

# SAN GABRIEL/POMONA REGIONAL CENTER

## NOTICE OF MEETING

Notice is hereby given that the Board of Directors of the San Gabriel/Pomona Valleys Developmental Services, Inc. will hold their monthly Board meeting on the following date and at the listed location:

**DATE: Wednesday, June 23, 2021**

**TIME: 7:15 p.m.**

**PLACE: THE MEETING SESSION IS OPEN TO THE PUBLIC VIA VIDEOCONFERENCE.**

All SG/PRC Board and related Committee meetings will not be cancelled, however they will be temporarily adapted to video-conference to maintain distancing during the COVID-19 outbreak. All scheduling for such video-conferenced meetings will remain at their regularly scheduled times.

**Join Zoom Meeting:  
Meeting ID: 234 566 141  
Password: 916227**

The upcoming meeting will be convened via videoconference. Please check our website, [sgprc.org](http://sgprc.org) to access the videoconference link.

75 Rancho Camino Drive, Pomona, CA 91766  
(909) 620-7722

Program of San Gabriel/Pomona Valleys Developmental Services, Inc.

**S**AN GABRIEL/POMONA  
REGIONAL CENTER  
75 Rancho Camino Drive  
Pomona, CA 91766

MEETING AGENDA  
**BOARD OF DIRECTORS MEETING**  
(Meets 4<sup>th</sup> Wednesday of each Month)

Wednesday, June 23, 2021 at 7:15 p.m.

**Videoconference Meeting**

ZOOM Meeting ID: 234 566 141

Password: 916227

**BOARD OF DIRECTORS**

**Gisele Ragusa, Board President**

**Sheila James 1<sup>st</sup> Vice President**

**Julie Chetney, 2<sup>nd</sup> Vice President**

**Shannon Hines, Secretary**

**Mary Soldato, Treasurer**

**David Bernstein, VAC Chairperson**

**Georgina Molina**

**Preeti Subramaniam**

**Daniel Rodriguez**

**John Randall (LOA)**

**Natalie Webber**

**Penne Fode**

**Sherry Meng**

**Julie Lopez**

**ACTION**

**MATERIAL**

**COLOR**

<b>7:15 - 7:25</b>	<b>CALL TO ORDER</b> (Gisele Ragusa, President)	None	None	None
	• <b>Roll Call</b>	<b>Quorum</b>	<b>None</b>	<b>None</b>
	• <b>Review Agenda</b>	Info	Attached	White
	• <b>Minutes of May 26, 2021</b>	<b>Consent</b>	<b>Attached</b>	<b>White</b>
<b>7:25 – 7:30</b>	GENERAL PUBLIC INPUT	Info	None	None
<b>7:30 – 7:50</b>	<b>Special Discussion:</b> Self Determination by Cathy Gott and Tamra Pauly	Info	None	None
<b>7:50 – 7:55</b>	<b>Special Updates:</b> -Vaccine Policy -Transportation	Info	None	None
<b>7:55 – 8:00</b>	EXECUTIVE/FINANCE COMMITTEE (Gisele Ragusa, Anthony Hill & Roy Doronila) Financial Report <b>Contract - Roundtrip</b>	<b>Action</b>	Attached	Ivory
<b>8:00 – 8:05</b>	COMMUNITY RELATIONS/LEGISLATIVE COMMITTEE (Daniel Rodriguez)	Info	Attached	Orange

APPROXIMATE SCHEDULE	ITEM	ACTION	MATERIAL	COLOR
8:05 – 8:10	CLIENT SERVICES/ADVISORY COMMITTEE (Shannon Hines and Sheila James) <b>Behavioral Intervention Policies</b>	Action	Attached	Yellow
8:10 – 8:15	VENDOR ADVISORY COMMITTEE (David Bernstein)	Info	Attached	Goldenrod
8:15 – 8:20	STRATEGIC DEVELOPMENT COMMITTEE (Julie Chetney)	Info	Attached	Green
8:20 -8:25	BOARD PRESIDENT’S REPORT (Gisele Ragusa) -ARCA Board Delegate Update	Info	None	None
8:25– 8:35	EXECUTIVE DIRECTOR’S REPORT (Anthony Hill, Executive Director) <ul style="list-style-type: none"> <li>• ARCA /Budget Update</li> <li>• Audit Compliance Plan</li> <li>• COVID 19 Update <ul style="list-style-type: none"> <li>Critical functions/Remote Workforce <ol style="list-style-type: none"> <li>1. COVID-19 Testing Clinic</li> <li>2. COVID-19 Vaccine Clinic</li> <li>3. COVID-19 Vaccine Data</li> <li>4. SG/PRC/COVID-19 Data</li> <li>5. Re-engagement of Services</li> </ol> </li> </ul> </li> </ul>	Info	None	None
8:35	OTHER BOARD & COMMUNITY ANNOUNCEMENTS	Info	None	None
<b><u>ADJOURNMENT OF THE BOARD OF DIRECTORS MEETING</u></b>				
8:35	<b>EXECUTIVE SESSION - Bylaws</b>	Info	None	None

