

# **Service Provider Advisory Committee (SPAC) Meeting**

February 4, 2025

# Agenda

- ▶ Welcome - Angie Rodriguez
- ▶ Sub-Committee Chair Updates
  - Sharon Oh - Early Start
  - Bertha Martin - Residential Services
  - Dee Prescott - Day Program
  - Lindsey Stone - Employment Services
  - Paul Quiroz - Support Services
  - Baldo Pasetta - Transportation
  - Rafael Carbajal - Supportive Living Services

## Agenda-continued

- ▶ Public Records Act and Privacy - Patrick Ruppe
- ▶ Emergency Planning - Vincente Miles
- ▶ Special Incident Reporting - Brenda Bane
- ▶ HCBS update - Aimee Fabila
- ▶ Budget - Judy Wada
- ▶ Rate Reform - Elizabeth Garcia-Moya
- ▶ DSP Internship Program - Patricia Piceno
- ▶ Resource Development/Services Needs Assessment Survey- Elizabeth Garcia-Moya
- ▶ Service Provider Announcements
- ▶ Next SPAC meeting 04/01/2025

# Public Records Act and Privacy

Patrick Ruppe, Executive Director

# Emergency Planning

Vincente Miles, Emergency Services Manager

A nighttime photograph of a town with a fire in the background. The fire is a bright orange and yellow glow on a hillside, illuminating the surrounding area. The town below is lit up with streetlights and house lights, creating a warm, golden glow. The sky is dark, and the overall scene is dramatic and urgent.

# Call to Action

# Prepare Today for Tomorrow's Emergencies



Presentation to

Service Provider Advisory Committee

Presentation by

Vincente Miles, Ed.D, Emergency Services Manager

February 4, 2025





## Impact of CA Fires in 2025

- ▶ As of January 30, the LA Fires
  - ▶ 25 people were killed
  - ▶ Over 12,000 buildings & structures have been destroyed
  - ▶ Tens of thousands of people were forced from their homes
  
- ▶ Total within CA
  - ▶ 319 wildland fires
  - ▶ Approximately 58,000 acres



# State of emergency



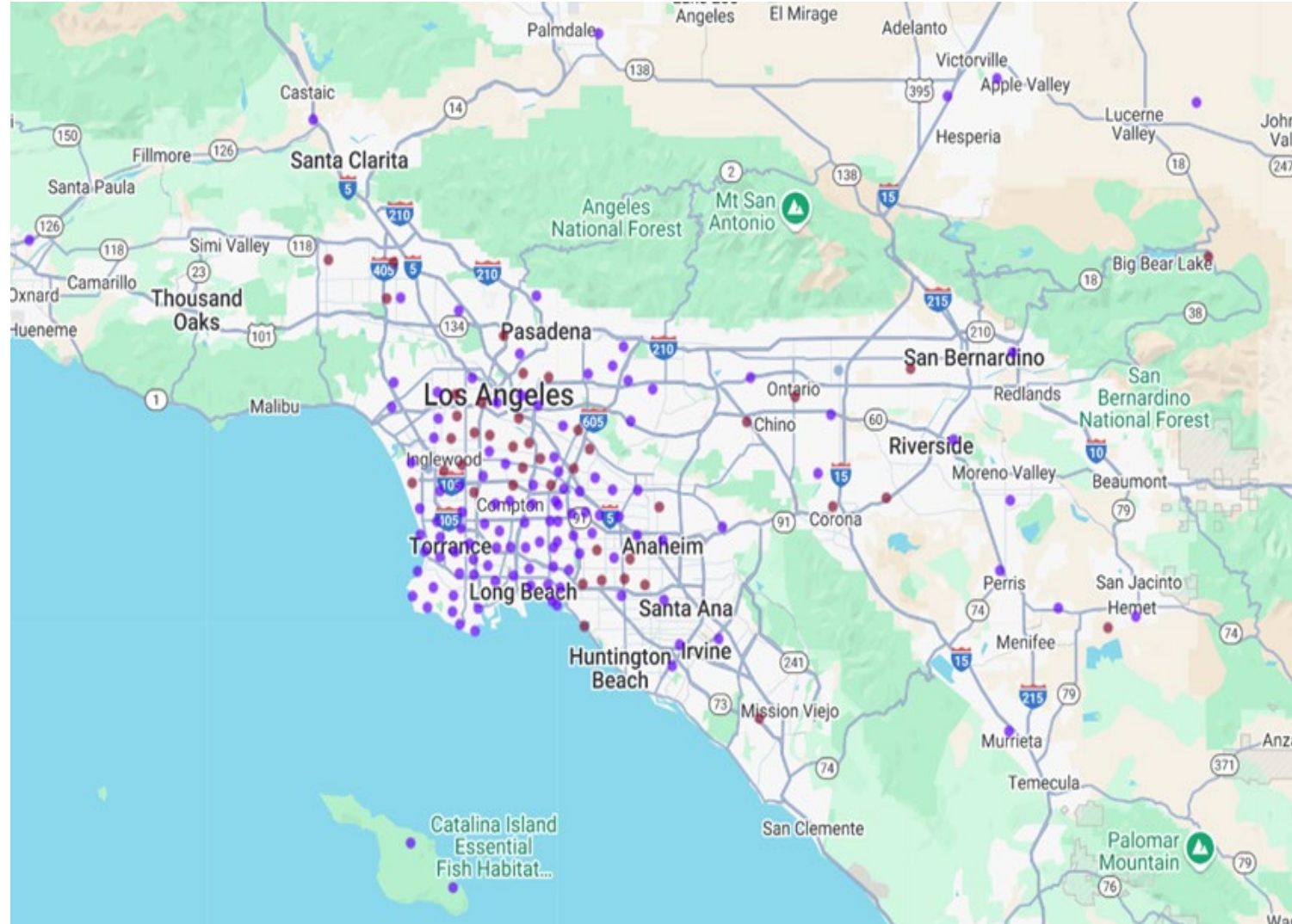
*California Is Not Adequately  
Prepared to Protect Its Most  
Vulnerable Residents From  
Natural Disasters*

