and personal care.
- (xxi) Advocacy services.
- (xxii) Individual training and education.
- (xxiii) Participant-designated goods and services.
- (xxiv) Training and education transition services.

(C) The department shall include all of the services and supports listed in this paragraph in the IPSD Waiver Program application. Notwithstanding this paragraph, only services and supports included in an approved IPSD Waiver shall be funded through the SDS Program.

(7) “Advocacy services” means services and supports that facilitate the participant in exercising their legal, civil, and service rights to gain access to generic services and benefits that the participant is entitled to receive. Advocacy services shall only be provided when other sources of similar assistance are not available to the participant, and when advocacy is directed towards obtaining generic services.

(8) “Individual budget” means the amount of funding available to the participant for the purchase of services and supports necessary to implement an individual program plan. The individual budget shall be constructed using a fair, equitable, and transparent methodology.

(9) “Risk pool” means an account that is available for use in addressing the unanticipated needs of participants in the SDS Program.

(10) “Participant” means an individual, and, when appropriate, their parents, legal guardian or conservator, or authorized representative, who have been deemed eligible for, and have voluntarily agreed to participate in, the SDS Program.

(c) Participation in the SDS Program is fully voluntary. A participant may choose to participate in, and may choose to leave, the SDS Program

at any time. A regional center may not require participation in the SDS Program as a condition of eligibility for, or the delivery of, services and supports otherwise available under this division.

(d) The department shall develop informational materials about the SDS Program. The department shall ensure that regional centers are trained in the principles of SDS, the mechanics of the SDS Program, and the rights of consumers and families as candidates for, and participants, in the SDS Program. Regional centers shall conduct local meetings or forums to provide regional center consumers and families with information about the SDS Program. All consumers and families who express an interest in participating in the SDS program shall receive an in-depth orientation conducted by the regional center prior to enrollment in the program.

(e) Prior to enrollment in the SDS Program, and based on the methodologies described below, an individual, and, when appropriate, their parents, legal guardian or conservator, or authorized representative, shall be provided in writing two individual budget amounts. If the individual, and, when appropriate, their parents, legal guardian or conservator, or authorized representative, elects to become a participant in the SDS Program, the individual shall choose which of the two budget amounts provided will be used to implement their individual program plan.

(1) The methodologies and formulae for determining the two individual budget amounts shall be detailed in departmental regulations, as follows:

(A) One individual budget amount shall equal 90 percent of the annual purchase of services costs for the individual. The annual costs shall reflect the average annual costs for the previous two fiscal years for the individual.

(B) One individual budget amount shall equal 90 percent of the annual per capita purchase of service costs for the previous two fiscal years for consumers with similar characteristics, who do not receive services through the SDS Program, based on factors, including, but not limited to, age, type of residence, type of disability and ability, functional skills, and whether the individual is in transition. This budget methodology shall be constructed using data available on the State Department of Developmental Services information system.

(2) Once a participant has selected an individual budget amount, that individual budget amount shall be available to the participant each year for the purchase of self-directed services until a new individual budget amount has been determined. An individual budget amount shall be calculated no more than once in a 12-month period.

(3) As determined by the participant, the individual budget shall be distributed among the following budget categories in order to implement the IPP:

- (A) Community Living.
- (B) Health and Clinical Services.
- (C) Employment.
- (D) Training and Education.
- (E) Environment and Medical Supports.
- (F) Transportation.

(4) Annually, participants may transfer up to 10 percent of the funds originally distributed to any budget category set forth in paragraph (3), to another budget category or categories. Transfers in excess of 10 percent of the original amount allocated to any budget category may be made upon the approval of the regional center. Regional centers may only deny a transfer if necessary to protect the health and safety of the participant.

(5) The regional center shall annually ascertain from the participant whether there are any circumstances that require a change to the annual individual budget amount. The department shall detail in regulations the process by which this annual review shall be achieved.

(6) A regional center's calculation of an individual budget amount may be appealed to the executive director of the regional center, or their designee, within 30 days after receipt of the budget amount. The executive director shall issue a written decision within 10 working days. The decision of the executive director may be appealed to the Director of Developmental Services, or their designee, within 15 days of receipt of the written decision. The decision of the department is final.

(f) The department shall establish a risk pool fund to meet the unanticipated needs of participants in the SDS Program. The fund shall be administered by the department. Notwithstanding Section 13340 of the Government Code, all moneys in the fund shall be continuously appropriated to the department, without regard to fiscal years, for the purpose of funding services and supports pursuant to this subdivision.

(1) The risk pool shall be funded at the equivalent of 5 percent of the historic annual purchase of service costs for consumers participating in the SDS Program.

(2) The risk pool shall be allocated by the department to regional centers through a process specified by the department.

(3) The risk pool may be used only in the event of substantial change in a participant's service and support needs that were not known at the time the individual budget was set, including an urgent need to relocate a residence, and catastrophic injury or illness.

(4) The risk pool may be accessed by a participant more than once in a lifetime.

(g) In the first year of the SDS Program, the department shall provide for establishment of savings to the General Fund equivalent to 5 percent of the historic annual purchase of service costs for SDS program participants. In subsequent fiscal years, the department shall annually provide for establishment of savings to the General Fund equivalent to 5 percent of the annual purchase of services costs for SDS Program participants, averaged over the prior two fiscal years.

(h) A regional center may advance funds to a financial management services entity pursuant to SDS Program regulations to facilitate development of a participant's individual budget and transition into the SDS Program.

(i) Participation in the SDS Program shall be available to any regional center consumer who meets all of the following eligibility requirements:

(1) The participant is three years of age or older.

(2) The participant has a developmental disability, as defined in Section 4512.

(3) The participant does not live in a licensed long-term health care facility, as defined in paragraph (44) of subdivision (a) of Section 54302 of Title 17 of the California Code of Regulations, or a residential facility, as defined in paragraph (55) of subdivision (a) of Section 54302 of Title 17 of the California Code of Regulations, or receive day program or habilitation services, as defined in paragraph (16) or (34) of subdivision (a) of Section 54302 of Title 17 of the California Code of Regulations, respectively. An individual, and, when appropriate, their parent, legal guardian or conservator, or authorized representative, who is not eligible to participate in the SDS Program pursuant to this paragraph may request that the regional center provide person-centered planning services in order to make arrangements for transition to the SDS Program. In that case, the regional center shall initiate person-centered planning services within 60 days of a request.

(4) The participant agrees to all of the following terms and conditions:

(A) The participant shall undergo an in-depth orientation to the SDS Program prior to enrollment.

(B) The participant shall agree to utilize the services and supports available within the SDS Program only when generic services cannot be accessed, and except for Medi-Cal state plan benefits when applicable.

(C) The participant shall consent to use only services necessary to implement their individual program plan as described in the IPSD Waiver Program, and as defined in paragraph (6) of subdivision (b), as an available service in the SDS Program, and shall agree to comply with any and all other terms and conditions for participation in the SDS Program described in this section.

(D) The participant shall manage self-directed services within the individual budget amount, chosen pursuant to subdivision (e).

(E) The participant shall utilize the services of a financial management services entity of their own choosing. A financial management services provider may either be hired or designated by the participant. A designated financial management services provider shall perform services on a nonpaid basis. An individual or a parent of an individual in the SDS Program shall provide financial management services only as a designated provider and only if the capacity to fulfill the roles and responsibilities as described in the financial management services provider qualifications can be demonstrated to the regional center.

(F) The participant shall utilize the services of a supports broker of their own choosing for the purpose of providing services and functions as described in paragraphs (2) and (3) of subdivision (b). A supports broker may either be hired or designated by the participant. A designated supports broker shall perform support brokerage services on a nonpaid basis. An individual or a parent of an individual in the SDS Program shall provide supports brokerage services or their designated representative shall provide the services only as a designated provider and only if the capacity to fulfill the role and responsibilities as described in the supports broker provider

qualifications can be demonstrated to the financial management services entity.

(j) A participant who is not Medi-Cal eligible may participate in the SDS Program without IPSD Waiver Program enrollment and receive self-directed services if all other IPSD Waiver Program eligibility requirements are met.

(k) The planning team, established pursuant to subdivision (j) of Section 4512, shall utilize the person-centered planning process to develop the Individual Program Plan (IPP) for an SDS participant. The IPP shall detail the goals and objectives of the participant that are to be met through the purchase of participant selected services and supports.

(l) The participant shall implement their IPP, including choosing the services and supports allowable under this section necessary to implement the plan. A regional center may not prohibit the purchase of any service or support that is otherwise allowable under this section.

(m) An adult may designate an authorized representative to effect the implementation. The representative shall meet all of the following requirements:

(1) They shall demonstrate knowledge and understanding of the participant's needs and preferences.

(2) They shall be willing and able to comply with SDS Program requirements.

(3) They shall be at least 18 years of age.

(4) They shall be approved by the participant to act in the capacity of a representative.

(n) The participant, or their authorized representative, and the regional center case manager shall receive a monthly budget statement that describes the amount of funds allocated by budget category, the amount spent in the previous 30-day period, and the amount of funding that remains available under the participant's individual budget.

(o) If at any time during participation in the SDS Program a regional center determines that an individual is no longer eligible to continue based on the criteria described in subdivision (i), or a participant voluntarily chooses to exit the SDS Program, the regional center shall provide for the participant's transition from the SDS Program to other services and supports. This shall include the development of a new individual program plan that reflects the services and supports necessary to meet the individual's needs. The regional center shall ensure that there is no gap in services and supports during the transition period.

(1) Upon determination of ineligibility pursuant to this subdivision, the regional center shall inform the participant in writing of their ineligibility, the reason for the determination of ineligibility, and shall provide a written notice of the fair hearing rights, as required by Section 4701.

(2) An individual determined ineligible, or an individual who voluntarily exits the SDS Program, shall be permitted to return to the SDS Program upon meeting all applicable eligibility criteria and after a minimum of 12 months' time has elapsed.

(p) A participant in the SDS Program shall have all the rights established in Chapter 7 (commencing with Section 4700), except as provided under paragraph (6) of subdivision (e).

(q) Only a financial management services provider is required to apply for vendorization in accordance with Subchapter 2 (commencing with Section 54300) of Chapter 3 of Division 2 of Title 17 of the California Code of Regulations, for the SDS Program. All other service providers shall have applicable state licenses, certifications, or other state required documentation, but are exempt from the vendorization requirements set forth in Title 17 of the California Code of Regulations. The financial management services entity shall ensure and document that all service providers meet specified requirements for any service that may be delivered to the participant.

(r) A participant in the SDS Program may request, at no charge to the participant or the regional center, criminal history background checks for persons seeking employment as a service provider and providing direct care services to the participant.

(1) Criminal history records checks pursuant to this subdivision shall be performed and administered as described in subdivision (b) and subdivisions (d) to (h), inclusive, of Section 4689.2, and Sections 4689.4 to 4689.6, inclusive, and shall apply to vendorization of providers and hiring of employees to provide services for family home agencies and family homes.

(2) The department may enter into a written agreement with the Department of Justice to implement this subdivision.

(s) Notwithstanding any provision of law, an individual receiving services and supports under the self-determination projects established pursuant to former Section 4685.5 may elect to continue to receive self-determination services within their current scope and existing procedures and parameters. Participation in a self-determination project pursuant to former Section 4685.5 may only be terminated upon a participant's voluntary election and qualification to receive services under another delivery system.

(t) Each regional center shall be responsible for implementing an SDS Program as a term of its contract under Section 4629.

(u) The department shall annually provide the following information to the policy and fiscal committees of the Legislature:

(1) Number and characteristics of participants, by regional center.

(2) Types and ranking of services and supports purchased under the SDS Program, by regional center.

(3) Range and average of individual budgets, by regional center.

(4) Utilization of the risk pool, including range and average individual budget augmentations and type of service, by regional centers.

(5) Information regarding consumer satisfaction under the SDS Program and, when data is available, the traditional service delivery system, by regional center.

(6) The proportion of participants who report that their choices and decisions are respected and supported.

(7) The proportion of participants who report they are able to recruit and hire qualified service providers.

(8) The number and outcome of individual budget appeals, by regional center.

(9) The number and outcome of fair hearing appeals, by regional center.

(10) The number of participants who voluntarily withdraw from participation in the SDS Program and a summary of the reasons why, by regional center.

(11) The number of participants who are subsequently determined to no longer be eligible for the SDS Program and a summary of the reasons why, by regional center.

(12) Identification of barriers to participation and recommendations for program improvements.

(13) A comparison of average annual expenditures for individuals with similar characteristics not participating in the SDS Program.

SEC. 11. Section 4688.22 of the Welfare and Institutions Code is amended to read:

4688.22. (a) The Legislature finds and declares both of the following:

(1) The Legislature places a high priority on promoting the full inclusion and independence of individuals with developmental disabilities, including through opportunities for recreation, consistent with Section 4501 and paragraphs (6) and (7) of subdivision (b) of Section 4502.

(2) As such, it is the intent of the Legislature for social recreation services, camping services, and nonmedical therapies, including, but not limited to, specialized recreation, art, dance, and music, to be among the services and supports within the meaning of subdivision (b) of Section 4512 and be made widely available to consumers, not only for socialization, but to lead the lives that they want in the community. It is further the intent of the Legislature that regional centers, when developing purchase-of-service policies and related procedures, and that the department, when reviewing regional center purchase-of-service policies and related procedures, reduce administrative barriers to the utilization of these services by consumers to the fullest possible extent.