**SAN GABRIEL/POMONA DEVELOPMENTAL SERVICES, INC.**  
**BOARD OF DIRECTORS**  
**DRAFT Minutes of the Meeting of the Board of Directors**  
**(A California Corporation)**

**May 26, 2021**

**ATTENDANCE**

The following members of the Board of Directors were present at said meeting:

**PRESENT:**

Gisele Ragusa  
Julie Chetney  
David Bernstein  
Shannon Hines  
Natalie Webber  
Georgina Molina  
Penne Fode  
Mary Soldato  
David Bernstein  
Sheila James  
Preeti Subramaniam  
Sherry Meng

**STAFF:**

Anthony Hill, Executive Director  
Lucina Galarza, Director of Community Services  
Joe Alvarez, Associate Director of Clinical  
Services  
Daniela Santana, Director of Client Services  
Roy Doronila, Chief Financial Officer  
Salvador Gonzalez, Director of Community Outreach  
and Compliance  
Zorahida Preciado, Adult Services IV Manager  
Jesus Ozeda, Adult Services II Manager  
Yvonne Gratianne, Manager of Communications  
& Public Relations  
Erika Gomez, Exec. Assistant BOD  
Willanette Steward-Satchell, Executive Assistant  
Jose De Leon, Facilities Manager  
Johnny Pang, IT Manager

**ABSENT:**

John Randall (LOA)  
Daniel Rodriguez  
Julie Lopez

**GUESTS:**

Michelle Nelson  
Uvence Martinez, DDS  
Bruce Cruikshank

**A. CALL TO ORDER:**

Gisele Ragusa, Board President, called the meeting to order at 7:16 p.m. Roll call was taken, and a quorum was established.

- The agenda was reviewed and Penne Fode will report on the Community Relations/Legislative meeting as Daniel Rodriguez was not present.
  - The minutes for the March 24, 2021 meeting were reviewed and approved by the Board with the following changes:
    - Preeti Subramaniam should be listed as present
    - Under Guests Present, “Jim G” is Jim Gott
    - Under Section H – In the last sentence, there was a typo, it should say COVID
    - COVID should be capitalized throughout

**M/S/C (Hines & Fode) The Board approved the minutes.**

**Abstain: James & Meng**

- The minutes for the April 28, 2021 meeting were reviewed and approved by the Board with the following change:
  - The formatting of Preeti Subramaniam’s name needs to be adjusted

**M/S/C (James & Subramaniam) The Board approved the minutes.**

**Abstain: Meng**

**B. PUBLIC INPUT:**

Henry Molina, parent of an individual served, gave public input on the Self Determination Program.

**C. SPECIAL DISCUSSION:**

Zorahida Preciado, Adult Services IV Manager and Jesus Ozeda, Adult Services II Manager provided a presentation on “Housing for Individuals Living Independently.” The following key points were discussed:

- Overview of direct supports to maintain living arrangements
  - Generic Resources
  - SG/PRC vendored supports

- Equipment Needs
- Alternative Living Arrangements
- Self Determination Program

(The Board would like more information on Assistive Technology).

#### **D. EXECUTIVE/FINANCE COMMITTEE**

Roy Doronila, Chief Financial Officer, reported on the following:

##### **Financial Report**

In regional center operations, the allocation based on the B2 Amendment is projected to meet expenditure projections. Projections include estimated cost of wage enhancements, vacation buyouts and continuation of projects identified in the prior year.

The operations allocation for fiscal year 2020-21 is currently at \$32,144,211 with projected expenditures of \$31,848,071. The current month's expenditure amounted to \$1,479,614 and the year-to-date expenditures is \$22,330,693, with projected remaining expenditures of \$9,517,378. This reflects a surplus of **\$296,140** in regular operations.

The Family Resource Center allocation is projected to meet expenditure projections, resulting in a zero-balance remaining in allocation. The current allocation is \$154,564 with projected expenditures of \$154,564.

The Lanterman Foster Grandparent/Senior Companion program has a current allocation in the amount of \$1,209,748, staff expect to spend the full amount. The Fairview programs is included in this amount. The Community Placement Plan (CPP) and DC ongoing Workload operations allocation is currently allocated at \$1,688,720. Expenditures for the year are projected to be within the allocated amount.