December 2019



# Emergency Response Involves Everyone

- ▶ **Harbor Emergency Operations Plan**
  - ▶ Emergency Action Plan
  - ▶ Continuity Options (formerly Continuity of Operations Planning)
  - ▶ Crisis Communications Plan
- ▶ Statewide Durable Accommodations Concept
- ▶ Emergency Notification System (Everbridge)



# Emergency Preparedness Resources for Harbor Stakeholders



- ▶ [Plan Ahead for Disasters | Ready.gov](#)
- ▶ [Medical Baseline Allowance | Help Paying Your Bill | Your Home | Home - SCE](#)
- ▶ [California Department of Forestry and Fire Protection | CAL FIRE](#)
- ▶ [AFN Library | California Governor's Office of Emergency Services](#)
- ▶ [Red Cross Wildfire Pre-Planning and Evacuation Training - Zoom](#)

# In Closing

- ▶ Plan today!
- ▶ Remember your planning saves lives!
- ▶ Harbor is here to assist!
- ▶ Together we can be prepared

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Vincente Miles, Ed.D  
Emergency Services Manager  
[Vincente.Miles@harborrc.org](mailto:Vincente.Miles@harborrc.org)  
(310) 792-4786



# Special Incident Reporting

Brenda Bane, Manager of Rights & Quality Assurance



## ENCLOSURE 3

## JANUARY 2025 VENDOR SUMMARY OF SIR TIMELINESS

REGIONAL CENTER	CURRENT MONTH		3 MONTH TREND			PAST/CURRENT MONTH CHANGE	ROLLING 12 MONTH
	(1) Total Number of Incidents Submitted in 12/24	(2) Number of Incidents Submitted Within 48 hrs in 12/24	(3) Percentage of Incidents Submitted Within 48 Hours in 12/24	(4) Percentage of Incidents Submitted Within 48 Hours in 11/24	(5) Percentage of Incidents Submitted Within 48 Hours in 10/24	(6) Difference in Percentage of Incidents Submitted Within 48 Hours 12/24 to 11/24	(7) Percentage of Incidents Transmitted Within Two Business Days from 1/24 to 12/24
ACRC	224	198	88%	88%	83%	0%	88%
CVRC	171	150	88%	84%	86%	3%	87%
ELARC	22	19	86%	81%	76%	5%	82%
FNRC	78	59	76%	85%	87%	-10%	84%
FDLRC	31	25	81%	90%	92%	-9%	87%
GGRC	67	53	79%	90%	84%	-11%	85%
HRC	75	57	76%	69%	80%	7%	76%
IRC	362	317	88%	84%	86%	3%	86%
KRC	85	76	89%	95%	82%	-5%	88%
NBRC	78	69	88%	89%	90%	0%	89%
NLACRC	120	109	91%	84%	89%	7%	88%
RCRC	51	35	69%	80%	86%	-11%	80%
RCOC	157	103	66%	69%	67%	-3%	66%
RCEB	86	72	84%	86%	88%	-2%	88%
SARC	174	159	91%	87%	86%	4%	88%
SDRC	211	173	82%	80%	82%	2%	82%
SG/PRC	101	82	81%	90%	80%	-9%	88%
SCLARC	78	70	90%	94%	98%	-4%	88%
TCRC	92	78	85%	91%	86%	-6%	87%
VMRC	119	102	86%	91%	92%	-5%	90%
WRC	46	39	85%	82%	74%	3%	83%
Statewide	2,428	2,045	83.2%	85.1%	84.5%	-1.9%	84.8%



## ENCLOSURE 2

## JANUARY 2025 REGIONAL CENTER SUMMARY OF SIR TIMELINESS

REGIONAL CENTER	CURRENT MONTH		3 MONTH TREND			PAST/CURRENT MONTH CHANGE	ROLLING 12 MONTH
	(1) Total Number of Incidents Transmitted in 12/24	(2) Number of Incidents Transmitted Within Two Business Days in 12/24	(3) Percentage of Incidents Transmitted Within Two Business Days in 12/24	(4) Percentage of Incidents Transmitted Within Two Business Days in 11/24	(5) Percentage of Incidents Transmitted Within Two Business Days in 10/24	(6) Difference in Percentage of Incidents Transmitted Within Two Business Days 12/24 to 11/24	(7) Percentage of Incidents Transmitted Within Two Business Days from 1/24 to 12/24
ACRC	224	206	92%	96%	75%	-4%	84%
CVRC	171	162	95%	95%	95%	0%	94%
ELARC	22	19	86%	84%	76%	2%	86%
FNRC	78	77	99%	95%	94%	4%	94%
FDLRC	31	20	65%	87%	57%	-22%	80%
GGRC	67	47	70%	68%	81%	2%	80%
HRC	75	66	88%	97%	100%	-9%	97%
IRC	362	308	85%	90%	91%	-5%	88%
KRC	85	84	99%	98%	97%	3%	97%
NBRC	78	69	88%	79%	81%	10%	86%
NLACRC	120	112	93%	95%	91%	-2%	93%
RCRC	51	49	96%	96%	78%	0%	93%
RCOC	157	120	76%	95%	90%	-18%	89%
RCEB	86	62	72%	72%	71%	0%	74%
SARC	174	157	90%	98%	91%	-8%	93%
SDRC	211	174	82%	93%	88%	-10%	89%
SG/PRC	101	92	91%	91%	90%	0%	90%
SCLARC	78	72	92%	94%	89%	-1%	92%
TCRC	92	89	97%	99%	96%	-2%	96%
VMRC	119	96	81%	82%	76%	-1%	78%
WRC	46	37	80%	97%	90%	-16%	91%
Statewide	2,428	2,118	86.6%	90.4%	85.6%	-3.8%	88.9%