(b) The regional centers shall use the following principles when purchasing social recreation services, camping services, and nonmedical therapies:

(1) Consumers shall receive services and supports in settings that are typical of those in which persons without disabilities engage in social recreation, camping, or nonmedical therapies.

(2) The services described in this section shall promote community inclusion by providing opportunities to build ongoing relationships through or around shared interests or activities, and shall include both of the following:

(A) Activities that directly support a consumer's ability to participate in typical social recreation or other community activities without paid support present.

(B) Activities that may identify or develop specific interests or skills, enable the consumer to engage with others around shared affinities or goals, or otherwise build informal social networks that reduce isolation, strengthen

community ties, assist the consumer in advancing their own interests and well-being, and can be a source of voluntary natural supports.

(3) (A) Regional center purchase-of-service policies and related procedures shall promote access to the services described in this section for consumers who are children, for consumers who experience disparities in the receipt of regional center services, and for consumers or their representatives who are unable to afford paying for services upfront and awaiting reimbursement.

(B) Regional center purchase-of-service policies and procedures shall refer consumers and their families to existing opportunities for social recreation services and camping services by funding those services directly along with the supports they may need to access them.

(4) Regional center purchase-of-service policies and procedures related to services described in this section shall not do any of the following:

(A) Restrict funding of the services described in this section to only those that are specialized or directed toward the alleviation of a developmental disability within the meaning of subdivision (b) of Section 4512.

(B) Require the services described in this section to meet both a recreational and socialization need, or prohibit the purchase of one-on-one services, including private lessons.

(C) In order to further the legislative intent of making such services widely available to consumers, generally prohibit or disfavor purchase of these services.

(c) (1) The department shall prioritize and expedite any policies, procedures, or written directives that may be necessary to facilitate regional center efforts to increase access, collect data, or track expenditures pertaining to these services.

(2) (A) By October 1, 2024, regional centers shall designate one or more employees to serve as a point of contact for consumers, families, caregivers, and stakeholders regarding access to social recreation services, camping services, and nonmedical therapies, and any policies, procedures, or written directives related to these services. Regional centers shall provide the department with the names and contact information of these designees by October 1, 2024, and shall provide an updated list of designees semiannually thereafter.

(B) By January 1, 2025, regional centers shall adopt procedures aimed at increasing the availability of vendors and expediting vendorizations accordingly. These efforts shall include procedures that enable services described in this section, including, but not limited to, nonmedical therapies, to be funded directly through participant-directed services, consistent with directives or other guidance issued by the department pursuant to subdivision (e), without the need for consumers, family members, or other representatives to be reimbursed after paying for services or supports upfront. Furthermore, payments for these services shall be aligned with the typical processes used by local businesses or community resources.

(d) Effective July 1, 2023, a regional center shall not require a consumer or family member to do any of the following:

(1) Exhaust services under the In-Home Supportive Services program (Article 7 (commencing with Section 12300) of Chapter 3 of Part 3 of Division 9) in order for their regional center to consider funding or to authorize purchasing social recreation services, camping services, and nonmedical therapies, including, but not limited to, specialized recreation, art, dance, and music.

(2) Exchange respite hours or any other service or support authorized by the regional center for service hours of social recreation services, camping services, or nonmedical therapies, including, but not limited to, specialized recreation, art, dance, and music, as a condition of service authorization by the regional center of social recreation services, camping services, and nonmedical therapies.

(3) Pay a copayment, or a similar shared pay arrangement aimed at offsetting costs, in order to receive social recreation services, camping services, or nonmedical therapies, including, but not limited to, specialized recreation, art, dance, and music.

(e) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement the provision of social recreation services, camping services, and nonmedical therapies, including, but not limited to, specialized recreation, art, dance, and music, by means of written directives or similar instructions consistent with this section, including, but not limited to, the provision of those services as participant-directed services.

(f) (1) (A) By March 1, 2025, regional center staff, including supervisors, program managers, appeals hearing specialists, and employees who are involved in developing and implementing purchase-of-service policies, shall complete training about the services described in this section. The training curriculum shall include, at a minimum, statutes, directives, and policies related to social recreation services, camping services, and nonmedical therapies, including, but not limited to, the requirements and legislative intent of this section.

(B) By March 1, 2025, regional centers shall make any training curriculum or materials or other information utilized as part of the training described in subparagraph (A), along with the dates that training was provided to regional center staff, available on the corresponding regional center's internet website.

(2) Training for appeals hearing officers, as required by subdivision (b) of Section 4712, shall include information about statutes, directives, and policies related to social recreation services, camping services, and nonmedical therapies, including, but not limited to, the requirements and legislative intent of this section.

(g) As part of its quarterly briefings to the Legislature pursuant to Section 4474.17, the department shall provide, at a minimum, all of the following information on the status of implementation of this section:

(1) The number, subject matter, and status or outcome of complaints, received by the Office of Community Operations or by the ombudsperson,

related to consumer requests for social recreation, camp, or nonmedical therapies.

(2) The numbers and summaries of community concerns and issues obtained by the department pertaining to regional center purchase-of-service policies and procedures regarding the services and supports described in this section. These summaries shall be itemized by regional center and shall include the dates and sources of the concerns or issues.

(3) Trends in mediations, appeals, and hearing requests regarding the services and supports described in this section, including, but not limited to, trends related to the number of mediations and appeals by regional center, mediation outcomes, and nature of issues heard and decided on appeal.

(4) A summary of any technical assistance provided to regional centers or other department actions taken based on the information described in this subdivision for the purpose of ensuring and improving timely and equitable consumer access to services and supports pursuant to this section and consistent with legislative intent.

(5) All data reporting regarding the services described in this section, as required by paragraph (8) of subdivision (a) of Section 4519.5, including the total and per capita expenditure and authorization amounts by age, as applicable, according to race or ethnicity and preferred language, for all combined residence types and for consumers living in the family home.

SEC. 12. Section 4699.3 of the Welfare and Institutions Code is amended to read:

4699.3. (a) The department shall establish, and regional centers shall administer, an entry-level training and internship program for individuals interested in becoming direct support professionals, subject to an appropriation by the Legislature.

(b) It is the intent of the Legislature to enhance the quality of services received by consumers and increase the hiring and retention of direct support professionals through the creation of a training and internship program that demonstrates the career opportunities available to individuals interested in becoming direct support professionals, while providing them with the skills that they need to deliver high-quality services to consumers.

(c) The training and internship program shall do all of the following:

(1) Contract with outside agencies for recruitment outreach.

(2) Offer three-month internships that provide entry-level training and practical work experience for participants.

(3) Outline the wage and employment costs for paid internships up to 30 hours per week, to collectively cover participant wages and service provider costs.

(4) Focus on populations that reflect the state's diverse population and that do not traditionally have a pathway toward jobs in the developmental services field.

(5) Establish an entry point to the continuum of developmental services workforce development, including the training described in Section 4511.5.

(6) Create opportunities for postinternship permanent employment with service providers and allow for a five-hundred-dollar (\$500) retention stipend

after six months of continuous employment and another five-hundred-dollar (\$500) stipend after one year of continuous employment.

(d) Regional centers shall track participation and report to the department on a quarterly basis on cumulative and reporting-period data about the number of participants, the number of participants hired, and the number of six-month and one-year employment stipends provided.

(e) Internships shall be available no later than June 1, 2023. A program participant may enroll in an internship on a later date.

SEC. 13. Section 4783 of the Welfare and Institutions Code is repealed.

SEC. 14. Section 4785 of the Welfare and Institutions Code is repealed.

SEC. 15. Section 4785.1 of the Welfare and Institutions Code is repealed.

SEC. 16. Section 4785.2 of the Welfare and Institutions Code is repealed.

SEC. 17. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

SEC. 18. Notwithstanding any other law, the amount specified in the following citation is reappropriated for the purpose provided for in the appropriation and shall be available for encumbrance or expenditure until June 30, 2025:

(a) \$5,000,000 in Item 4300-001-0001, Schedule (2), Budget Act of 2021 (Chs. 21, 69, and 240, Stats. 2021) for activities related to the State Department of Developmental Services Federal Claims Reimbursement System Project.

SEC. 19. This act is a bill providing for appropriations related to the Budget Bill within the meaning of subdivision (e) of Section 12 of Article IV of the California Constitution, has been identified as related to the budget in the Budget Bill, and shall take effect immediately.



MASTER PLAN
For Developmental Services



Master Plan for Developmental Services

Upcoming Meetings:

- Wednesday, August 21, 2024
In-Person Location: CA Lottery 700 North 10th St., Sacramento, CA 95811
[Register](#) to participate online or in-person.
- Wednesday, September 18, 2024
In-Person Location – TBD
- Wednesday, October 9, 2024
In-Person Location – TBD
- Wednesday, November 6, 2024
Virtual Meeting Only – Zoom
- Wednesday, December 11, 2024
In-Person Location: CA Lottery 700 North 10th St., Sacramento, CA 95811
- Wednesday January 8, 2025
In-Person Location: SNNLA 1968 Adams Blvd. Los Angeles, CA 90018
- Wednesday, February 12, 2025
In-Person Location – TBD
- Wednesday, March 12, 2025
In-Person Location: CA Lottery 700 North 10th St., Sacramento, CA 95811



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Angie Rodriguez
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Judy Wada, Chief Financial Officer
Jennifer Lauro, Executive Assistant

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**BOARD COMMITTEE ROSTER
FY 2024-25**

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| Co-Chairperson (HRC) | Deaka McClain |
| Community (HRC) | Sunghee Park |
| Community (SCDD) | Yuliana Martinez |
| Board | Patricia Jordan |
| Community (SCDD) | Miriam Kang |
| Community (SCDD) | David Oster |
| SCDD Representative | Albert Feliciano |
| Office of Clients Rights Advocacy | Jaime Temple |
| Other Required Member | Tim'an Ford (HRC Peer Advocate) |
| Other Required Member | Maria Elena Walsh (Family Resource Center Manager) |
| Staff | LaWanna Blair, Director of Early Childhood Services |
| Staff | Antoinette Perez, Director of Children's Services |
| Staff | Judy Taimi, Director of Adult Services |
| Staff | Aurelio Lopez, Participant Choice Specialist |
| Staff | Berenice Perdomo-Chavez, Participant Choice Specialist |
| Staff | Minerva Prado, Participant Choice Specialist |

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| Service Provider (Early Start) | Sharon Oh |
| Service Provider (Support Services) | Paul Quiroz |
| Service Provider (Residential) | Donna Gimm |
| Service Provider (Employment) | Scott Elliot |
| Service Provider (Transportation) | Baldo Paseta |
| Service Provider (SLS) | VACANT |
| Staff | Heather Diaz, Director of Community Services |
| Staff | Judy Wada, Chief Financial Officer |
| Staff | Mercedes Lowery, Service Provider Relations Manager |
| Staff | Elizabeth Garcia-Moya, Resource Development Manager |



Harbor Regional Center

Strategic Plan *update*

- **3 Year Community Engagement Plan**
- **3 Year Information & Communication Plan**



Harbor Regional Center Community Engagement Plan

Strategic Plan Period: July 1, 2023 to June 30, 2026

Department Overseeing Plan: Information and Development

STRATEGIC PLAN FOCUS AREA:

Community Engagement

STRATEGIC PLAN GOAL:

- (1) Facilitate individual and family collaboration and partnership with Harbor.
- (2) Build trust with individuals, families, providers and the surrounding community.
- (3) Develop and maintain meaningful partnerships and connections.
- (4) Increase awareness of Harbor's unique values.
- (5) Advocate for flexible and sustainable personalized services and supports.

STRATEGIC PLAN OBJECTIVE:

Objective 1: Develop, implement and evaluate a comprehensive community engagement plan through June 30, 2026.

Year 1: Develop a comprehensive community engagement plan that includes, at minimum, the below items, and begin implementing the plan by June 30, 2024:

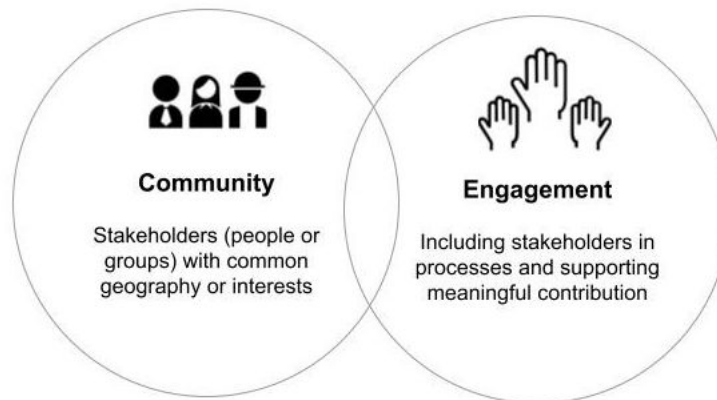
- (a) the definition and identification of mission-driven models for effective engagement;
- (b) desired characteristics of strategic, mutually beneficial partnerships;
- (c) how Harbor's vision, mission and guiding values are embedded in all activities related to Harbor's community engagement;
- (d) strategies and timelines for facilitating collaboration and partnership with the individuals and families served by Harbor;
- (e) strategies and timelines for increasing the number and impact of opportunities that engage existing community partners;
- (f) strategies and timelines for increasing the number of new partnerships and impact of those partnerships;
- (g) strategies and timelines for increasing the community's awareness about Harbor and building trust;
- (h) strategies and timelines for legislative advocacy; and
- (i) criteria for evaluating the success of the multi-component plan.