The Purchase of Service Projections were based on the B-2 contract amendment and actual expenditures through April 19, 2021 claim. The B-2 POS allocation is at \$271,307,068. The current month's claim amounted to \$24,168,936 bringing the year-to-date expenditures for services to \$194,248,931. Projected expenditures and late bills remaining are in the amount of \$83,401,990 leaving a deficit of **\$6,343,853**. Staff expect to be funded in full in future allocations. POS expenses directly related to COVID19 are included in this projection under the other items section. CPP POS is in a separate line item and projected to be within the allocated amount.

- The B2 Allocation was received.
- The Line of Credit was approved by the Executive Finance Committee.

**Contracts Review:**

Presented by Lucina Galarza, Director of Community Services

- *Brilliant Corners*

The Board reviewed the contracts based on their policy for contracts over \$250,000.

**M/S/C (James & Chetney) The Board approved the contract.**

**Abstain: Bernstein**

- *CPP Community Dental Clinic*

The Board reviewed the contracts based on their policy for contracts over \$250,000.

**M/S/C (Fode & James) The Board approved the contract.**

**Abstain: Bernstein**

Presented by Joe Alvarez, Associate Director of Clinical Services

- *Columbus*

The Board reviewed the contracts based on their policy for contracts over \$250,000.

**M/S/C (Hines & Soldato) The Board approved the contract.**

**Abstain: Bernstein**

**E. COMMUNITY RELATIONS/LEGISLATIVE COMMITTEE**

On behalf of Daniel Rodriguez, Penne Fode, shared that at the meeting in April, the committee heard the Community Outreach Report, a review of Grassroots Day and a COVID 19 update as well as a presentation from Dr. Angell, USC (Research Projects), about Autism Disparities.

Penne Fode also reported for the May meeting. The members heard the Community Outreach Report as well as an update on the May Revise and a COVID 19 update. Lastly, there was a discussion about fear that vendors have of speaking up and their wish to be more involved in the creation of policies that impact the vendor community. Mr. Hill committed to the vendors to look into this and ways to improve equity and transparency.

**F. CLIENT SERVICES ADVISORY COMMITTEE**

Shannon Hines reported that the committee was provided with a presentation on the ABLE Act. Staff will make the materials available to the Board. Also, the Board members were asked to examine the Behavioral Intervention Policies as they will be reviewed for a vote at the next Board meeting on June 23, 2021.

**G. VENDOR ADVISORY COMMITTEE (VAC)**

David Bernstein shared that the VAC will hold an election for the new Chairperson next week. There are three candidates. He also shared that the topic of the referral system came up as the vendors would like to understand this process better.

**H. STRATEGIC DEVELOPMENT COMMITTEE**

Julie Chetney reported that the committee continues to review the Board Strategic Timeline and staff provided a COVID 19 update with encouraging news.

**I. NOMINATING COMMITTEE**

**2<sup>ND</sup> TERM DIRECTORS:**

The Board conducted an election to confirm 2<sup>nd</sup> term Directors.

*Pursuant to Bylaws, Sections 6.01 & 7.01 Directors standing for re-election shall be voted on at the Annual meeting of the Board of Directors of the Corporation. Nominations for the first term Directors made pursuant to Article 21.03 can be acted on by the Board at the annual, special or regular meeting when a voting quorum is present. A majority of the votes cast shall elect a Director to the Board.*

The following Director will end their first term on the Board on June 30, 2021.

Therefore, the Board must vote for the following individual to continue to a second term on the Board of Directors starting July 1, 2021:

- Daniel Rodriguez

**The Board voted and did not confirm a second term for Mr. Rodriguez.**

**ELECTION – SLATE OF OFFICERS**

Julie Chetney reported on behalf of the Nominating Committee the following



Proposed Slate of Officers to the Board of Directors for Fiscal Year 21/22:

- Board President: Penne Fode
- 1<sup>st</sup> Vice President: Sheila James
- 2<sup>nd</sup> Vice President: Shannon Hines
- Treasurer: Bill Stewart
- Secretary: Anabel Franco

**The proposed slate of officers for Fiscal Year 21/22 was unanimously approved, effective July 1, 2021.**

**J. BOARD OVERVIEW**

Dr. Gisele Ragusa shared the following information:

- ARCA Board Delegate Update – The Delegates continue to meet every other month. Dr. Ragusa will continue to send out the trainings and any information pertaining to the members.

**K. EXECUTIVE DIRECTOR’S REPORT:**

Anthony Hill, Executive Director, discussed the following:

- ARCA Update
  - May Revise Includes:
    - Improved onboarding into the Self Determination Program, including “participant choice specialists, intensive transition support services, and regional center training.”
    - A proposal for Lanterman Act Provisional Eligibility Ages 3 and 4 for 3-and 4-year-old children who have disabilities which result in significant functional limitations in major life activities but currently do not meet Lanterman Act eligibility criteria
    - DDS and regional center funding for individuals who are Deaf. The Spring Finance Letter proposes funding for a DDS position to provide statewide leadership and expertise on the provision of services and supports for individuals who are deaf and have intellectual or developmental disabilities.