# New SIR Form Coming – February 2025

- ▶ Help prevent errors – requires review of the form for accuracy and completeness to ensure all of the required information is included.
- ▶ Helps the provider to tailor prevention planning to the incident and the individual.
- ▶ Helps our risk management team capture trends, prevention planning and risk mitigation
- ▶ Helps our SIR team close out the SIRs with DDS in a time-efficient manner

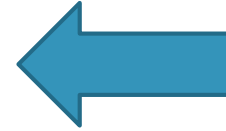
**Instructions for provider Special Incident Reporting (Cal. Code of Regulations Title 17, § 54327)**

1. Verbally notify Harbor within 24 hours of incident by calling the assigned Service Coordinator or Service Coordinator of the Day. If it is after-hours, call the On-Call Manager at (310) 540-1711
2. Submit written SIR within 48 hours of the incident by email: sirs@harborcc.org
3. Notify the appropriate licensing agency according to Title 22 regulations, if applicable
4. Notify authorities (APS, CPS, LTC Ombudsman, Law Enforcement) per mandated reporting requirements for SIRs involving a victim of crime and/or an allegation of abuse or neglect

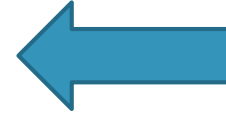
Individual's Name:  UCI #:  DOB:   
 Service Coordinator:  Vendor #:   
 Incident Date:  Incident Time:   AM  PM  Unknown  
 Date Vendor LEARNED of Incident:  Date Vendor CALLED Harbor:   
 Date Vendor submitted WRITTEN Report:   
 Incident Location:  \*Red boxes require a response - indicate N/A if not applicable

**1. INCIDENT TYPE(S) – CHECK ALL THAT APPLY**

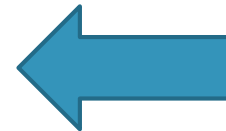
<input type="checkbox"/> Death <input type="checkbox"/> Medication Error (Fill out section 7)  <b>Victim of a Crime</b> <input type="checkbox"/> Aggravated Assault <input type="checkbox"/> Burglary <input type="checkbox"/> Larceny <input type="checkbox"/> Personal Robbery <input type="checkbox"/> Rape or Attempted Rape  <b>Suspected Abuse/Exploitation</b> (Fill out Section 8) <input type="checkbox"/> Alleged Violation of Rights <input type="checkbox"/> Emotional/Mental Abuse <input type="checkbox"/> Financial Abuse <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Physical/Chemical Restraint  <b>Suspected Neglect / Failure To</b> (Fill out Section 8) <input type="checkbox"/> Assist w/ Personal Hygiene <input type="checkbox"/> Prevent Malnutrition/Dehydration <input type="checkbox"/> Protect From Health/Safety Hazard <input type="checkbox"/> Provide Care - Elder/Adult <input type="checkbox"/> Provide Food/Clothing/Shelter <input type="checkbox"/> Provide Medical Care  <b>Missing Person</b> <input type="checkbox"/> Missing Person – Law Enforcement Notified <input type="checkbox"/> Missing Person - Law Enforcement Notified	<b>Medical Treatment – Beyond First Aid</b> (Fill out Section 6) <input type="checkbox"/> Bites That Break The Skin <input type="checkbox"/> Burns <input type="checkbox"/> Choking <input type="checkbox"/> Dislocation <input type="checkbox"/> Fracture <input type="checkbox"/> Internal Bleeding <input type="checkbox"/> Laceration Requiring Sutures/Staples/Dermabond <input type="checkbox"/> Puncture Wound  <b>Unplanned/Unscheduled Hospitalization Due To</b> (Fill out Section 6) <input type="checkbox"/> Cardiac-related <input type="checkbox"/> Diabetes-related <input type="checkbox"/> Seizure-related <input type="checkbox"/> Internal Infection <input type="checkbox"/> Nutritional Deficiency <input type="checkbox"/> Respiratory Illness <input type="checkbox"/> Wound/Skin Care <input type="checkbox"/> Involuntary Psychiatric Hospitalization <input type="checkbox"/> Voluntary Psychiatric Hospitalization <input type="checkbox"/> Other: <input type="text"/>	<b>Behavioral Acts</b> <input type="checkbox"/> Aggressive Act Involving A Weapon <input type="checkbox"/> Aggressive Act To Another Individual <input type="checkbox"/> Aggressive Act To Family/Visitors <input type="checkbox"/> Aggressive Act To Self <input type="checkbox"/> Aggressive Act To Staff <input type="checkbox"/> Arrest/Detainment <input type="checkbox"/> Drug/Alcohol Abuse <input type="checkbox"/> Fire Setting <input type="checkbox"/> Psych Emergency Team/No Hospitalization <input type="checkbox"/> Property Damage <input type="checkbox"/> Severe Verbal Threats <input type="checkbox"/> Suicide Threat <input type="checkbox"/> Suicide Attempt  <b>Injury From</b> <input type="checkbox"/> Accident <input type="checkbox"/> Another Individual <input type="checkbox"/> Behavior Episode <input type="checkbox"/> Seizure <input type="checkbox"/> Unknown Origin  <b>Other</b> <input type="checkbox"/> Disease Outbreak <input type="checkbox"/> Sexual Misconduct <input type="checkbox"/> Other: <input type="text"/>
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Verbally report within 24 hours, and submit SIR form within 48 hours