Years 2 and 3: Continue implementing the community engagement plan, evaluating its success and revising as needed through June 30, 2026.

Plan Components

A. Definitions

- **Community:** A group of people who are brought together by something in common. This can include things like cultural background, shared experience, and geographic location. One person can belong to many different communities. (*Source: Washington State Health Department*)
- **Community Engagement:** The process of involving and collaborating with stakeholders. This includes building relationships, sharing information, and gathering input in order to achieve specific outcomes.
- **Engagement:** The act of involving stakeholders in activities and communications to ensure they have opportunities to contribute in a meaningful way.
- **Partnership:** Two or more organizations with a common interest who agree to work together toward a common goal.
- **Stakeholder:** An individual or group with an interest, or stake, in the decision-making and activities of an organization or project.



Source: Simply Stakeholders

B. A Mission-Driven Framework for Effective Community Engagement

Community engagement is typically driven by a framework of principles, strategies and approaches rather than by a model. Harbor's framework is based on our mission to provide innovative and person-centered services, support and information that empower people with developmental disabilities and their circles of support to live their best lives in our culturally diverse community. Our community engagement strategies and approaches are grounded in our guiding values. Specifically, that we believe success is best achieved by collaborating and growing with our partners, including the people we serve, their circles of support, our staff, our service providers, community leaders, local and state legislators, and others who share our commitment to the vision of the Lanterman Developmental Disabilities Services Act. As we engage with our community, other guiding values that inform our engagement efforts include, (a) promoting a culture of inclusion and belonging that strengthens open, honest, and meaningful relationships; (b) listening and

engaging without judgement and collaborating effectively with people of diverse backgrounds and cultures; and (c) embracing differing perspectives to make better decisions for the organization.

Principles of Community Engagement

Harbor's community engagement plan uses a wide range of tools and strategies to ensure success in fostering and enhancing trust within our community and in developing and maintaining long-term relationships with our stakeholders. Aligned with Harbor's vision, mission and guiding values, the following traditional principles of community engagement will further guide Harbor's efforts in having meaningful interactions and building and maintaining positive relationships with our community.

- Collaboration: Working together to strengthen community engagement efforts and to develop solutions, policies and initiatives that reflect stakeholder input and meets needs.
- Empowerment: Giving stakeholders the tools, resources and opportunities to contribute and make a difference - to take an active role in influencing decisions that impact them and shaping Harbor's future.
- Inclusivity: Ensuring that engagement activities are inclusive and accessible to a diverse range of stakeholders, including those who may typically be underrepresented, so their diverse voices and perspectives are heard.
- Respect for Diversity: Honoring and celebrating the diversity of our community as well as understanding and appreciating cultural differences and individual perspectives.
- Responsiveness: A thoughtful and deliberate action that involves addressing issues, acknowledging community input, weighing options, and modifying strategies based on the changing needs of our community.
- Sustainability: Community engagement is an ongoing process. We want to build long-lasting relationships and work consistently to meet the changing needs of our community over time.
- Transparency: Being honest about Harbor's intentions, actions and outcomes, including being straightforward about changes, policies and decision-making processes.
- Two-way Communication: Sharing information and then listening and responding to our community's needs, concerns and feedback.

In addition to the traditional principles of community engagement above, Harbor also looks to the good-practice principles outlined in the graphic below to support and inform specific community engagement activities, and improve what happens as a result.



Adapted From: National Standards for Community Engagement

Types of Community Engagement

Harbor values all stakeholders as crucial participants in the process of community engagement. Each brings unique perspectives, resources, and influences to the table. Their participation enriches the scope of engagement and ensures that multiple viewpoints are considered, making the outcomes stronger and far reaching.

Community engagement can be categorized in various ways, depending on the goals, strategies, and stakeholders involved. Harbor relies on these primary types of community engagement in the implementation of this plan:

- **Informative Engagement**: This is a one-way form of engagement where Harbor shares information with the community. The aim is often to inform the community about plans, changes, or events that might impact them. Tools used might include Harbor’s newsletter, website, eblasts and social media.
- **Consultative Engagement**: In consultative engagement, Harbor seeks the community’s feedback on specific issues or plans. This could be through public meetings, surveys, or focus groups/listening sessions. This type of engagement is more interactive than informative engagement.
- **Involved Engagement**: Here, stakeholders are involved through their ongoing participation in advisory groups, working groups, or regular meetings (e.g., Self-Determination Advisory Committee, Client Advisory Committee, Service Provider Advisory Committee). With this type of engagement, Harbor’s policy and program decisions are informed by sustained community input.

- **Collaborative Engagement:** In this model, community organizations share decision-making power in specific areas. This type of engagement involves partnership agreements or memorandums of understanding that outline roles and responsibilities. Stakeholders involved in this type of engagement are involved in both planning and implementation stages of projects or initiatives. For example, collaboratives and partnerships with local Departments of Mental Health, County Probation, Children and Family Services (DCFS) and regional centers.

An important take away as Harbor designs and implements a sustainable community engagement framework and plan is that our approach must be multi-pronged. For our community engagement efforts to be successful, we have to engage in ways that are sensitive to our stakeholders and the context in which our activities happen. Whether the activities focus on information sharing, outreach, consultation, or collaboration, it's all engagement critical to Harbor's mission!



Source: [Australian Government Department of Sustainability and Environment](#)

C. Desired Characteristics of Strategic, Mutually Beneficial Partnerships

Mutually beneficial partnerships allow two or more individuals and/or organizations to collaborate and create positive outcomes that benefit each other and lead to the overall growth and success of their organizations. The key is creating a win-win situation that involves meaningful benefits from the partnership in the interest of larger shared goals.

With that in mind, and based on Harbor's framework and principles for community engagement, some of the desired characteristics of Harbor's win-win partnerships are as follows:

- **Shared commitment:** Harbor's valued partnerships focused on those who share our commitment to the Lanterman Developmental Services Act in service to, and in support of, Californians with developmental disabilities and at risk for developmental disabilities. Although the missions of our partners will vary, a shared commitment to individuals with developmental disabilities is essential.
- **Innovation:** Aligned with Harbor's guiding value of innovation, we desire partnerships that are creative and energizing with a focus on challenging the status quo and trying new things that are mutually beneficial.

- Promotion of trust and communication: Mutually beneficial partnerships require transparent, effective, and frequent communication to build trust. Honest and regular discussions are vital for assessing how things are going and what could be done differently to ensure that all partners are moving forward as desired to meet their own and their shared goals.
- Balance: Partners proactively take an interest in each other and work together to bring about their shared success.
- Impactfulness: Partners make an investment in the relationship and expect a positive impact on each other's growth and success. An investment may include, but is not limited to time, space, people and other resources for shared community engagement events. By collaborating, we can have more of an impact and achieve more than our individual efforts might allow.
- Long-term focus:: These partnerships are sustained and focused on learning from each other over time so partners can work easily together and adapt to changes in the community's needs.

D. Embedding Harbor's Vision, Mission and Guiding Values into All Activities Related to Harbor's Community Engagement

Described below are several ways Harbor has begun embedding, or plans to embed, our vision, mission and guiding values in all activities both internally and externally, particularly those that relate to community engagement.

- Making Them Central to Our Staff and Internal Systems: A key part of ensuring Harbor's vision, mission and guiding values are embedded in community engagement activities is to ensure that Harbor staff embody them internally as well. Harbor's leadership team will take advantage of ideal opportunities such as, general staff meetings, department and team meetings, training sessions and impromptu interactions to reinforce Harbor's vision, mission and guiding values and share what living them looks like within the organization. This includes Harbor's interviewing and onboarding processes to ensure potential employees and new employees understand the importance of living Harbor's vision, mission and guiding values in their daily work.
- Sharing Them in Meetings: Meetings are where teams collaborate and important work gets done. Both internally and externally, Harbor plans to highlight or reference our vision, mission and guiding values in internal and external meetings. Repeating, reviewing and referencing these statements during meetings focuses participants' attention on what matters most. Reiterating these statements and keeping them alive is expected to influence behaviors, actions and decisions to ensure alignment with them.

The goal is for it to become standard practice for internal meetings to begin with at least a reference to Harbor's vision and mission statement and to the guiding values that are most relevant to the meeting's purpose. It will also be standard practice to read Harbor's vision and mission statements at the beginning of Board of Trustees' meetings as well as Board committee meetings. Similarly, Harbor's vision and mission and relevant guiding values will be shared at every community activity to ensure participants know how we are serving our community through those statements.

- Using Them in Decision Making: Harbor’s mission acts as its North Star. It is a compass to the decisions the Board of Trustees’ make as well as the leadership team and all Harbor employees. Especially when difficult decisions are being made, the involved decision-makers will be supported in weighing options and choosing the best path forward within the context of Harbor’s vision, mission and guiding values. Board of Trustees and staff training in this area will include a set of decision-making questions that may be asked during the decision-making process. For example, “What decision will help Harbor accomplish what we are ultimately trying to do?” “Will this decision serve Harbor in achieving our mission or will it hurt our ability to do so?” Using our mission statement as a guidepost for decisions will help us resolve conflicts and align our team around what matters most. It will also further connect everyone to Harbor’s vision, mission and guiding values.
- Linking Them to Every Role: To experience the full benefits of Harbor’s vision, mission and guiding values, it is critical to frequently point out how each person’s role contributes to that purpose. Harbor’s goal is for the Board of Trustees and staff to understand how their roles and responsibilities tie in with Harbor’s vision, mission and guiding values. Harbor plans to clearly state in written material, including job descriptions, how a specific position helps accomplish Harbor’s vision, mission and guiding values. Additionally, when offering recognition for a job well done, Harbor leadership will be supported to point out how staff performance is helping Harbor achieve its vision, mission and guiding values.

Specific Objectives/Target Dates

| Objective | Target Date |
|--|---|
| Post Harbor’s vision, mission and guiding values on the website. | Completed |
| Display Harbor’s vision, mission and guiding values throughout Harbor’s offices. (Also, part of brand refresh.) | By January 2025 |
| Start Board of Trustees’ meetings by reading aloud Harbor’s vision and mission statements. | Beginning July 2024 |
| Start All Staff Meetings by reading aloud Harbor’s vision and mission statements. | Beginning July 2024 |
| Incorporate a presentation of Harbor’s vision, mission and guiding values into new employee onboarding. | Completed |
| Draft language about Harbor’s vision, mission and guiding values to be incorporated into job descriptions as they are reviewed and updated. | Draft language by September 2024 and incorporate into all job descriptions by June 30, 2025 |
| Display Harbor’s vision, mission and guiding values with other Harbor materials (e.g., banners, brochures, swag) at community events (e.g., table top display for registration table, retractable banner for community fair). (Also, part of brand refresh.) | Create displays and begin using by January 2025 |
| Develop a script for Harbor staff to include in introductions at various community events to ground everyone in Harbor’s vision, mission and guiding values (e.g., town halls, focus groups, trainings). | Develop script and begin using at events by January 2025 |

E. Facilitating Collaboration and Partnership with the Individuals and Families Served by Harbor

Harbor is committed to collaborating and partnering with the individuals and families we serve. We make an intentional effort to engage the individuals and families we serve, with special attention to those whose voices are underrepresented or marginalized for various reasons, including economic, social or cultural factors.

Year 1 of the Strategic Plan (FY 2023-24): While this plan was being developed, Harbor continued to engage purposefully with individuals and families in a variety of ways. Harbor relied primarily on informative and consultative engagement activities. These included outreach events, events recognizing individuals and families, family trainings on various topics, listening sessions to gather input, and developing surveys to measure the experiences and satisfaction of individuals and families in several focus areas. Some outreach events were hosted by Harbor, while others were co-hosted with local community partners. Harbor also participated in events sponsored by other community organizations. Examples of engagement in Year 1 included, but were not limited to:

- Celebratory Events
 - Early Childhood
 - Trunk or Treat
 - Winter Wonderland
 - Early Start Graduation Ceremony
 - Transition from School to Adulthood
 - TransCen - transition and employment
 - Cultural Celebrations
 - Cambodian New Year Resource Fair
 - Fiestas Con Harbor
- Outreach Events
 - Family Outreach and Community Intervention Services End of Summer Bash in Norwalk
 - Strength Based Community Change at an I Heart Wilmington event
 - Understanding Needed Integration Seminar & Resource Fair in Long Beach
 - Thinkers4 Autism Fall Festival
 - ICAN Open House and Halloween Event
- Holiday Giving Programs
 - Operation Gobble
 - Holiday baskets, gift cards and care packages give away
- Listening Sessions
 - Several held for Korean, Spanish, Japanese, Khmer, and Cantonese speaking individuals and families and one with Black/African American community
- Educational Events
 - Several training events specifically for families (e.g., Your Family Our Focus, Early Start New Family Orientation, Understanding Behavior, Puberty Talk)
- Community Forums
 - Cafecito, with Integrated Community Collaborative
 - Juntos Ante Todo
- Public Meetings (required by Lanterman Act or Harbor/DDS contract)
 - National Core Indicators Survey results
 - Performance Contract
 - Purchase of Service Expenditure
- Advisory Committees (required by Lanterman Act or Harbor/DDS contract)

- Client Advisory Committee
- Self-Determination Advisory Committee
- Surveys
 - Harbor’s Individual and Family Experience and Satisfaction Survey distributed in May 2024
 - Under development
 - Person-Centered Service Planning Survey
 - Self-Determination Program Orientation and Active Participant Surveys
 - Family Training Survey
 - Intake Survey

Year 2 of the Strategic Plan (FY 2024-25): Year 2 will focus on developing strategies for engaging more individuals and families, especially those who are underrepresented or marginalized for various reasons, including economic, social or cultural factors. This includes strategies for increasing attendance at engagement events, strategically expanding outreach activities, increasing survey response rates and advertising events/activities more broadly.