Mr. Hill and staff provided an update regarding the response to COVID 19:

- 93% of staff are vaccinated. 20% of staff are back in the office. Fiscal, IT and administrative staff returned on May 10, 2021. The leadership team has also returned. Service Coordinators return once a week. The number of days that staff are required to return will increase with each phase. It is expected that staff will be back in the office for 4 days out of the week by September 16, 2021.
- SG/PRC is a testing site every Wednesday and will expand to test 3 days a week, Tuesday-Thursday, starting in June. 37 people were tested today.
- SG/PRC hosted another vaccine clinic on May 6, 2021. Another vaccine clinic is scheduled for tomorrow and will be opened to young adults that are eligible. Staff partnered with the LA Sheriff's Department to administer in home vaccination to those that are homebound.
- Staff shared the data collected of individuals served who have been vaccinated. Individuals served are not required to get vaccinated and service providers cannot refuse to serve those who are not vaccinated.
- COVID -19 Report – Joe Alvarez provided individual stats on COVID-19; spoke about the trends of positive and negative cases.

### **EXECUTIVE SESSION**

Bylaws Discussion

**Next meeting on Wednesday, June 23, 2021 at 7:15 p.m.**

### **BOARD MINUTES FROM THE MAY 26, 2021 MEETING**

Submitted by:

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Gisele Ragusa, Board President

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Date

**S**AN GABRIEL/POMONA  
REGIONAL CENTER

# Committee Reports & Information



**May - June 2021**

**SAN GABRIEL/POMONA VALLEYS  
DEVELOPMENTAL SERVICES, INC.  
Executive/Finance Committee Meeting Minutes**

**June 9, 2021**

**PRESENT**

Gisele Ragusa, President  
Sheila James, 1<sup>st</sup> VP  
Julie Chetney, 2<sup>nd</sup> VP  
Shannon Hines, Secretary  
Natalie Webber, Director  
Mary Soldato, Treasurer

**GUESTS:**

Michelle Nelson

**STAFF:**

Anthony Hill, Executive Director  
Lucina Galarza, Director of Community Services  
Roy Doronila, Chief Financial Officer  
Daniela Santana, Director of Client Services  
Joe Alvarez, Director of Clinical Services  
Salvador Gonzalez, Director of Community  
Outreach and Compliance  
Raquel Sandoval, Director of Human Resources  
Willanette Steward-Satchell, Exec. Asst. (Mgmt.)  
Erika Gomez, Executive Assistant - BOD

**ABSENT:**

Daniel Rodriguez, Director

**ACTIONS TAKEN BY THE EXECUTIVE/FINANCE COMMITTEE  
PURSUANT TO SECTION 20.04 OF THE BYLAWS**

All actions taken by the Executive/Finance Committee on behalf of the Board of Directors shall be reported at the next meeting of the Board. The actions taken by the Executive/ Finance Committee at this meeting were:

**Approval of Financial Report-** for the month of April 2021, for services paid through May 17, 2021

**ITEMS DISCUSSED**

**A. CALL TO ORDER**

Gisele Ragusa, Board President, called the meeting to order at 7:17 pm. A quorum was established.

The committee reviewed the agenda and added a closed session regarding a personnel matter.

The committee reviewed and approved the minutes of the May 12, 2021 meeting.

**(M/S/C James & Chetney) The committee approved the minutes.**

**Abstain: Soldato**

**B. PUBLIC INPUT:**

None

**C. FINANCIAL REPORT**

Roy Doronila, Chief Financial Officer, reported on the following:

**Financial Report**

In regional center operations, the allocation based on the B3 Amendment is projected to meet expenditure projections. Projections include estimated cost of wage enhancements, vacation buyouts and continuation of projects identified in the prior year. The operations allocation for fiscal year 2020-21 is currently at \$32,367,211 with projected expenditures of \$32,060,100. The current month's expenditure amounted to \$2,351,196 and the year-to-date expenditures is \$24,681,889, with projected remaining expenditures of \$7,378,211. This reflects a surplus of **\$307,111** in regular operations.

The Family Resource Center allocation is projected to meet expenditure projections, resulting in a zero-balance remaining in allocation. The current allocation is \$154,564 with projected expenditures of \$154,564.

The Lanterman Foster Grandparent/Senior Companion program has a current allocation in the amount of \$1,209,748, staff expect to the full amount to be spent. The Fairview program's is included in this amount. The Community Placement Plan (CPP) and DC ongoing Workload operations allocation is currently allocated at \$1,688,720. Expenditures for the year are projected to be within the allocated amount.