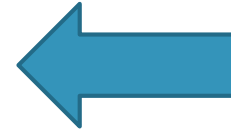
Boxes in RED are required  
 Incident location is a drop down



Check all of the boxes that the incident requires  
*Ex: bite from housemate resulting in medical treatment due to breaking skin*

2. AGENCIES NOTIFIED AND/OR INVOLVED

	Contact Name	Date Notified	Phone #	Report #
Community Care Licensing (DSS)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Health Care Licensing (DHS)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/Guardian/Conservator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Law Enforcement	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adult Protective Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Protective Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Long-Term Care Ombudsman	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

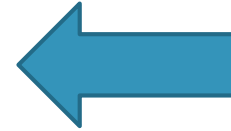


Boxes in **RED** are required. If the notifying party does not apply, write N/A

3. DESCRIPTION OF INCIDENT

(who/what/where/when/why, description of perpetrator, treatment administered, transported to hospital, etc.)

Large light blue rectangular area for incident description.

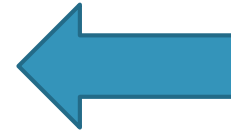


Summarize the incident, including names of people involved - do not use initials. Indicate what steps the agency took to assist with the incident, if applicable

4. SPECIFIC PREVENTATIVE ACTION TAKEN/PLAN TO PREVENT REOCCURRENCE

(new or modified services/supports/equipment, follow-up care, next planning team meeting, trainings etc.)

Large light blue rectangular area for preventative actions.

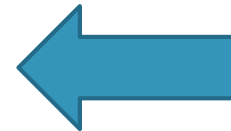


Describe what action agency took or is planning to take to prevent it from happening again

*Ex: create fall prevention plan, suspend staff pending investigation, schedule additional training, etc.*

5. ACTION(S) TAKEN BY VENDOR IN RESPONSE TO SPECIAL INCIDENT

- Staff Training
- Staff Terminated
- Planning Team Meeting
- Referral to Clinical Services
- Staff Suspended
- Policies Revised
- Review/Revise Behavioral Plan
- Other:



Check off all that apply

6. FOR HOSPITALIZATIONS & ER VISITS  NOT APPLICABLE

Hospital Name: \_\_\_\_\_ Admission Date: \_\_\_\_\_

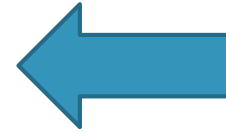
Diagnosis (if available): \_\_\_\_\_

Discharge Date (if available): \_\_\_\_\_ Discharged To (if available): \_\_\_\_\_

Follow-up needed after discharge (i.e. PT, specialist appointment) (if available): \_\_\_\_\_

Did individual require additional support/equipment? \_\_\_\_\_

Medication Changes (if applicable): \_\_\_\_\_



Complete this section if the incident involved a hospital visit.

7. FOR MEDICATION ERRORS  NOT APPLICABLE

Type of Medication Error (check all that apply)

Missed Dose     Wrong Medication     Wrong Time     Medication Refusal

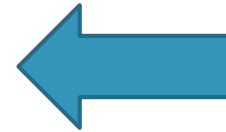
Wrong Dose     Wrong Person     Wrong Route     Documentation Error

Name and dosage of medication(s): \_\_\_\_\_

Any adverse reactions? \_\_\_\_\_

Day(s) affected by medication error: \_\_\_\_\_

Primary Care Physician (MD, NP, PA, or Psychiatrist) notification (name & date): \_\_\_\_\_



Complete this section if the incident involved a medication error

8. FOR ALLEGED PERPETRATOR  NOT APPLICABLE

Name of Alleged Perpetrator: \_\_\_\_\_

Relationship to Individual:  Another Individual Served     Relative/Family Member     Vendor/Employee of Vendor

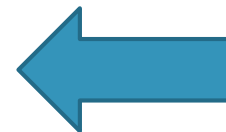
Other Person Known to Individual     Unknown     Other: \_\_\_\_\_

\*If individual required medical attention due to abuse/neglect, fill out Section 6 "Hospitalization & ER visit" above

Was there a witness to the alleged abuse/neglect?  Yes  No    If yes, fill out contact information below

Witness Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\*If there are multiple witnesses, include their names and contact information in Section 3 above



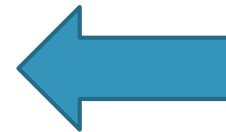
Complete this section if the incident involved an allegation of abuse or neglect

9. REPORT SUBMITTED BY

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Telephone #: \_\_\_\_\_



Boxes in **RED** are required

*For any section that does not apply, mark the box "Not Applicable"*



# What to Do and what NOT to do

## Do

- ▶ Get rid of old copies of the SIR forms
- ▶ Save a copy of the new SIR form as a PDF
- ▶ Type into the boxes
- ▶ Complete the form and submit as PDF
- ▶ Submit via e-mail within 48 hours

## Don't Do

- ▶ Don't submit an old SIR form
- ▶ Don't change or modify the SIR form
- ▶ Don't convert the SIR form to Word
- ▶ Don't submit a handwritten document
- ▶ Don't submit via fax