Specific Objectives/Tasks and Target Dates

| Objective/Task | Target Date |
|--|------------------------------------|
| Develop strategies for increasing survey response rates | July 2024 and ongoing |
| Enhance the Training and Events Calendar (e.g., accessibility of information, expand listed events) | September 2025 and ongoing |
| Determine the number and characteristics of individuals and families who attend various engagement events (e.g., trainings, focus groups, Harbor sponsored outreach events, celebrations) and create system for tracking this information moving forward | January 2025 and ongoing |
| Develop strategies for increasing attendance at various events after analyzing attendance at previous events | March 2025 |
| Develop strategies for targeted and purposeful new or expanded engagement to complement existing engagement events and activities | March 2025 through June 2025 |
| <i>Survey Implementation</i> | |
| Person-Centered Service Planning Survey To measure experience and satisfaction with the planning process at Individual Program Plan (IPP) meetings | July 2024 implementation |
| Self-Determination Program (SDP) Orientation Survey To measure experience and satisfaction with the SDP orientation | August 2024 full implementation |
| SDP Active Participant Survey To measure experience and satisfaction with the SDP | September 2024 |
| Family Training Survey To prioritize training topics to offer to families | October 2024 |
| Intake Survey To measure experience and satisfaction with Harbor’s intake process for individuals found eligible or ineligible for regional center services | January 2025 |

Year 3 of the Strategic Plan (FY 2025-26): The focus of Year 3 is to develop engagement activities where individuals and families are involved through their ongoing participation in advisory groups, working groups, or regular meetings that are separate from the current ones (i.e., Client Advisory

Committee, Self-Determination Advisory Committee). The objective will be to create an advisory group, task force or hold regular meetings with a core group of individuals and families so that a specific Harbor policy and program decision is informed by sustained community input. The policy and program area selected will depend on the priorities of the Board of Trustees and Executive Director at the end of FY 2024-25. Upon determining the policy and program area, a formal process will be developed to guide the creation of an advisory group, work group or task force and the charter for how it will function.

F. Increasing the Number and Impact of Opportunities that Engage Existing Community Partners

Over the years, Harbor has established community partnerships both strategically and organically. When partnerships are established organically, it can be difficult to identify all our community partners agencywide. The first task then, is to identify all existing stakeholders and develop a tracking system that assists Harbor in meeting the goal of increasing the number and impact of opportunities for engaging existing community partners, not including Harbor’s service provider community.

Year 1 of the Strategic Plan (FY 2023-24): While this plan was being developed, Harbor continued to engage with existing community partners. Harbor is currently developing a formal tracking system for all existing community partners. The executive leadership has been working with staff from their respective departments to gather the following information: (1) partner/organization name, contact information and languages spoken; (2) focus/mission of partner/organization; (3) Harbor staff who serve as primary contact for partner/organization; (4) Harbor team or focus area most relevant for the partnership (e.g., Early Childhood, Child Find, Adult Transition).

Harbor’s service providers are crucial community partners. The master list described above does not include Harbor’s service provider community as a tracking system for providers already exists. In Year 1, Harbor maintained ongoing engagement with the service provider community primarily through the Service Provider Advisory Committee (SPAC), which is a committee of the Board of Trustees. SPAC also has subgroups of providers who meet and are engaged regarding issues specific to their service types.

Year 2 of the Strategic Plan (FY 2024-25): Year 2 will focus on identifying the current level of engagement with existing community partners and then determining the desired level of engagement. Based on that analysis, begin developing strategies to increase opportunities for engagement as appropriate. This includes enhanced/expanded involvement with the service provider community as well. For example, Harbor’s new Home and Community-Based Services (HCBS) Community of Practice, which includes several service providers on the steering committee.

Specific Objectives/Tasks and Target Dates

| Objective/Task | Target Date |
|---|--|
| Create and maintain a master list of existing community partners and distribute to executive leadership. | September 2024 and update quarterly thereafter |
| Review the master list and identify gaps between the current level of engagement and the desired level of engagement with existing community partners | December 2024 |
| Based on identified gaps, establish priorities for enhancing engagement with specific community partners, including the types of events/activities | March 2025 |
| Engage with existing community partners in new ways, as appropriate (e.g., jointly sponsored community outreach events, cohosting trainings) | April 2025 and ongoing |

Year 3 of the Strategic Plan (FY 2025-26): The focus of Year 3 is to identify and implement strategies that help maintain strong relationships with existing partnerships. This may include publicly recognizing the contributions of their partnership to Harbor’s mission, inviting them to collaborate on priority areas where this is joint interest (e.g., joining advisory groups, task forces or regular meetings). This also includes surveying existing partners to measure the effectiveness of the partnership and learn what ideas they have about expanded collaborations.

Specific Objectives/Tasks and Target Dates

| Objective/Task | Target Date |
|--|--------------------------------|
| Develop and implement a brief survey for existing community partners to measure effectiveness of partnership and offer ideas for new engagement opportunities | September 2025 |
| Analyze responses from brief survey for existing community partners and based on results, and plan for next steps as part of Year 3 Strategic plan implementation in this area | December 2025 |
| Set objectives for expanding/enhancing specific engagement opportunities with specific community partners, develop and implement plans accordingly | January 2026 through June 2026 |

G. Increasing the Number of New Partnerships and Impact of Those Partnerships

Year 1 of the Strategic Plan (FY 2023-24): In Year 1, the priority has been to create a master list of Harbor’s existing partnerships and our levels of engagement with them agencywide. While developing this plan, key steps to building new strategic partnerships were also identified and include, but are not limited to: (1) Identifying existing partners; (2) Conducting a gap analysis to determine who is missing from our list of current partners; (3) Clarifying the goals and objectives for each new partner Harbor wants to develop and why (e.g., within the context of vision, mission, guiding values and Strategic Plan); and (4) Leveraging the partnerships we have to help make new connections to fill the gaps. These are the steps that will be used in Years 2 and 3 to develop and maintain new partnerships and successfully measure the impact of those partnerships.

Year 2 of the Strategic Plan (FY 2024-25): In Year 2, new partnerships that have been developed through organic or strategic methods will be tracked on the master list of community partners so Harbor can measure success in this area. Also in Year 2, a gap analysis will be conducted to determine who is missing from our current list of partners. Within the context of Harbor’s vision, mission, guiding values and Strategic Plan, the executive leadership team will identify and establish priorities for the new partnerships Harbor wants to develop and why. By the end of Year 2, Harbor will have a system in place to report on new partnerships and the impact of those partnerships.

Year 3 of the Strategic Plan (FY 2025-26): The focus of Year 3 will be to leverage existing partnerships to make new connections with potential partners who fill the gaps identified in Harbor’s analysis of beneficial partnerships that need to be developed. Year 3 will also focus on outreach strategies that result in developing new partnerships. The nurturing of new partnerships will happen similar to the description above about maintaining and strengthening existing partnerships.

H. Increasing the Community's Awareness about Harbor and Building Trust

The goals of increasing awareness of Harbor's unique value and building trust within the community have been foundational to the work of the Board of Trustees, Executive Director and executive leadership team during the revision of Harbor's vision, mission and guiding values as well as the development of the Strategic Plan for Fiscal Years 2024 to 2026. The Strategic Plan focuses on how Harbor can improve or enhance performance in key areas that directly or indirectly impact the community's awareness of Harbor Regional Center and the trust of our community.

This area also overlaps with the *Communication and Information Plan* that Harbor has developed as part of the Strategic Plan. Please refer to that plan for more detailed information. What follows are some of the tactics currently being used, or planned for future use, to further increase awareness of Harbor's unique value and to build trust within our community.

Increasing Awareness

The key to raising awareness of Harbor is to find ways to become engrained in, and part of the fabric of our community. Potential ways Harbor is, or plans on, raising awareness include, but are not limited to:

- Refreshing Harbor's brand by updating the website, materials (e.g., informational brochures, flyers, fact sheets)
- Identifying and utilizing information about individuals in Harbor's community who are not accessing services and supports (e.g., low or no purchase of service, ethnic and language representation)
- Distributing educational brochures, flyers, fact sheets about, for example, developmental disabilities, regional center eligibility, services and supports.
- Hosting social and educational events (e.g., holiday campaigns, family trainings, cultural celebrations)
- Hosting community webinars or workshops on regional center eligibility, services and supports
- Organizing community service projects (e.g., blood drives)
- Boosting social media awareness
- Creating press releases and public service announcements about Harbor
- Participating in and/or volunteering at existing community events (e.g., autism awareness, DCFS fairs, local community fairs, cultural celebrations)
- Collaborating with local organizations to conduct free screenings for child find activities
- Recognizing champions/supporters of Harbor
- Developing and/or maintaining relationships with local elected officials (e.g., City Mayors, Los Angeles County Board of Supervisors, CA and US assemblypersons and senators) and other leaders within the community
- Organizing local awareness events focused on developmental delays and disabilities and education about supports available through Harbor
- Meeting with and/or conducting educational presentations about Harbor for local school districts
- Sharing success stories of individuals and families Harbor serves
- Approaching local businesses and organizations to share and/or display informational materials about Harbor (e.g., local libraries, pediatricians)
- Visiting local hospitals, specifically Neonatal Intensive Care Units (NICUs), to raise awareness about Harbor for newborns at risk for developmental delay or disability

- Participating in task forces and collaboratives to provide education about, and advocate for, individuals with developmental disabilities (e.g., local law enforcement, local Departments of Mental Health, Child and Family Services)

Building Trust

Deep listening, respect and engagement are paramount to building deeper levels of trust within our community. Harbor’s vision, mission and guiding values, as well as the Strategic Plan, demonstrate a commitment to engaging in activities that build a sense of ownership and involvement within our community. Specifically, Harbor is focused on enhancing trust and credibility among stakeholders and the general public by prioritizing transparency, effective communication, impact demonstration, strong governance, and collaboration.

- Transparency and Accountability: Harbor prioritizes transparency and accountability by providing timely, accurate and comprehensive information to our community. We value fiscal responsibility and the effective use of resources.
- Effective Communication: Harbor is dedicated to listening and receiving feedback from our community. We promote a culture of inclusion and belonging that strengthens open, honest and meaningful communications and relationships.
- Demonstrating Impact: Harbor exists to create positive change and make a difference in the lives of individuals with developmental disabilities and their circles of support. We are dedicated to effectively collecting and analyzing information to measure the effectiveness of services and supports, assessing progress towards goals, and evaluating Harbor’s overall impact on the community. We focus on outcomes to ensure the people we serve live their best lives.
- Strong Governance and Ethics: Good governance is essential for the long-term success and credibility of Harbor. This includes having clear vision, mission and guiding values statements, a competent and diverse Board of Trustees, and robust policies, procedures and internal controls. We embrace differing perspectives to make better decisions.
- Collaboration and Partnerships: Harbor listens and engages without judgement and collaborates effectively with people of diverse backgrounds and cultures. We believe success is best achieved by collaborating and growing with our partners, including the people we serve and their circles of support, our staff, our service providers, community leaders, local and state legislators, and others who share our commitment to the vision of the Lanterman Act.

I. Legislative Advocacy

A simple definition of legislative advocacy is letting your local elected officials know your point of view and asking them to support it. It means working with individual elected officials to gain support for the needs of individuals with developmental disabilities within our community. Harbor’s goal is to build on the legislative advocacy of the Association of Regional Center Agencies (ARCA) at the local level for the good of our local community and for that of the entire California developmental services system.



Over the years, Harbor has engaged with local and state legislators to educate them about the regional center system and the needs of individuals and families with developmental disabilities within their constituencies. As part of Harbor’s Strategic Plan in this area of community engagement, our engagement efforts will expand over time. To promote legislation that impacts the community we serve, Harbor’s legislative advocacy plan includes developing and maintaining closer relationships with local legislators, especially newly elected ones. It is always best for lawmakers to hear directly from their constituents, so the plan also includes ways to engage the individuals and families we serve, as well as our service providers, in this process.

A desired outcome of our efforts is to make Harbor’s expertise available to legislative leaders. We want to engage with legislators and cultivate relationships that outlast one particular piece of legislation, whether supported or opposed by ARCA and Harbor. When new legislation arises related to individuals and families with developmental disabilities, we want our local and state legislative representatives to view Harbor as the “go-to” organization to understanding the real-world impact of legislation on them.

As Harbor’s legislative advocacy plan expands, we will rely on both grassroots and grassstops efforts as two important parts of our advocacy work. Grassstops advocacy focuses on identifying individuals within Harbor (i.e., Board and staff) and within our community (e.g., individuals served, family members, service providers) who have strong connections to elected officials. These are individuals who have the ear of those in decision making positions and who can hopefully help Harbor influence public policy through those connections.