The Purchase of Service allocation is based on the B3 amendment in the amount of \$283,327,207. The current month's expenditure amounted to \$23,497,027 bringing the year-to-date expenditures for services to \$217,910,979. The remaining projected expenditures and late bills are in the amount of \$61,366,176 leaving a surplus, **\$6,482,651**. POS expenses directly related to COVID19 are included in this projection under the other items section. CPP POS is in a separate line item, SG/PRC is missing an allocation for \$ 75,836 in start-up but is projected to be funded in future allocation.

**(M/S/C – Soldato & Hines) The committee approved the Financial Report.**

**Authorization - President signature for B 3 Allocation**

**(M/S/C - Soldato & James) The committee approved the President's signature for the B 3 Allocation.**

**Authorization – C Preliminary Allocation for FY 21/22**

**(M/S/C - James & Soldato) The committee approved the C Preliminary Allocation for FY 21/22.**

**D. CONTRACTS FOR REVIEW**

Lucina Galarza, Director of Community Services presented the following contracts:

- *A&M IV* – This contract is only for informational purposes.
  
- Roundtrip  
**(M/S/C – James & Hines) The committee approved the recommendation to the Board for its review of this contract.**

**E. BOARD OVERVIEW**

Gisele Ragusa, Board President, reported on the following:

- Board Bylaws – The Bylaws are under review.
- Agenda for the June 23, 2021 Board Meeting:
  - The next special discussion topic will be Self Determination
  - Vaccine Policy
  - Transportation Update
  - Contracts that need approval
  - Closed session for Bylaws Discussion
- Agenda items for the July 14, 2021 Executive Finance Committee meeting:
  - Financial Report
  - Covid-19
  - Bylaws

**F. INFORMATION - EXECUTIVE DIRECTOR**

- **ARCA- FY-21-22 Budget - ARCA Update**
  - The May Revise came out and it is believed that the following proposals will be supported by the Governor:
    - Improved onboarding into the Self Determination Program, including “participant choice specialists, intensive transition support services, and regional center training.”
    - A proposal for Lanterman Act Provisional Eligibility Ages 3 and 4 for 3-and 4-year-old children who have disabilities which result in significant functional limitations in major life activities but currently do not meet Lanterman Act eligibility criteria.

- DDS and regional center funding for individuals who are Deaf. The Spring Finance Letter proposes funding for a DDS position to provide statewide leadership and expertise on the provision of services and supports for individuals who are deaf and have intellectual or developmental disabilities.
      - 2 caseloads in Adult Services and one in Family Services will be created for the deaf or hard of hearing.
  - Service Coordinator – Legislative Information – SG/PRC staff called the Governor to ask for support to closing the gap of caseload ratios with Service Coordinators. Dr. Ghaly wants funding for Service Coordinators to be performance based. SG/PRC’s turnaround is one of the lowest in the state.
  - Self- Determination Update – There was a meeting last night. Staff selected a coaching model that will provide training, support and technical assistance. SG/PRC is building capacity within to house these coaches.

**G. COVID-19 UPDATE:**

Anthony Hill, Executive Director, and staff reported the following regarding Covid-19:

- Remote Workforce Adjustments – 20% of staff are back in the office. Fiscal, IT and administrative staff returned on May 10, 2021. The leadership team returned the following week. Service Coordinators go in once a week. The number of days that staff are required to return will increase with each month.
- 93% of staff are vaccinated.
- SG/PRC is a testing site every Tuesday, Wednesday and Thursday. The average of people getting tested is 20-25 and all those tested have received a negative test result.
- Intake and Eligibility-SG/PRC continues to offer full scope - in person intake and eligibility.
- Daniela Santana shared the data collected of individuals served who have been vaccinated. Individuals served are not required to get vaccinated and service providers cannot refuse to serve those who are not vaccinated. As of this meeting, 4,169 individuals served have received at least the first dose of the vaccine. SG/PRC is number one in place of most individuals served who have been vaccinated.
- Vaccine Policies- day Programs- Community Care Licensing released a PIN informing that Day Programs cannot remove individuals not vaccinated. Staff clarified with day programs that they are not to prioritize those vaccinated over those not vaccinated. Someone’s vaccine status cannot be a criteria for Day Program participation eligibility.

- Re-Engagement Non-Residential Services –Day Program providers were allowed to start re-engaging in May. In May 40% of individuals served were allowed to attend program, an additional 40% were allowed back in this month with the remainder being allowed in July.
- Directive from DDS – QA Visits – Since April, SG/PRC has been conducting in-person visits with individuals served that receive residential services, family home agency services, that live in skilled nursing facilities or receive supported living or independent living services. Safety measures are implemented, and visits are limited to 30 minutes and will increase to an hour. Interviews are conducted outdoors.
- SG/PRC hosted another vaccine clinic on May 27, 2021. 120 people were seen, 84 of them got their second dose.
- Joe Alvarez provided individual stats on COVID-19; spoke about the downward trend, presented information on the DDS report.