*The form can be found on the website effective February 1, 2025*

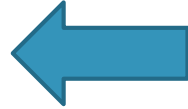
# HCBS Update

Aimee Fabila, Provider Relations Specialist

# Meet your HCBS team at Harbor



Aimee Fabila  
(310) 543-0635  
Aimee.Fabila@harborrc.org



Kiara Martinez  
(310) 792-4737  
Kiara.Martinez@harborrc.org

Brian Carrillo  
(310) 792-4702  
Brian.Carrillo@harborrc.org





# HCBS Update

- ▶ On-site visits
- ▶ Visits consist of the following:
  - ❑ Review of documentation
  - ❑ Interviews of individuals and staff
  - ❑ Physical site compliance
  - ❑ Training, if needed.
  - ❑ Provide resources
  - ❑ On-going individual consultation



# Upcoming HCBS Trainings

- ▶ HCBS and Your Rights (only for individuals served by Harbor)
- ▶ Supported Decision Making
- ▶ Compassion at Work
- ▶ Community Connecting
- ▶ Curious Conversations



# Budget Update

Judy Wada



# California Budget Update

## Budget Cycle

Fiscal Year July 1<sup>st</sup> to June 30<sup>th</sup>

Governor's Proposed Budget—January 10<sup>th</sup>

Governor's May Revision—May 14<sup>th</sup>

Enacted Budget—by June 30<sup>th</sup>

Current Fiscal Year 2024-25

Budget Fiscal Year 2025-26



# California Budget Update

- Health and Human Services
  - Department of Developmental Services
    - Community Services = Regional Centers
      - Caseload Growth & Utilization
      - Full year costs and reforecasts, including:
        - Rate Reform
        - DSP Bi-/Multi-Lingual Pay Differential
      - Public Records Act

# DSP Bi-/Multi-Lingual Pay Differential Program

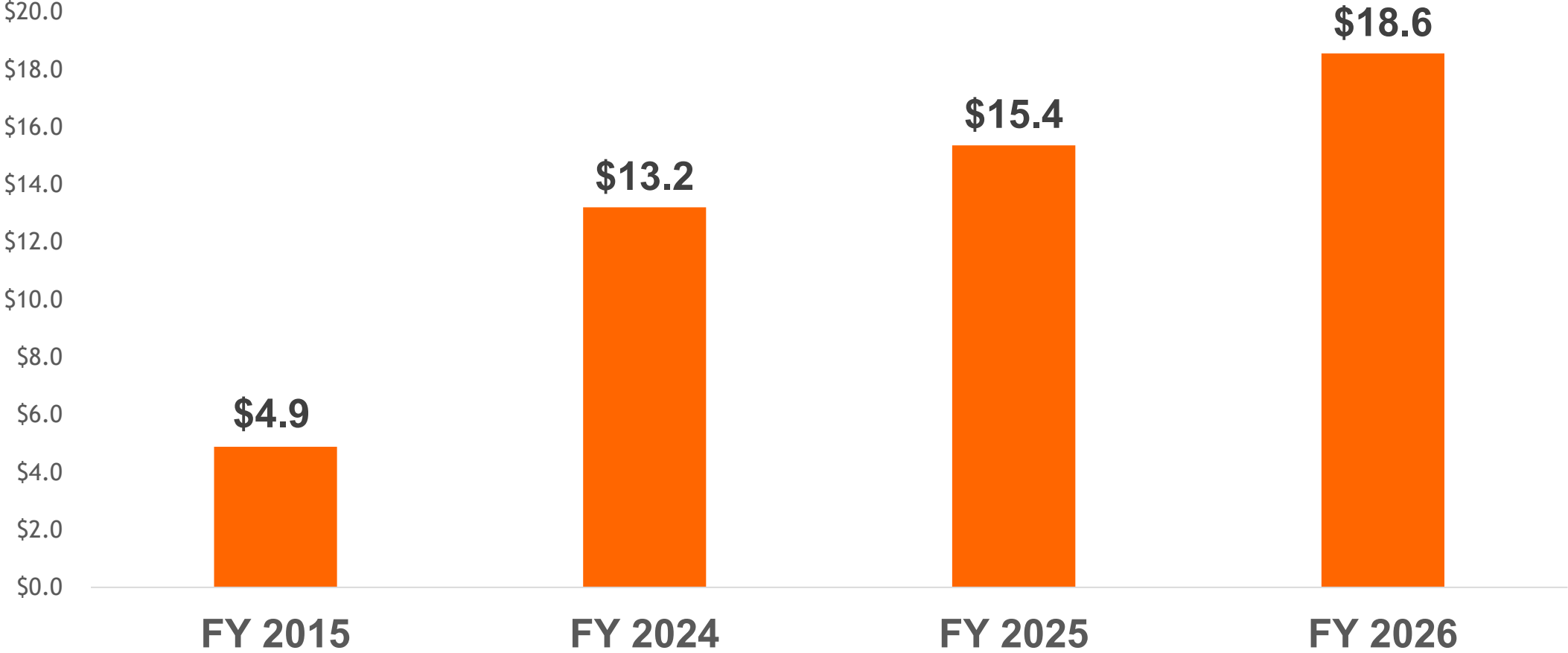
- ▶ Eligibility similar to DSP Training Stipend
- ▶ Monthly differential to DSPs who communicate in a language or medium other than English as part of their regular job duties:

1 Language	\$100
2 Languages	\$200
- ▶ Employer receives \$125 for gross wages and employer-rated costs
- ▶ DDS directive pending—Start April 1, 2025