Our grassroots advocacy includes reaching out to individuals, families and providers in select legislative districts and encouraging them to connect with their legislator on an issue that impacts Harbor and the community we serve. These advocacy efforts focus on lifting up the voice of local communities. It offers a collective voice that puts pressure on decision makers as they vote on legislation that impacts our community. An example of this is Harbor’s ongoing commitment to participating in ARCA’s Annual Grassroots Day in Sacramento, along with other regional centers, to meet with and advocate for individuals with developmental disabilities and their families.

Specific Objectives/Target Dates

| Objectives | Process | Target Date |
|--|---|--------------------|
| Create a packet of materials about Harbor for local legislators. | Develop Harbor infographics and/or a brochure that includes critical information about Harbor, its mission, the people served within local legislator’s areas, etc. | Completed |

| | | |
|--|--|--|
| Develop guidelines for contacting local legislators for various purposes (e.g., scheduling a “meet and greet,” ongoing engagement, targeted communications about specific legislation) | Develop an outline and script for what a “meet and greet” with local legislators entails (e.g., requesting meeting, sending information packet, who will attend meetings, agenda for meetings, etc.). | By September 2024 |
| Schedule “meet and greets” with local legislators | <ul style="list-style-type: none"> • Identify the Harbor staff who will organize and schedule “meet and greets.” • Determine who will attend the “meet and greet” (e.g., Harbor staff, Board members, individuals and families served, and/or service providers) with a specific local legislator • Pull together relevant materials for the “meet and greet”; provide scripts, coaching, support, etc. to attendees prior to the “meet and greet” • Schedule and hold “meet and greet” with each local legislator | Already started and ongoing |
| Create a Legislative Advocacy Toolkit or 101 Guide for individuals and families as well as for service providers | Create “how-to” materials that educate individuals, families and service providers about legislative advocacy. For example, how to find out who your local officials are, how to contact them, sample scripts for calls, sample letters for requesting meetings or emailing and writing to officials about specific legislation being considered. | January 2025 |
| Develop and conduct Legislative Advocacy 101 trainings for individuals, families and service providers | <ul style="list-style-type: none"> • Research existing trainings and materials as models/templates • Continue collaborating with the State Council on Developmental Disabilities (SCDD) on self-advocacy training for individuals and families • Develop agenda and materials for training • Schedule and conduct training | By June 30, 2025 and twice a year thereafter |
| Attend/collaborate on events hosted by legislators for networking opportunities | <ul style="list-style-type: none"> • Identify Harbor staff who will regularly monitor events hosted by local legislators • Attend workshops, local events/ training hosted by legislators | Already started and ongoing |
| Host events for legislators for networking opportunities | <ul style="list-style-type: none"> • Invite legislators to Harbor events • Develop specific events for legislators, e.g., tours of Harbor services, host legislative breakfast or other event at Harbor for legislators | By March 2025 and at least twice a year thereafter |
| Create a template fact sheet to be used for specific legislation that is important to the developmental services system | Research existing fact sheets used for this purpose and create one that will be effective for Harbor’s community. | January 2025 |

| | | |
|----------------|--|-----------------------------------|
| Communications | Provide information and calls to action to the community about legislative advocacy: <ul style="list-style-type: none"> ○ Newsletters ○ Board meetings ○ Harbor website ○ Email blasts | Starting July 1, 2024 and ongoing |
|----------------|--|-----------------------------------|

J. Criteria for Evaluating the Success of the Multi-Component Plan

Several criteria have been established to determine Harbor’s success in its community engagement activities, including, but not limited to the list below.

- Quarterly Strategic Plan progress reports submitted to the Board of Directors.
- At the end of each fiscal year of Strategic Plan implementation, the plan’s progress and success will be evaluated by determining, at minimum:
 - the number of new partnerships;
 - the number of community activities and outcomes (trainings, focus groups, etc.);
 - activities Harbor participates in and the ones Harbor hosted;
 - Harbor representation in new and ongoing community task forces;
 - the number of legislative activities;
 - The results of surveys measuring indicators for stakeholders, including but not limited to
 - mutual trust and respect
 - open communication
 - a shared long-term vision
 - strong community networks
 - meaningful engagement and partnership
 - awareness of Harbor and knowledge of our vision, mission and values
- Based on the evaluation of this plan’s progress and success, the plan will be revised as needed at the beginning of each new fiscal year of Strategic Plan implementation.

Date Plan Approved by Executive Director: June 30, 2024

Harbor Regional Center Information and Communications Plan

Strategic Plan Period: July 1, 2023 to June 30, 2026

Department Overseeing Plan: Information and Development

STRATEGIC PLAN FOCUS AREA:

Individual and Family Experience and Satisfaction

STRATEGIC PLAN GOAL:

(1) Increase availability of information and communications to be more responsive and accessible to all individuals and families.

STRATEGIC PLAN OBJECTIVE:

Objective 1: Develop high quality, responsive and accessible information to individuals and families through June 30, 2026.

Year 1: Develop and implement a three-year plan with timelines for:

- (a) reviewing and revising existing information and communications;
- (b) incorporating person-centered language into all information and communications;
- (c) increasing accessibility of information and communications;
- (d) platforms for sharing information (e.g., social media, public service announcements, brochures, print and digital, audio and video);
- (e) developing guidelines for how new information and communications will be created and delivered.

Years 2 and 3: Ongoing implementation of the three-year plan and revisions as needed through June 30, 2026.

Plan Components

A. Definitions

- Communication – Communication involves providing and receiving information in the form of thoughts, opinions, and ideas between two or more individuals with the purpose of building an understanding.
- Information – A fact, thought or data conveyed or described through various types of communication, like written, oral, visual and audio communications.
 - Information Accessibility – Information that can be read or received and understood by the individual or group for which it is intended.
 - Information Sharing – The process of exchanging or conveying information between individuals or groups through various communication methods such as face-to-face conversations, brochures, email, fact sheets, newsletters, websites, or videos.
- People First Language – Phrasing that refers to the person first and the disability second.
- Person-Centered Planning – A process that helps people plan their lives, find their voice, and achieve their goals. A collaborative, values-based approach focuses on self-determination and choice.
- Person-Centered Practice – A set of strategies and activities that help people make informed choices and puts the individual at the center of decision-making, giving them control over the services they receive.
- Person-Centered Thinking – A mindset that aligns person-centered values with language, assumptions, and behaviors; it is the fundamental belief that all people bring value to the world and deserve respect.
- Responsiveness – A thoughtful and deliberate action that involves addressing issues, acknowledging community input, weighing options, and modifying strategies based on the changing needs of our community.
- Stakeholder – An individual or group with an interest, or stake, in the decision-making and activities of an organization or project.

B. Reviewing and Revising Existing Information and Communications

Harbor is committed to providing timely, accurate, and comprehensive information to the individuals we serve and their circles of support to help reach their highest potential in all stages of life. To do so, Harbor regularly reviews and revises existing materials and communications.

Harbor is also dedicated to listening to and receiving feedback from our diverse community to further customize the materials and communications we provide.

The following are examples of current materials, information and communications that are reviewed and revised, based either on a formal schedule, or on an as needed basis.

- Purchase of Service policies
- Organizational policies and procedures
- Website content
- Public Presentations (e.g., Purchase of Service Expenditures, National Core Indicators, Performance Contract Plan, etc.)
- Trainings, Resources, and Events
- Informational Materials (e.g., brochures, flyers, fact sheets)

After the adoption of Harbor’s Strategic Plan in March 2023, Harbor engaged in several processes to increase availability of high quality, responsive, and accessible information and communications. Primary examples include updating Harbor’s “look” and brand identity, improving the consistency in messaging, and enhancing the website, all while maintaining Harbor’s established history and foundational mission.

In Year 1 of the Strategic Plan, Harbor has continuously engaged with our community through community forums and listening sessions to gather feedback and input. Additionally, Harbor reviewed results from National Core Indicators Individual and Family Surveys to learn about areas in which Harbor could improve. Some of the findings include:

- Expand information availability in emerging languages of the community.
- Provide information and resources on services and supports in a way that is easy to understand.
- Individuals and their circles of support can access the information they want and need to plan their services.

To ensure that Harbor’s information and communication is responsive and accessible to all individuals and families, an Individual and Family Experience and Satisfaction Survey was developed to help Harbor determine specific areas of strength and areas for improvement. The survey, which was conducted in May and June 2024, targeted feedback about the content of information Harbor provides, whether it is easy to access and understand, and whether it helps individuals make informed decisions about services and supports. The survey results will help Harbor understand where and how our community seeks and receives information and look more closely at potential language and cultural barriers. The results will inform the strategies we use for increasing the availability of high quality, responsive, and accessible information.

Incorporating Person-Centered Language into All Information and Communications

In September 2022, Harbor reaffirmed our commitment to a person-centered philosophy that recognizes everyone’s unique strengths, gifts, talents, skills and contributions, and treats

everyone with dignity and respect. As part of the Strategic Plan, Harbor is implementing a *Person-Centered Organization Plan* to increase person-centered practices across the organization. This *Information and Communication Plan* complements the *Person-Centered Organization Plan* by concentrating on incorporating person-centered language as we revise and develop information (e.g., materials and communications).

The perspective of Harbor’s stakeholders is critical to the process of incorporating person-centered language into our materials and communications. Although the processes may differ based on the messaging that is revised or developed, Harbor is committed to involving our diverse internal and external stakeholders as needed to ensure high quality and responsive information.

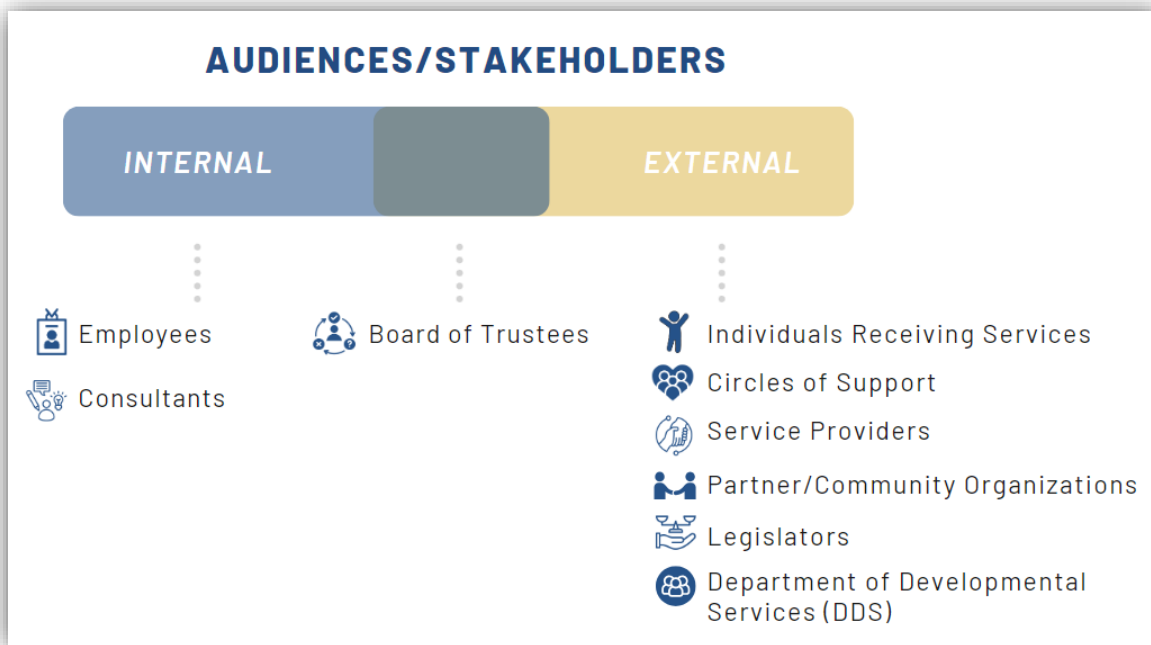
For widely distributed information and communications, Harbor will continue to engage individuals and families in focus groups. We will also organize an internal work group to review, revise, or develop information accordingly. Harbor’s new Person-Centered Practices Manager will be instrumental in this process. In addition, Harbor’s leadership and case management staff will be key to the process, as well as other Harbor staff, including Harbor’s Manager of Diversity and Inclusion, Community Outreach Specialist, Language Accessibility Cultural Specialist, Peer Advocate, Family Resource Center staff, Parent Mentors, Deaf Resource Specialist, Participant Choice Specialists, and Home and Community Based-Services Specialists.