### **MEETING ADJOURNED**

The meeting adjourned. The next regular meeting will be held on July 14, 2021 at 7:15 p.m. via teleconference.

### **CLOSED SESSION**

Personnel Matter



SAN GABRIEL/POMONA REGIONAL CENTER  
**PURCHASE OF SERVICES FUND FINANCIAL REPORT**

**DRAFT  
 COPY**

FISCAL YEAR 2020-21

PAYMENTS THROUGH MAY 17, 2021 FOR SERVICES PROVIDED THROUGH APRIL 30, 2021

83.3% OF YEAR ELAPSED

CONTRACT ALLOCATIONS	Regular POS	CPP	HCBS	Total			
Preliminary Allocation (Regular POS)	200,879,483			200,879,483			
B-1	70,427,585	100,000		70,527,585			
B-2		800,069		800,069			
B-3	12,020,139	1,001,280	531,250	13,552,669			
				0			
<b>Total Contract Allocation</b>	<b>283,327,207</b>	<b>1,901,349</b>	<b>531,250</b>	<b>285,759,806</b>			
	C plus E						
	A	B	C	D	E	F	G
		Current Month Expenditures	Year-to-Date Expenditures	YTD Actual as percent of Allocation	Projected Remaining Expenditures	Total Projected Expenditures	YTD & Projected as percent of Allocation
<b>Total POS Actual &amp; Projected Expenditures</b>		<b>23,497,027</b>	<b>217,910,979</b>	<b>76.3%</b>	<b>61,366,176</b>	<b>279,277,155</b>	<b>97.7%</b>
<b>OUT OF HOME CARE</b>							
Community Care Facilities		8,126,075	79,019,255	27.9%	19,450,506	98,469,761	34.8%
ICF/SNF Facilities		7,384	133,001	0.0%	127,722	260,723	0.1%
<b>Total Out of Home Care</b>		<b>8,133,458</b>	<b>79,152,256</b>	<b>27.9%</b>	<b>19,578,228</b>	<b>98,730,484</b>	<b>34.8%</b>
<b>DAY PROGRAMS</b>							
Day Care		1,347,019	10,398,559	3.7%	3,486,108	13,884,667	4.9%
Day Training		4,141,693	41,483,283	14.6%	9,817,576	51,300,858	18.1%
Supported Employment		1,206,875	4,556,480	1.6%	1,256,566	5,813,046	2.1%
Work Activity Program		174,871	1,331,578	0.5%	479,622	1,811,201	0.6%
<b>Total Day Programs</b>		<b>6,870,457</b>	<b>57,769,900</b>	<b>20.4%</b>	<b>15,039,872</b>	<b>72,809,772</b>	<b>25.7%</b>
<b>OTHER SERVICES</b>							
Non-Medical: Professional		651,643	5,943,774	2.1%	1,929,631	7,873,405	2.8%
Non-Medical: Programs		1,347,309	12,225,309	4.3%	4,693,357	16,918,665	6.0%
Home Care: Programs		265,000	2,153,609	0.8%	720,127	2,873,736	1.0%
Transportation		106,232	4,807,429	1.7%	1,574,564	6,381,993	2.3%
Transportation Contracts		229,168	5,114,284	1.8%	1,553,184	6,667,468	2.4%
Prevention		1,144,160	9,566,942	3.4%	2,281,811	11,848,753	4.2%
Other Authorized Services		1,389,503	11,989,059	4.2%	3,310,652	15,299,711	5.4%
Personal and Incidentals		11,117	126,817	0.0%	30,334	157,150	0.1%
Hospital Care		110,466	1,185,195	0.4%	472,424	1,657,619	0.6%