# Budget & Stats: All Regional Centers

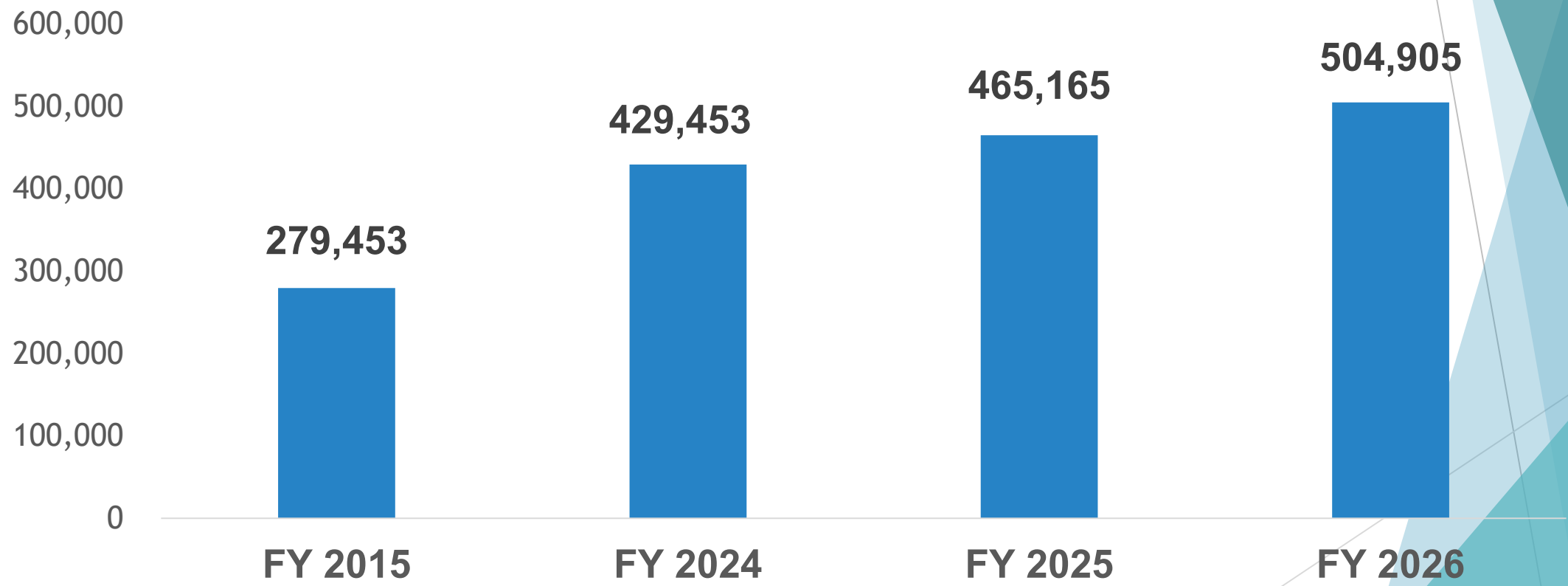
## State-wide Budget (\$ in billions)