Specific Objectives/Target Dates

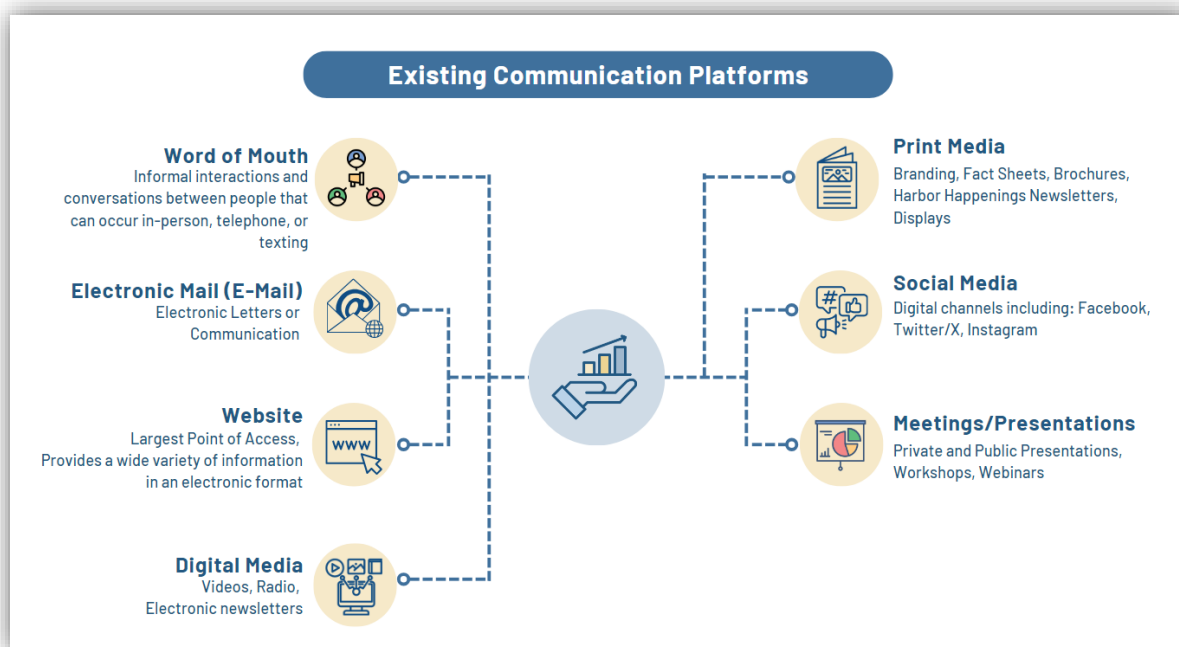
| Objectives | Target Date |
|--|---|
| Website content | Beginning July 2024 – December 2024 |
| Review and update existing Purchase of Service Policies, as needed. All new service policies will inherently include person-centered language. | As currently scheduled, or not later than June 30, 2025 |
| Organizational policies and procedures | As currently scheduled, or not later than June 30, 2025 |
| Harbor informational publications (e.g., brochures, fact sheets, booklets) | By June 30, 2025 |
| Public Presentations | Ongoing |
| Trainings (internal and external), along with all associated materials | Ongoing |
| Promotional Flyers | Ongoing |
| Internal and External Messaging | Ongoing |

C. Increasing Accessibility of Information, Communications, and Expanding Platforms

Harbor serves a diverse community of people with unique needs and preferences. As such, Harbor delivers key messages to various audiences with the knowledge that there are many ways to communicate about the same thing. Harbor’s messaging is sensitive to our audiences, which includes both internal and external stakeholders.



To ensure that all Harbor’s stakeholders are receiving information that is easy to understand, simplified, and timely, several platforms and communication channels are being utilized.



Certain information and communication messages will require a more formal development and review process that involves the approval of Harbor's senior leadership team. For example, press releases or crisis communications must be developed and vetted prior to formal agencywide and/or public distribution. Standard day-to-day messaging related to resources or upcoming events for wide distribution, however, may be distributed by specific members of Harbor's communications/community engagement team after a smaller scale review. Other communications and messages may be distributed by a Harbor team to their respective target audiences/stakeholders (e.g., Harbor's Self-Determination Program team sending a targeted communication to Self-Determination Program participants, Harbor's Community Services Team sending a targeted communication to a specific group of service providers).

In Year 1 of the Strategic Plan, questions within the Individual and Family Experience and Satisfaction Survey, conducted in May and June 2024, asked whether information provided by Harbor is accessible to our community, considering language preferences, formats in which people are receiving information, and ways individuals can find information. The results of the survey will help inform Harbor's strategies and target areas for improvement and expansion of accessibility and information sharing platforms.

D. Developing Guidelines for New Information and Communications

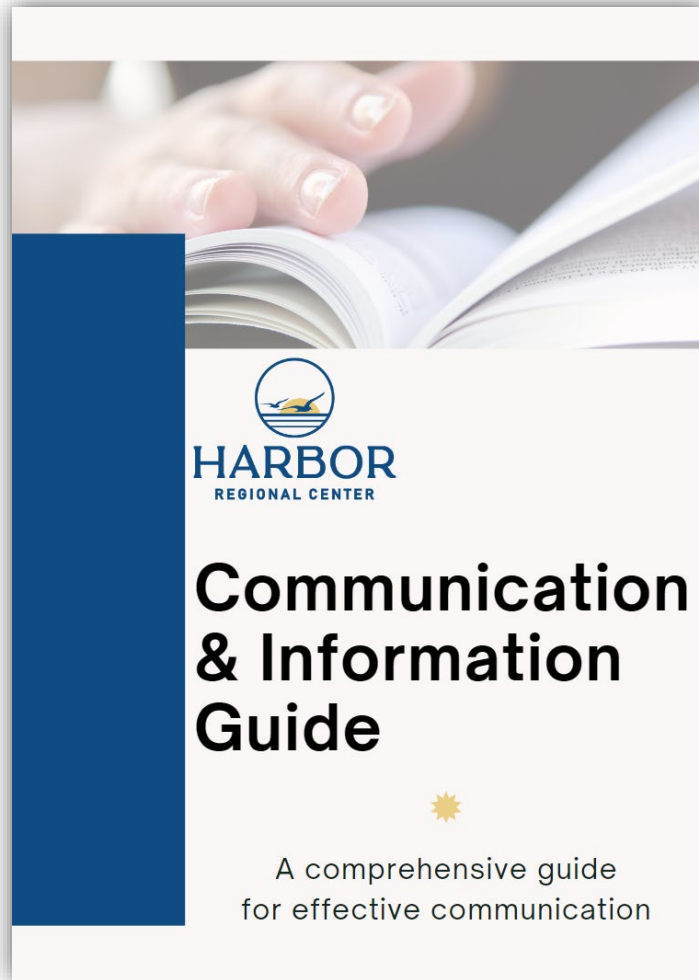
Since 1973, Harbor's community has grown in number, cultural and linguistic diversity, and eligible diagnoses. To meet the changing demographics and needs of the local community over time, Harbor has created a variety of documents (e.g., presentations, brochures, flyers, booklets, fact sheets) to help individuals and families understand the services and supports that Harbor offers, how individuals can access services, and to share important updates and resources.

In recent years, stakeholders throughout the statewide developmental services system have expressed the need for consistency in communications across regional centers. While Harbor remains committed to tailoring communications to meet the needs of our local community, we also want to ensure that the content of our messaging aligns with that of the Association of Regional Center Agencies (ARCA) and the Department of Developmental Services (DDS). To that end, Harbor participates in ARCA's newly established Communications Discipline Group. This allows Harbor to work collaboratively with counterparts across regional centers and discuss ways to continue engaging within our local communities, and promoting consistent messaging across the system. As appropriate, Harbor will continue utilizing materials that are developed by ARCA and DDS and that have been reviewed with statewide stakeholders prior to being finalized and disseminated. In addition, Harbor continues to actively participated in the review and development of statewide materials in emerging languages such as, Tagalog, Japanese, and Traditional Chinese.

Internally, Harbor has implemented several procedures and guidelines for different communication platforms (e.g., email, faxes) and a writing handbook entitled, "The Harbor Way," created in 2018, that outlines parameters for writing. To further embed practices of cultural competency and humility, diversity, inclusion, as well as person-centered practices and Harbor's new *Universal Customer Service Standards*, there is a need to update our internal

practices. A newly developed *Communication and Information Guide* sets clear standards for Harbor staff regarding their internal and external communications. The Guide is also expected to instruct Harbor staff on how to revise existing policies and procedures into clear, succinct reference sheets for practical use.

In Years 2 and 3 of the Strategic Plan, components of the Guide will embed Harbor’s commitment to high quality, responsive and accessible information, along with Harbor’s *Universal Customer Service Standards* focused on professionalism, respect, positive attitude, and communication.



Specific Objectives/Target Dates

| Objective | Target Date |
|--|----------------|
| Finalize Communication & Information Guide | November 2024 |
| Review associated policies and procedures | September 2024 |
| Adapt content into Quick Reference Sheets | October 2024 |

| Objective | Target Date |
|---|------------------------|
| Develop templates for internal use (e.g. PowerPoint, Brand Kit) | Beginning July 2024 |
| Training for appropriate internal personnel to ensure continuity of use | November 2024 |
| Full Implementation of Communication and Information Guide | Beginning January 2025 |
| Develop Brand Kit (for external partners) | October 2024 |
| Develop standardized messaging to partnering organizations about use of Harbor's Brand Assets | November 2024 |
| Finalize distribution method (e.g., post on website, make available via Dropbox shareable link) | December 2024 |
| Full Implementation of Brand Kit for External partners | Beginning January 2025 |

E. Review and Evaluation of Plan

Several criteria have been established to determine Harbor's success in increasing the availability of information and communications to be more responsive and accessible to the individuals we serve and their families, including, but not limited to the list below.

- Quarterly Strategic Plan progress reports submitted to the Board of Directors.
- A review of past National Core Indicators (NCI) survey results related to information sharing and communication to determine baseline measures.
- At the end of each fiscal year of Strategic Plan implementation, the plan's progress and success will be evaluated by determining, at minimum:
 - review of the Language Accessibility and Cultural Competency (LACC) Plan outcomes;
 - the results of future NCI surveys related to information sharing and communication; and
 - the results of Harbor surveys measuring individual and family satisfaction with the availability of responsive and accessible information and communications.
- Based on the evaluation of this plan's progress and success, the plan will be revised as needed at the beginning of each new fiscal year of Strategic Plan implementation.

Date Plan Approved by Executive Director: June 30, 2024

Date Plan Revised and Approved by Executive Director:



CONTRACT **FOR BOARD* ***APPROVAL***

- ***revised* Purchase of Service | Housing Development | CCP/CRDP Project 2223-4 | Brilliant Corners**





CONTRACT AMENDMENT

****FOR BOARD APPROVAL***

- **Operations | Furniture | Building B, 3rd Floor | Western Offices**



CONTRACT REQUIRING BOARD APPROVAL
Harbor Regional Center
Meeting of the Board of Trustees
July 16, 2024

OPERATIONS

Furniture Purchase and Installation--Amendment

Western Office Los Angeles
515 S. Figueroa Street, Suite 101
Los Angeles, CA 90071

Description of Project:

Furniture and fixtures for renovated offices located on the third (3rd) floor of 21307 Hawthorne Boulevard, Torrance, CA 90503. The 4,300 square foot project currently consists fifteen (15) cubicles, three (3) private offices, and one (1) conference room. The cubicles will be replaced with a new model that has improved ergonomic features and a smaller footprint to optimize the use of the space. The private offices will remain as is and the conference room will be removed and replaced with four (4) cubicles. The new configuration will accommodate twenty-one (21) staff.

Description of Purchase:

The purchase includes furniture and panels for twenty-one (21) cubicles, six (6) task chairs and five (5) guest chairs.

Estimated Completion: August 2024
Contract Amount Not to Exceed: \$301,413.00 (freight, labor, taxes, and contingency)

- *Original amount of \$300,725 was approved by the Board on January 16, 2024.*

CERTIFICATION

I, the undersigned, _____ of Harbor Regional Center do certify that the foregoing is a true, exact, and correct copy of the contract(s) presented to and approved by the Board of Trustees on the _____ day of _____, _____.

Signature: _____ Date: _____



**DDS Proposed
Individual Program Plan
(Standardized IPP)**



MY INDIVIDUAL PROGRAM PLAN

Legal Name:
UCI Number:
Date of Birth:
Meeting Date:
Amendment Date:
Next Review Date:

Type of Plan: OR Amendment:

INTRODUCTION

Things people should know about me:

What people like and admire about me:

Successes I want others to know about:

HOW THIS PLAN WAS DEVELOPED

Where did my meeting happen?

What part did I choose to play in making my plan?

Who also helped with my plan?

VISION FOR THE FUTURE

My short and long-term visions are:

COMMUNICATION

How I communicate with others:

Important things you should know about how to communicate with me:

DECISION-MAKING

When making decisions about _____, the support I want from others is:

The people who assist me with decisions are:

[SELECT A LIFE AREA]

The outcome I desire is:

What is currently happening?

What is important to me?

What is important for me?

What needs to be done?

EMERGENCY PLANNING

What is the emergency preparedness plan for me?

Who should be contacted in case of an emergency?

Important things to know and do to support me in an emergency.

INDIVIDUAL PROGRAM PLAN FOR

Legal Name:
UCI Number:
Date of Birth:
Meeting Date:
Amendment Date:
Next Review Date:

Type of Plan: OR Amendment:

INTRODUCTION

Things people should know about

What people like and admire about

Successes wants others to know about:

HOW THIS PLAN WAS DEVELOPED

Where did the meeting happen?

What part did choose to play in making this plan?

Who also helped with the plan?

VISION FOR THE FUTURE

's short and long-term visions are:

COMMUNICATION

How communicate with others:

Important things you should know about how to communicate with

DECISION-MAKING

When making decisions about _____, _____ gets support from others in this way:

The people who assist with decisions are:

[SELECT A LIFE AREA]

The outcome _____ desire(s) is:

What is currently happening?

What is important to

What is important for

What needs to be done?

EMERGENCY PLANNING

What is the emergency preparedness plan for

Who should be contacted in case of an emergency?