SAN GABRIEL/POMONA REGIONAL CENTER  
**PURCHASE OF SERVICES FUND FINANCIAL REPORT**

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FISCAL YEAR 2020-21

PAYMENTS THROUGH MAY 17, 2021 FOR SERVICES PROVIDED THROUGH APRIL 30, 2021

83.3% OF YEAR ELAPSED

						C plus E	
	A	B	C	D	E	F	G
		Current Month Expenditures	Year-to-Date Expenditures	YTD Actual as percent of Allocation	Projected Remaining Expenditures	Total Projected Expenditures	YTD & Projected as percent of Allocation
Medical Equipment		1,062	19,149	0.0%	14,503	33,652	0.0%
Medical Service: Professional		146,907	1,364,769	0.5%	922,348	2,287,117	0.8%
Medical Service: Programs		182,934	1,232,513	0.4%	313,079	1,545,592	0.5%
Respite: In Own Home		1,128,321	11,867,435	4.2%	1,836,558	13,703,993	4.8%
Respite: Out of Home		0	3,243	0.0%	8,645	11,888	0.0%
Camps		0	240	0.0%	0	240	0.0%
<b>Total Other Services</b>		<b>6,713,822</b>	<b>67,599,768</b>	<b>23.9%</b>	<b>19,661,213</b>	<b>87,260,982</b>	<b>30.8%</b>
<b>Total Estimated Cost of Current Services</b>		<b>21,717,738</b>	<b>204,521,924</b>	<b>72.2%</b>	<b>54,279,313</b>	<b>258,801,237</b>	<b>91.3%</b>
<u>OTHER ITEMS</u>							
Estimated Cost of COVID19 expenses		2,206,299	17,723,167	6.3%	6,044,315	23,767,483	8.4%
HCBS	531,250				531,250	531,250	
<b>Total Other Items</b>		<b>2,206,299</b>	<b>17,723,167</b>	<b>6.3%</b>	<b>6,575,565</b>	<b>24,298,733</b>	<b>8.6%</b>
<b>Total Purchase of Services</b>		<b>23,924,037</b>	<b>222,245,091</b>	<b>78.4%</b>	<b>60,854,878</b>	<b>283,099,970</b>	<b>99.9%</b>
Deduct: Estimated Receipts from Intermediate Care Facilities for State Plan Amendment Services		(427,010)	(4,499,133)	-1.6%	(1,300,867)	(5,800,000)	-2.0%
<b>Expenditures Regular POS (Net of CPP)</b>	<b>283,327,207</b>	<b>23,497,027</b>	<b>217,745,959</b>	<b>76.9%</b>	<b>59,554,011</b>	<b>277,299,970</b>	<b>97.9%</b>
<b>Projected Allocation Balance (Deficit) Regular POS</b>						<b>6,558,487</b>	<b>2.3%</b>
<u>COMMUNITY PLACEMENT PLAN</u>							
Community Placement Plan (inc. CRDP)	1,901,349	0	165,021	8.7%	1,812,164	1,977,185	104.0%
<b>Allocation Balance (Deficit) CPP and CRDP</b>						<b>(75,836)</b>	<b>0.0%</b>
<b>Total Projected Allocation Balance (Deficit) Regular &amp; Community Placement Plan POS</b>						<b>6,482,651</b>	<b>2.3%</b>