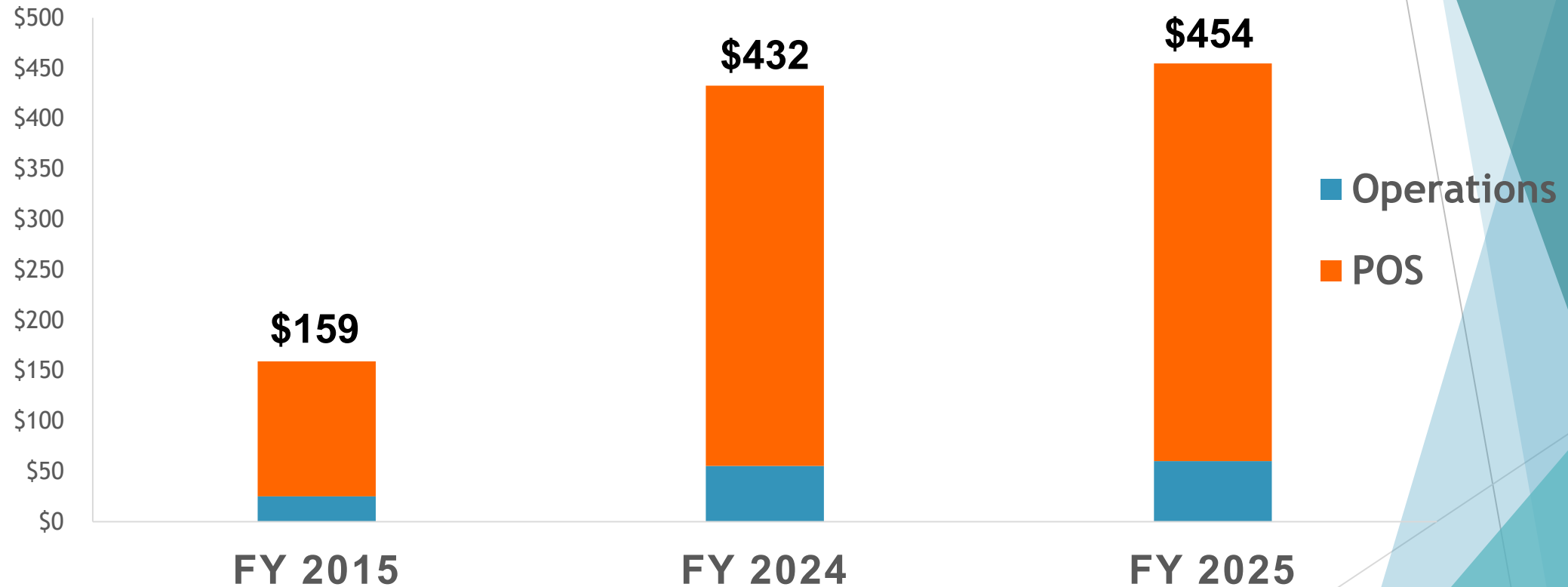




# Budget & Status: State-wide Average Caseload Historical and Projected



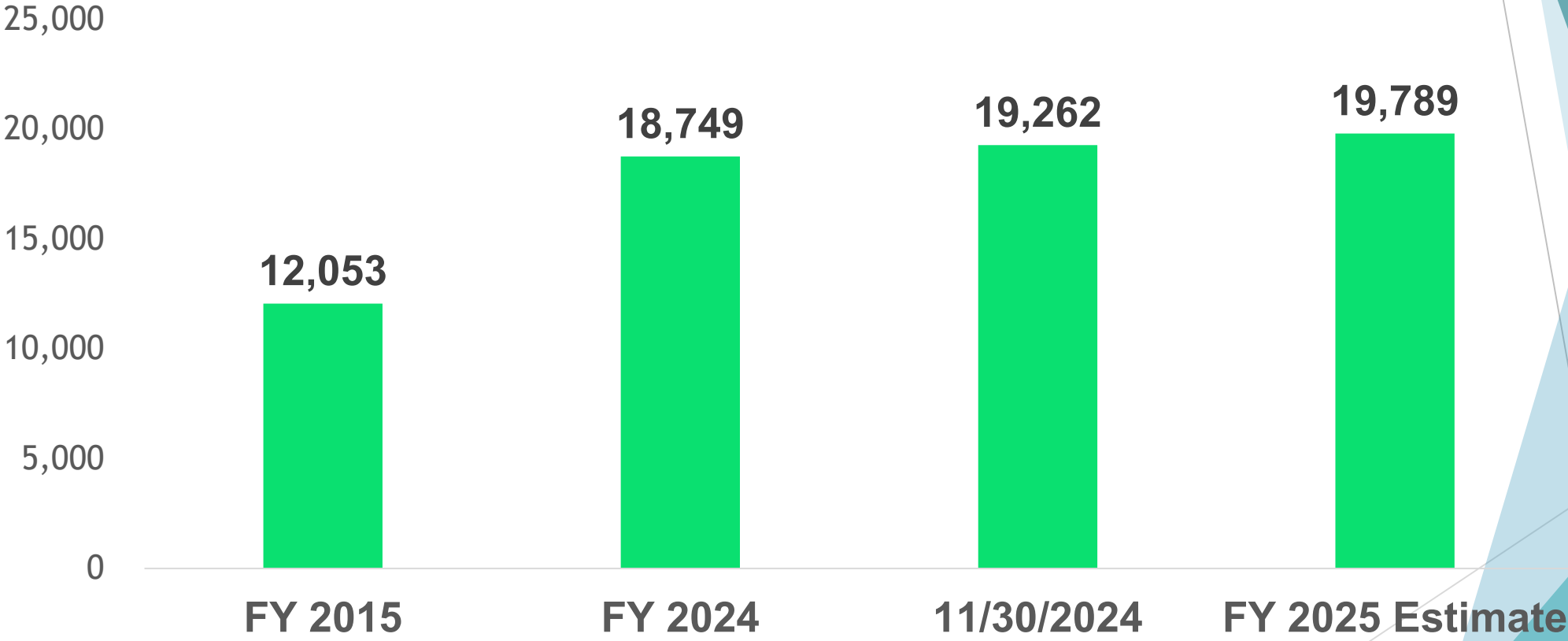
# Budget & Stats: HRC Expenditures (\$ in millions)





# Budget & Stats: HRC Caseload

## June 30<sup>th</sup>





# Construction Projects: Building E—Coming Soon!



# Front Entrance





# Lobby



# Family Resource Center







# “New Main Building”

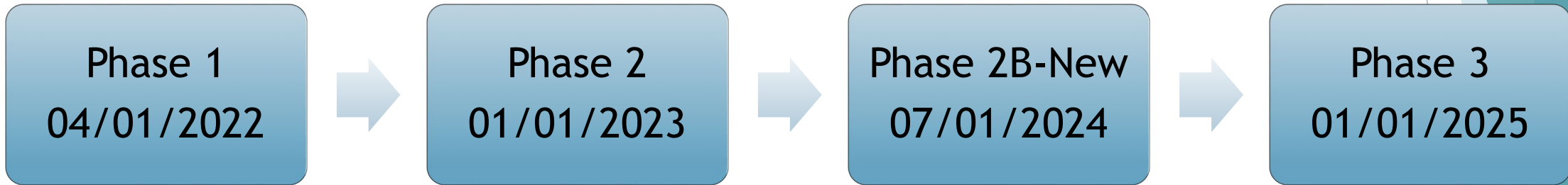
Future home of Lobby, Eval Rooms, FRC, Board Room and Conference Room



# Overview of Rate Reform

Elizabeth Garcia-Moya, Director of Community Services

# Rate Study Implementation



# Rate Reform

## Phase 3: 1/1/2025—FINAL PHASE!

- ▶ DDS Hold Harmless Policy
- ▶ Provider Directory
- ▶ Creation and consolidation of service codes
- ▶ Changes to billing units
- ▶ Standardized subcodes

# Harbor's Implementation Plan-Rate Reform

01/01/2025

- Rate changes only

By  
03/31/2025

- Acknowledgement forms
- Standardization
- Service Code Exemptions

By  
12/31/2025

- Service code & subcode changes
- New Authorizations
- Update IPP/IFSPs

By  
06/30/2026

- Hold harmless ends
- New QIP

# Rate Reform

## Keep Informed!

[www.dds.ca.gov](http://www.dds.ca.gov)

**Vendors / Rate Reform / Rate Reform Directives and Updates**

[Rate Reform Directives and Updates : CA Department of Developmental Services](#)

**Vendors / Rate Reform / Meeting Information**

[Meeting Information : CA Department of Developmental Services](#)