Important things to know and do to support _____ in an emergency.



PRESENTATION

On

‘Board Governance, Conflict of Interest, Whistleblower Policies & Cultural Humility ’

By

Mary Hernandez, Director of
Case Management Support
Services



Conflict of Interest Whistleblower Board Governance HCBS Audit Results

Mary Hernandez
Director of Case Management Support Services
July 16, 2024



Conflict of Interest

- WIC 4626 and CCR Title 17 Section 54500
- These regulations prescribe COI standards for all member of the Board, RC employees and anyone acting of RC's behalf to ensure that such persons make decisions which are in the best interests of the RC's individuals and families
- Harbor has an approved COI Policy that is shared with all staff at time of hire and then annually

Conflict of Interest

A conflict may exist when:

- You or a family member work for an entity or organization that is a RC provider or contractor
- You or a family member own or hold a position in an entity of organization that provides services to the RC or RC individuals
- You are in a position to negotiate, make, approve, or execute a contract that has the potential to financially benefit you or a family member
- You or a family member have financial interests in a contract with the regional center
- You are in a position to evaluate contract bids that may be submitted by family members



Duty to Disclose

Conflict of Interest

- **How to Disclose**
 - [DS6016](#)
- **When to Disclose:**
 - Appointment
 - Date of Hire
 - Annually by 8/1
- **Who Reviews Conflict of Interest Statements?**
 - Human Resources
 - Executive Director/Trustees
- **Monitoring Conflict**
 - Conflict of Interest Resolution Plan
 - Must be approved by DDS and reviewed annually

Whistleblower

Harbor has a Whistleblower policy that is given to new staff at the time of hire and then reviewed again on an annual basis

What is a Whistleblower Complaint?

- Improper Regional Center Activity
- Improper Provider/Contactor Activity

Reporting Violations

- Open Door Policy
- Trustees
- Compliance Officer

Investigation

Confidentiality/No Retaliation



Board Governance

Board Composition

- Minimum of 50% shall be persons with developmental disabilities or their parents/guardians
- No less than 25% must be a person with a developmental disability
- Must reflect the geographic and ethnic characteristics of the people that Harbor serves
- Must include persons with legal, management or board governance and financial expertise
- Submit our Board composition to DDS annually to ensure compliance

Board Governance

To Whom is the Board Accountable



The Individuals
Served



The Board



The Department of
Developmental
Services (DDS)

Board Governance

Board Committees

(Bylaws, §§ 6.1-6.10)



Executive Finance

Audit

Board Development

Client Services

Board Planning

Community Relations

Retirement

Service Provider Advisory

Client Advisory

Self Determination Advisory

Board Governance

Board Roles & Responsibilities



Set Organizational Direction and Policies

Provide Oversight

Monitor Resources

- Monthly Financial Reports

Oversee Major Goals & Responsibilities

(Bylaws, §§ 3.11(n)-(p))

- Performance Plan set by DDS in 5-year Performance Contract
- Strategic Plan
- Satisfaction Data
- Disparity Data
- Meet with DDS if requested

Board Governance

Board Member Duties

Commitment to our **Vision and Mission**

Commitment to **Fellow Trustees**

Fiduciary Duties

Duty of **Loyalty**

Duty of **Care**

Duty of **Obedience**

Reasonable **Reliance**

Board Governance



Board / Executive Director Relationship

The Board delegates day-to-day operation of the Corporation to trustworthy agents (i.e., Executive Director) and oversees their performance without interfering.

As a practical matter, Trustees should not be involved in individual case management.

Questions about the operation of the Corporation should be addressed to the Executive Director.

Home and Community Based Waiver Audit Results July 11-25 2023

HCBS Audit done every 2 years at every RC

Audit conducted jointly by DDS and DHCS.

Period of Review 4.1.22- 3.31.23

Areas of focus:

- Targeted Case Management Notes (TCM)
- Self Determination Program (SDP)
- Nursing Home Reform (NHR)
- 1915 (i) – individuals who have Medi-Cal but are not on the MW program
- 1915 (c) – individuals who are currently enrolled on the MW program
- Comprehensive review of Service Provider records/facilities
- Special Incident Reporting (SIR)
- Interview of individuals/families (random sample)
- Interview of SC's and other Harbor staff
- Interview of staff providing the direct service to individuals we support

Home and Community Based Waiver Audit Results

- Targeted Case Management Notes (TCM)
 - 41 records 98% in compliance
- Self Determination Program (SDP)
 - 13 records reviewed 97% compliance overall
- Nursing Home Reform (NHR)
 - 10 records - 100% compliance
- 1915 (C) those individuals who have voluntarily applied for the MW program
 - 41 records – 31 criteria reviewed- 23 of the criteria 100% compliance – 93% - 95% compliance in the other 8 criteria
- 1915(i) anyone not enrolled in the MW program
 - 18 records reviewed- 96% compliance over all

Home and Community Based Waiver Audit Results

- **Comprehensive review of Service Provider facilities/records**
 - Visited 7 CCFS and 4 day programs - 98 % compliance overall
 - 20 vendor files - 100% overall compliance
- **Special Incident Reporting (SIR)**
 - 10 cases reviewed 80% compliance *
- **Interview of individuals/families**
 - 28 individuals/families were randomly chosen
 - All indicated they were satisfied with services provided
- **Interview of SC's and other Harbor staff**
 - 9 SCs interviewed
 - 3 other Harbor Staff from clinical dept. were interviewed
 - All were observed to be knowledgeable about their roles
- **Interviews of staff providing direct service to individuals we support**
 - 5 DSP interviewed
 - Staff were observed to be familiar with the persons they support and knowledgeable about their role

Home and Community Based Waiver Audit Results

- Harbor passed the audit with excellent findings Next audit is July 2025
- Utilize the results of the HCBS audit to determine those areas where additional training is needed
- Develop targeted training around those areas with both service providers and case management teams
- Review any policies or procedures to ensure they are in compliance with any laws or regulations
- Complete internal on going audits on records to ensure compliance

Questions?





Client Services Committee |

Meeting date | time May 28, 2024 | 6 PM

| Meeting location Zoom

ATTENDEES

| | |
|---|--|
| Guadalupe Nolasco (Parent) | Deaka McClain (Individual Served) |
| Gordon Cardona (Individual Served and Board Member) | Patricia Jordan (Individual Served and Board Member) |
| Jackie Solorio (Parent and Board Member) | Karla Salinas (Life Steps, Service Provider) |
| FuTien Chiou (Parent and Board Member) | Oanh Kim Vuong (Individual Served) |
| Ramon Gonzalez (Individual Served and Board Member) | Lucy Paz (Interpreter) |
| | Dr. Juan Carlos Aguila (HRC Psychologist) |
| | Judy Taimi (HRC) |

AGENDA TOPICS

Time allotted | 6 PM to 7:00 PM | Agenda topic *Mental Health Services*

- Dr. Juan Carlos Aguila (Clinical Psychologist) presented to the committee the process for our individuals to receive support for mental health services through Harbor Regional Center
 - Consultation
 - Dr. Aguila is assigned to the adults (18+) and Dr. Fudim is assigned to school age and Adolescent individuals. There are 2 psychologists assigned to our Early Childhood individuals.
 - Service coordinators consults with our clinicians if there is a suspicion or curiosity regarding an individual's mental health status.
 - Linkage to generic resources are being explored: private insurance, Department of Mental Health, Medi-Cal, etc.
 - HRC funded services such as:
 - CBEM: intervene and prevent crisis
 - 3-6 months of services
 - Linkage to Generic Resources (Psychiatrist, Mental Health Treatment, etc.
 - START Service: crisis intervention services
 - Up to 1 year or 2 years of services
 - Mental Health Specialty

- Linkage to generic services (Psychiatrist, Mental Health Treatment, etc.)
 - Networking:
 - School Districts: building relationships to increase supports to students preventing them from being moved from school to school affecting their mental health.
 - Collaboration with psychoeducational assessments
 - Flex Learning Program:
 - Offers Acceptance Commitment Therapy
 - Verbal Counseling
 - It is noted that for high functioning individuals, there are not a lot of professionals in the mental health field that understands how to work with individuals with developmental disabilities for them to benefit from mental health services.
 - There is a need for providers to support individuals with developmental disabilities with a mental diagnosis.
 - It would be great to have a list of service providers that provides mental services to people with developmental disabilities.
 - There is also difficulty-finding therapists that are able to meet in-person through med-medi and private insurances.
 - CBEM & START services can help our individuals/families in connecting to services that will meet their needs.
 - The committee recommends for HRC to fund for services in the interim while individuals/families are being connected to generic services for support.
-

Next Meeting: September 24, 2024 via zoom

HARBOR REGIONAL CENTER
Self Determination Advisory Committee
Meeting Minutes
June 5, 2024

Opening:

The regular meeting of HRC Self Determination Advisory Committee was called to order at 6:05 PM on Wednesday, June 5, 2024 via Zoom. Quorum was established.

Committee Member Present

Rosalinda Garcia- Self-Determination Advisory Committee Chair
Deaka McClain – Individual, Self-Determination Advisory Committee Co-Chair
Maria Elena Walsh – Harbor Family Resource Center
Tim'an Ford – HRC Peer Advocate
Wendy Clutterbuck – Parent
Mayra Garcia – Parent
Jamie Temple – OCRA
Kyungshil Choi – Parent

HRC Staff Present

LaWanna Blair – Director of Early Childhood Services
Aurelio Lopez – Participant Choice Specialist
Bernice Perdomo-Chavez – Participant Choice Specialist
Minerva Prado – Participant Choice Specialist
Bryan Sanchez – Client Service Manager
Jessica Sanchez – Client Service Manager
Kelsey Machado – Service Coordinator

Visitors

Lucy Paz, Spanish Interpreter
Dominic Firpo
Hong Dang, Parent
Chloe Estelle, Individual
Katherine Manriquez, Parent
Maria Poblete, Parent
Stella Ramirez
Reiko Umeda, IF
Yolanda Gomez
Tomas Mendez, Parent
Dawn Gordon, IF
Mariene Vallente
Matoria Filipovich, Parent
Sheila Jordan Jones, Independent Facilitator
Kim Sinclair, Autism Society of Los Angeles
Tamra Pauly, IF
Adriana Ortiz
Elizabeth Tom, DDS

HARBOR REGIONAL CENTER
Self Determination Advisory Committee
Meeting Minutes
June 5, 2024

Shirlys Gurber, Parent
Silvia Caller, Parent
Naomi Hagel, Phoenix Facilitation
Santiago Villalobos, Phoenix Facilitation
Debra Jorgensen, Guidelight
Adela Sanchez, Parent
Albert Feliciano, SCDD
Brenda Gertman, Parent

Abbreviations

HRC: Harbor Regional Center
IF: Independent Facilitator
PCP: Person-Centered Plan
SCDD: State Council on Developmental Disabilities
SDP: Self-Determination Program
DVU: Disability Voices United
FMS: Financial Management Service
DDS: Department of Developmental Services
RFP: Request for Proposal
SDAC: Self-Determination Local Advisory Committee
OCRA: Office of Clients' Rights Advocacy
ASLA: Autism Society of Los Angeles

Welcome:

Introductions of committee members and guests via the chat.

Approval of Minutes:

May 1, 2024 minutes were posted for review. Minutes were approved.

Harbor Regional Center Monthly Updates:

Bernice Perdomo-Chavez presented the SDP data in a graph format via an "HRC SDP" Power Point presentation shared via Zoom.

- Completed PCPs 177; 25 within the soft rollout and 152 from 7/2021 to 05/2024
- Certified Budgets 260; 37 within the soft rollout and 223 from 7/2021 to 05/2024
- Spending Plans 224; 32 within the soft rollout and 192 from 7/2021 to 05/2024
- SDP Live 252; 32 within the soft rollout and 220 from 7/2021 to 05/2024

HARBOR REGIONAL CENTER
Self Determination Advisory Committee
Meeting Minutes
June 5, 2024

SDP by Ethnicity:

| | |
|-----------------|----|
| White/Caucasian | 95 |
| Latino | 61 |
| Asian | 47 |
| Black | 23 |
| Other | 13 |
| Multicultural | 10 |
| Biracial | 2 |
| Native American | 1 |

SDP by Language:

| | |
|----------|-----|
| English | 207 |
| Spanish | 37 |
| Korean | 2 |
| Japanese | 3 |
| ASL | 2 |
| Tagalog | 1 |

- Number of fully oriented participants: 999 (97 are in the follow-up stage, 300 have chosen to withdraw and 350 in the unknown stage).

Comments:

- Participant asked if there are FMS agencies that are more responsive as Action started out great but does not return calls now.
- Participant asked why she is struggling to become vendored as an Independent Facilitator (099) since she has already submitted the application.
- Participant asked PCS specialists about the PCP process and requested the list of FMS providers.

Phoenix Facilitation Updates:

- Naomi Hagel presented information for May 2024; highlighting referrals were accepted until May 15, 2024. They will present a final report of all of the referrals and services they provided during August's SDAC meeting.

Guidelight Group:

- Debra Jorgensen shared that they are granting 20 scholarship opportunities for their Independent Facilitator Training, and received 38 applicants before the deadline (May 15, 2024). Almost everyone has been notified - 10 for summer and 10 for fall. Training will start on July 10.