[www.harborrc.org](http://www.harborrc.org)

**Service Providers / Rate Reform**

<https://ebilling.dds.ca.gov:8375/login>

**Harbor's eBilling Home Page**

[ratesquestions@harborrc.org](mailto:ratesquestions@harborrc.org)



# **Direct Service Professional Internship Program**

Patricia Piceno, Manager of Resource Development

# Direct Service Professional Internship Program

- Entry-level training internship program for individuals interested in becoming a Direct Service Professional (DSP)
- DSP Intern has the opportunity to be paid for up to 30 hours per week for up to three (3) months
- DSP Interns who become a permanent DSP employee can earn up to two retention stipends:
  - ▶ \$625 (before taxes) after six (6) & twelve (12) months of continuous employment

# DSP Program-continued

## ▶ All's Well Healthcare Services

- ▶ Recruit & interview potential DSP Interns
- ▶ Facilitate & pay background checks
- ▶ Training
- ▶ Recommendation for placement
- ▶ Employer of record
- ▶ Maintain all reporting requirements for regional centers

# Direct Service Professional Internship Program- continued

► For more information visit:

[www.dds.ca.gov/initiatives/workforce-  
initiatives-4/](http://www.dds.ca.gov/initiatives/workforce-initiatives-4/)

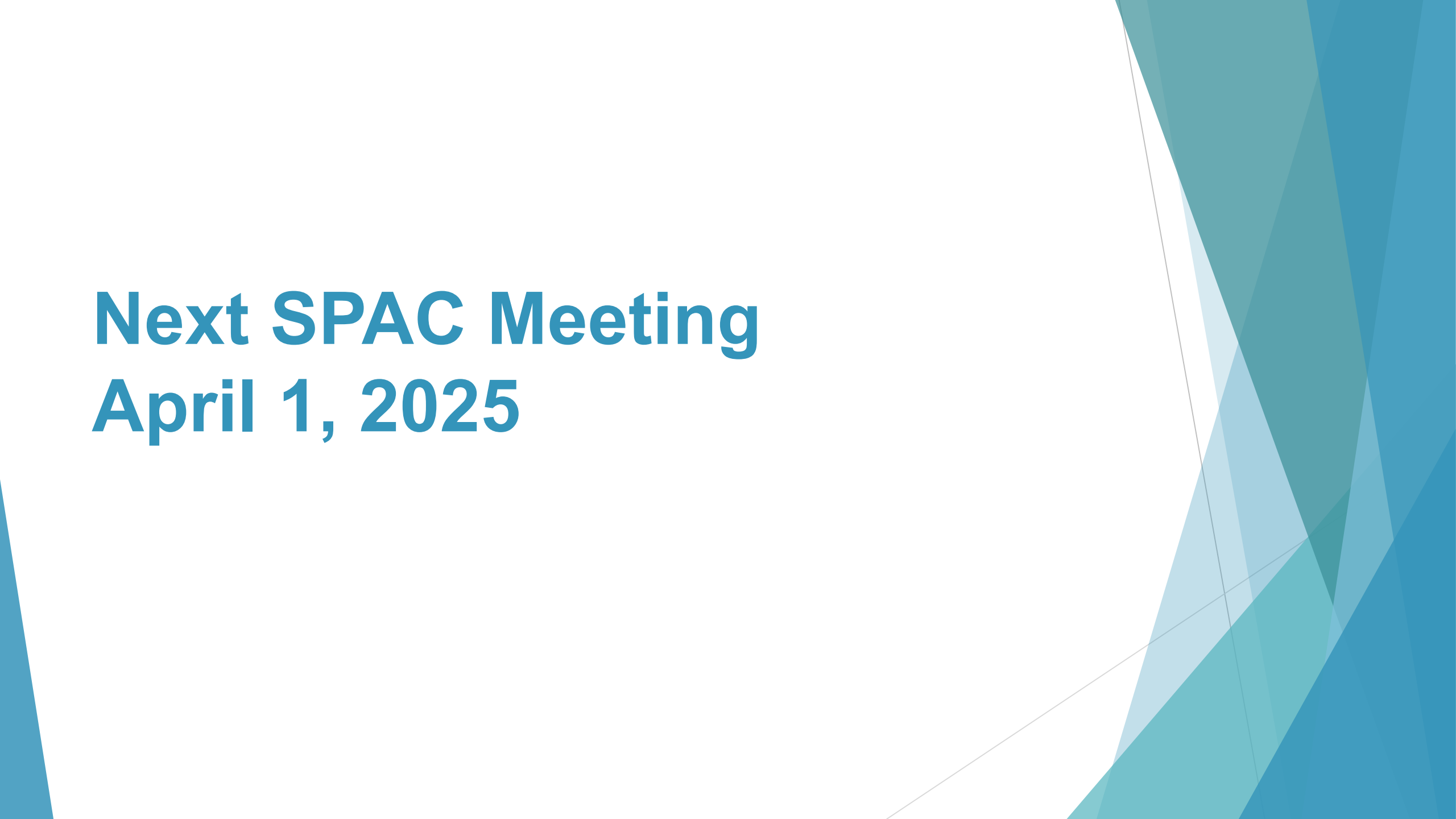
**Resource Development/Services Needs  
Assessment is Now LIVE!**

Resource Development/Services Needs  
Assessment Survey - Harbor Regional Center

# **Service Provider Announcements**



**Next SPAC Meeting**  
**April 1, 2025**

The background features abstract, overlapping geometric shapes in various shades of blue and teal, primarily concentrated on the right side of the slide. The shapes include triangles and polygons, creating a modern, layered effect. The text is positioned on the left side of the slide, set against a plain white background.