HARBOR REGIONAL CENTER
Self Determination Advisory Committee
Meeting Minutes
June 5, 2024

Autism Society of Los Angeles:

- Kim Sinclair shared that the recruitment application for their Independent Facilitator Training will close June 8, and have received 65 applications to date. 25 are HRC applicants (6 are Hispanics who speak Spanish, 5 Hispanics who are bilingual (English/Spanish), 3 African Americans, 1 Romanian and Serbian speaking individual, 2 Chinese speaking Chinese, 3 Filipinos (2 speak Tagalog), 1 Indian who speaks multiple languages, 1 Indonesian, 1 who identifies as other who speaks Romanian, and 3 English speaking Caucasians). <https://tinyurl.com/ASLAHRCif>

Statewide Updates:

- No updates to share.

Partner Updates:

Office of Clients and Rights Advocacy (OCRA) – Jamie Temple

- Removing Barriers to Socialize and Having Fun Together Webinar on social recreation funding offered in English, Japanese and Vietnamese: 6/21/24; from 3 - 5 PM.
<https://www.disabilityrightsca.org/events/removing-barriers-to-socializing-and-having-fun-together>
- Disability Rights is hosting a webinar on the Department of Rehabilitation (DOR): 6/11/24, at 11 AM.
<https://www.disabilityrightsca.org/events/the-123s-abcs-of-department-of-rehabilitation-dor>

SCDD- Albert Feliciano

- Mayra Garcia appointed new SDAC committee member by SCDD.
- To attend the SCDD Statewide Trainings held on Mondays at 10 am, use the following Zoom link: Meeting ID#883-2711-3155 Password: 2024<https://docs.google.com/forms/d/e/1FAIpQLSeU3zu0qt219Xg48JPx6sJKTGil6RO0LJALHoDy6q8u3KAqSA/viewform>
- Some of the topics include Anti-Bullying Strategies for Children and Adults and Alternatives to Conservatorship and Supported Decision Making.
- State Council on Developmental Disabilities (SCDD) Self-Determination Program (SDP) Statewide Orientation: <https://scdd.ca.gov/sdp-orientation/>

HARBOR REGIONAL CENTER
Self Determination Advisory Committee
Meeting Minutes
June 5, 2024

Public Comments:

- New HRC vendored IF shared their information in the chat. Ayala Socol and Dawn Gordon: Independence By Design: ayala.ibdesign@gmail.com & dawn.ibdesign@gmail.com.
- Participant shared that Ochoa Consulting provides IF services.
- Participant asked if there are resources for established SDP participants to advocate for their participants.
- Participant suggested an SDP newsletter.
- Participant shared that there are parent support groups such as Broad Spectrum Broader Minds (on Facebook), Living Inside the Puzzle, Tichenor Orthopedic Clinic Support Group, and Unidad y Fuerza (Long Beach Memorial).
- Participant shared <https://www.facebook.com/groups/CA.SDP.Forum> online forum to assist parents and individuals.
- Participant asked if the SDP team could gather a list of providers working with SDP.
- Participant shared that she is experiencing issues with providers receiving payment through SDP.
- Participant requested that we invite FMS agencies to next SDAC meeting to put together a list of resources.
- Participant shared that she typed up a letter and used the verbiage on SCDD/DDS and provided links and was able to get potential vendors, adding that it takes trial and error.
- Participant shared link of SDP providers <https://www.thecasdpnetwork.org/>.
- SCDD representative shared email if someone is interested in receiving a list of IFs in LA County Albert.Feliciano@scdd.ca.gov.
- Participant asked who at HRC could speak to potential vendors to further explain SDP, and address issues with FMS agencies not paying invoices on time and not returning their calls.
- Participant shared link to find a list of SDP IFs and/or vendors: <https://www.dds.ca.gov/>.

Next meeting: August 7, 2024 via Zoom 6PM – 8PM

Adjournment, Conclusion

Meeting was adjourned at 7:22 P.M.

Minutes submitted by Aurelio Lopez

**Harbor Regional Center
Service Provider Advisory Committee (SPAC)**

Minute Amendment: 07/05/2024

Meeting Date: June 4, 2024 10:00 a.m.

Committee Participants

| Member Name | Organization |
|---------------------|------------------------------|
| Angie Rodriguez | SVS |
| Angie Gallon | SVS |
| Lesly Rovelo | SVS |
| Serafin Avila | SVS |
| Leo Vasquez | SVS |
| Violet Ruiz | SVS |
| Paul Quiroz | Cambrian Homecare |
| Angelica Real | Easter Seals |
| Latasha Bellard | Easter Seals |
| Sharon Oh | Share Speech & Language |
| Baldo Paseta | Ideal Transit |
| Bertha Martin | Mountain Top |
| Tiffany de la Torre | 24 HR Home Care |
| Rafael Carbajal | Remarkable Centered Services |
| Tiki Thompson | Person Centered Options |
| Monique Weatherson | Person Centered Options |
| April Stover | Ability First |
| Alex Saldana | Oxford Healthcare |
| Olivia Gonzalez | Aveanna Healthcare |
| Verretta Boatner | Sevita Health |
| Daniel Huerta | Sevita Health |
| Johanna Torres | David's Place |
| Crystal Hughes | College Internship |
| Jessica Stewart | College Internship |
| Leah Whatley | Enriching Lives |
| Donna Johnson | Sevita Healthcare |
| Linda Seppals | Goodwill Industries |
| Christianna Lynel | ICAN |
| Linda | Green Rose Homecare |
| Juan Zepeda | Dungarvin |
| Adrian Santoyo | Maxim Healthcare |
| Susan Potter | Independent Focus |
| Daniel Vallecillo | CPR –LA |
| Allan Constanto | CPR-LA |

HRC Staff Participating

| Staff Name | Title |
|-----------------------|--|
| Patrick Ruppe | Executive Director |
| Judy Wada | CFO |
| Elizabeth Garcia Moya | Community Services Director |
| Judy Samana Taimi | Adult Services Department Director |
| Steve Goclowski | Clinical Services Manager |
| Leticia Mendoza | Department Assistant Community Services |
| Brian Carrillo | HCBS Specialist |
| Aimee Fabila | HCBS Specialist |
| Kiara Martinez | HCBS Specialist |
| Tes Castillo | Assistant Controller |
| Bing Tayag | Controller |
| Mary Hernandez | Director of Case Management Support Services |
| Brenda Bane | Manager of Rights & Quality Assurance |
| Maria Elena Walsh | Manager Harbor Family Resource Center |
| 43 total participants | |

Call to Order

Angie Rodriguez called meeting at 10:09 a.m.

Sub-Committee Updates

Angie Rodriguez and SPAC Chair Members. The subgroups continue to host individual sub-committee meetings to discuss current issues and concerns.

- **Baldo Paseto, Transportation Services Chair- provided an update on the following:**
 - Recently met with HRC & Ride Health Transportation broker. Providers reviewed the memorandum of services. HRC is working on process to notify service coordinators, day program service providers and families,
- **Diane Sanka,- Day Programs Chair — provided an update on the following topics:**
 - Busy working DSP stipends enrollment
 - HCBS compliance requirements. Looking forward to HRC program visits
 - Hopeful that rate increases are approved
 - Next meeting date on 6/13/24.
- **Sharon Oh,- Early Start Chair –provided an update on the following topics discussed at their last meeting held 5/2/24**
- Provider challenges to get quotes from insurance companies for the HRC required liability insurance and sexual abuse molestation coverage.
- Judy Wada attended and provided information an update on the budget.
- Reminded the providers about the HRC report guidelines and timelines to submit in timely manner.
- Next Early Intervention provider meeting in August.
- **Paul Quiroz, – Support Services- Provided update on the following topics:**
 - DSP training enrollment continues
 - Hiring staff continues to be a challenge
 - Next meeting to be determined
- **Rafael Carbajal, Supportive/ Independent Living Services Chair- New chair member, introduction and background. No meetings held yet.**
- **Bertha Martin, Residential Services- provided an updated on the following topics:**
 - DSP stipends and trainings

- Continue to work on HCBS compliance and person centered requirements
- Next meeting on 6/11/24
- **Lindsey Stone- Supported Employment Chair** not present

HRC Updates

Patrick Ruppe provided update on HCBS focus working with provider community.

- Introduced Daisy Bejarano, Person Centered Practices Manager and Mary Beth Levkowsky, Community of Practice Consultant.
- Mary Beth Levkowsky provided a presentation on trainings available to providers with a focus on PCT skills development, implementation requirements. Trainings are held on a quarterly basis. Also available are DIY self-guided videos. Encouraged providers to register and attend workshop trainings.
- Meeting attendees participated in note card activity placed on chairs. One card completed by indicating what has been a challenge and the other what has been a success during the HCBS compliance process.

Budget Update and Rate Study Implementation

Judy Wada shared a presentation of an overview on the California Budget as follows:

- Fiscal Year July 1st to June 30th
 - FY 2023-24 ends 6/30/24
 - FY 2024-25 ends 7/1/24
- Governor's Proposed Budget – January 10th
- Governor's May Revision – May 14th
- Legislature to Pass Budget Bill – June 15th
- Governor's Proposed Budget
 - Caseload Growth & Utilization
 - Full year costs and reforecasts
 - Service Provider Rate Reform: Delay final 25% of difference from 7/1/2024 to 7/1/2025

- **Rate Study Implementation**

- 4/1/2022 - 25% of difference between March 31, 2022 and applicable rate model
- 1/1/2023- 50% of difference between March 31, 2022 rate and applicable rate model
- 7/1/2024 or 7/1/2025 -Full implementation of rate models with 2 payment components:
 - Base Rate equaling 90% of the rate model
 - Quality Incentive Program component of up to 10% of the rate model
- DDS Hold Harmless Policy
- Hold harmless policy for providers whose 1/1/2023 rates exceed 90% of the rate model until 6/30/2026, after which time base rates shall be adjusted to the base rates for other providers in that service category and region.

DDS Initiatives

- DSP Training Stipend—ends 6/30/2024! – The Home Stretch!
 - 6/10/2024—HRC contact providers who have not had any DSPs participate and the new timeline and sent agreement/instructions
 - 6/30/2024—Last day for DSPs to take trainings
 - 7/15/2024—HRC redo lists of DSPs who have taken courses
 - 7/19/2024—HRC send lists/invoices for providers to confirm eligibility of staff
 - 8/5/2024—Providers return reports by this date
 - 8/13/2024—HRC process payments
 - Email: HRCWorkforce@harborrc.org

Harbor Regional Center 50 years celebration of service

Judy /Patrick announced that HRC will be celebrating 50 years of service in October. Family and Friends event will be on Saturday, October 5th from 11:00am – 4:00pm at HRC Torrance office. The festivities will include rides, jumpers, a petting zoo, games, music, and food, as well as arts & crafts and activity booths by Harbor Regional Center service providers. There will also be a photo booth and quiet time/sensory activities.

Service providers are encouraged to participate by submitting a proposal for game booth activities. Also have the option to donate to the Harbor Help Fund. HRC email address is hrcfamevent@harborrc.org.

HRC and American Red Cross

Judy encouraged providers to join the Blood drive donation on June 20, 2024 at HRC Torrance office from 9:00 am to 3:00pm. Flyer copies were distributed.

HRC Updates

Elizabeth Garcia Moya shared a presentation on the Quality Incentive Program (QIP). The QIP was designed to improve individuals outcomes, service providers performance, and the quality of services.

- **Prevention & Wellness**
 - Quality measure is for individuals in adult residential facilities to receive preventative health services at medically recommended frequencies.
- **Eligible Residential Services:**
 - Adult Residential Facilities for Persons with Special Health Needs (ARFPSHN)
 - Enhanced Behavioral Supports Homes (EBSH)
 - Family Home Agency (FHA)
 - Residential Care Facilities for the Elderly (RCFE)
- **Employment**
 - Employment Access Incentive Payments- 07/01/2022-06/30/2024
 - Employment Capacity-07/01/2022-06/30/2024
 - Consumer Satisfaction with Competitive Integrated Employment (CIE)-Coming Soon!
- **Early Intervention-01/01/2024-12/31-2024**
 - The desired outcome is that children and families receive timely access to Early Intervention services.
- **Workforce Capacity**
 - Direct Service Professional (DSP) Turnover Rate
 - DSP Average Tenure
 - Eligible Service Codes List
 - Deadline 6/30/24
- **Service Access**
 - DSP Vacancy Rate
 - DSP Language Capacity
- **Informed Choice & Satisfaction**
 - Individual & Family Satisfaction
- **Service Provider Geographic and Language Capacity Survey**
 - The purpose of the survey is capture language capacity within each individual agency and collectively of our service provider community.
 - Survey was sent out via email on Friday, May 30th via Survey Monkey portal
- If you have multiple vendor numbers, please complete an individual survey for each by June 30, 2024.
- Encourage providers to complete <https://www.surveymonkey.com/r/HRCProviderLang>

Family Resource Center

Maria Elena Walsh, shared the various materials available at the family resource center. Topics including

- Encouraged SPAC to visit the resource center for various new and refresher materials on various topics:
- Building skills curriculum
- Safety Smart, job smart, dating smart, available on video

Service Provider Announcements- None

Next meeting date will be August 6, 2024

Meeting Adjourn 11:00 a.m.

Amendment

Subsequent to the June 4, 2024 meeting, the SPAC Chairs conferred and re-elected Chair, Angela Rodriguez to serve another term.