SAN GABRIEL/POMONA REGIONAL CENTER  
**OPERATIONS FUND FINANCIAL REPORT**

FISCAL YEAR 2020-21

PAYMENTS THROUGH MAY 17, 2021 FOR SERVICES PROVIDED THROUGH APRIL 30, 2021

83.3% OF YEAR ELAPSED

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	Regular	CPP/CRDP DC Ongoing	Family Resource Center	Foster Grandparent Senior Companion	Covid	Total			
<b>CONTRACT ALLOCATIONS</b>									
Preliminary Allocation	25,975,869					25,975,869			
B-1 Allocation	5,698,975	889,472	154,564	1,209,748		7,952,759			
B-2 Allocation	386,367	799,248				1,185,615			
B-3 (estimated)	306,000					306,000			
						0			
						0			
<b>Total Operations Contract Allocation</b>	<b>32,367,211</b>	<b>1,688,720</b>	<b>154,564</b>	<b>1,209,748</b>	<b>-</b>	<b>35,420,243</b>			
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>D plus F G</b>	<b>A minus G H</b>	<b>I</b>
	Current Allocation	% of Allocation	Current Month Expenditures	Year-to-Date Expenditures	YTD Actual as % of Allocation	Projected Remaining Expenditures	Total Projected Expenditures	Projected Balance Amount	Remaining Percent
<b>Total Operations - Actual and Projected Expenditures</b>	<b>35,420,243</b>	<b>100.00%</b>	<b>2,540,200</b>	<b>26,899,383</b>	<b>75.9%</b>	<b>8,213,748</b>	<b>35,113,131</b>	<b>307,112</b>	<b>0.87%</b>
<b>PERSONAL SERVICES (REGULAR OPERATIONS)</b>									
Salaries	22,166,667	68.48%	1,624,510	16,987,478	52.5%	5,178,194	22,165,672	995	0.00%
Temporary Staff	13,791	0.04%	0	12,203	0.0%	0	12,203	1,589	0.00%
Retirement ( includes 403B)	2,790,583	8.62%	202,374	2,126,819	6.6%	590,205	2,717,024	73,559	0.23%
Social Security (OASDI)	160,986	0.50%	22,734	112,511	0.3%	45,459	157,970	3,016	0.01%
Health Benefits/Long Term Care	1,966,183	6.07%	152,106	1,744,803	5.4%	159,383	1,904,186	61,997	0.19%
Worker's Comp Insurance	194,618	0.60%	19,949	134,970	0.4%	44,281	179,251	15,367	0.05%
Unemployment Insurance	50,000	0.15%	0	23,245	0.1%	23,245	46,490	3,510	0.01%
Non-Industrial Disability/Life Insurance	110,833	0.34%	7,129	79,392	0.2%	15,878	95,271	15,562	0.05%
Clinical Consultants - Consumer Services	0	0.00%	0	0	0.0%	0	0	0	0.00%
<b>Total Personal Services (Regular Operations)</b>	<b>27,453,661</b>	<b>84.82%</b>	<b>2,028,802</b>	<b>21,221,422</b>	<b>65.6%</b>	<b>6,056,645</b>	<b>27,278,068</b>	<b>175,594</b>	<b>0.54%</b>
<b>OPERATING EXPENSES (REGULAR OPERATIONS)</b>									
Equipment Rental	62,530	0.19%	1,299	56,322	0.2%	0	56,322	6,208	0.02%
Equipment Maintenance	22,000	0.07%	1,708	19,473	0.1%	1,770	21,243	757	0.00%
Facility Rent	2,628,000	8.12%	219,000	2,409,000	7.4%	219,000	2,628,000	0	0.00%
Facility Maintenance	6,000	0.02%	700	4,316	0.0%	863	5,179	821	0.00%
Communications (postage, phones)	351,000	1.08%	24,070	195,602	0.6%	154,920	350,522	478	0.00%
General Office Expense	300,000	0.93%	25,665	153,161	0.5%	64,632	217,793	82,207	0.25%
Printing	12,000	0.04%	505	9,231	0.0%	1,846	11,077	923	0.00%
Insurance	220,000	0.68%	0	219,168	0.7%	0	219,168	832	0.00%
Data Processing	120,000	0.37%	6,778	53,361	0.2%	65,672	119,033	967	0.00%
Data Processing Maintenance / Licenses	357,000	1.10%	29,128	205,182	0.6%	150,000	355,182	1,818	0.01%
Interest Expense	18,000	0.06%	0	15,285	0.0%	0	15,285	2,715	0.01%
Bank Service Fees	1,500	0.00%	365	692	0.0%	138	830	670	0.00%
Legal Fees	200,000	0.62%	0	29,288	0.1%	157,865	187,153	12,847	0.04%
Board of Directors Expense	7,000	0.02%	450	684	0.0%	137	821	6,179	0.02%
Accounting Fees	65,000	0.20%	0	0	0.0%	65,000	65,000	0	0.00%
Equipment Purchases	135,000	0.42%	0	30,489	0.1%	103,280	133,769	1,231	0.00%

SAN GABRIEL/POMONA REGIONAL CENTER  
**OPERATIONS FUND FINANCIAL REPORT**

FISCAL YEAR 2020-21

PAYMENTS THROUGH MAY 17, 2021 FOR SERVICES PROVIDED THROUGH APRIL 30, 2021

83.3% OF YEAR ELAPSED

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						D plus F	A minus G		
	A	B	C	D	E	F	G	H	I
	Current Allocation	% of Allocation	Current Month Expenditures	Year-to-Date Expenditures	YTD Actual as % of Allocation	Projected Remaining Expenditures	Total Projected Expenditures	Projected Balance Amount	Remaining Percent
Contractor & Consultants - Adm Services	263,520	0.81%	30,096	140,011	0.4%	121,496	261,507	2,013	0.01%
Contract - ABX2 Disparities	223,000	0.69%	0	0	0.0%	223,000	223,000	0	0.00%
Travel/mileage reimbursement	20,000	0.06%	1,744	14,745	0.0%	3,211	17,956	2,044	0.01%
ARCA Dues	0	0.00%	0	0	0.0%	0	0	0	0.00%
General Expenses	21,000	0.06%	428	15,866	0.0%	2,232	18,098	2,902	0.01%
<b>Total Operating Expenses (Regular Operations)</b>	<b>5,032,550</b>	<b>15.55%</b>	<b>341,938</b>	<b>3,571,876</b>	<b>11.0%</b>	<b>1,335,063</b>	<b>4,906,939</b>	<b>125,611</b>	<b>0.39%</b>
<b>Total Personal Services &amp; Operating Expenses (Regular Operations)</b>	<b>32,486,211</b>	<b>100.37%</b>	<b>2,370,740</b>	<b>24,793,298</b>	<b>76.6%</b>	<b>7,391,709</b>	<b>32,185,007</b>	<b>301,205</b>	<b>0.93%</b>
<b>OTHER INCOME</b>									
Interest & Other Income	(119,000)	-0.37%	(19,544)	(111,409)	-0.3%	(13,497)	(124,906)	5,906	0.02%
<b>Total Personal Services &amp; Operating Expenses Net of Other Income (Regular Operations)</b>	<b>32,367,211</b>	<b>100.00%</b>	<b>2,351,196</b>	<b>24,681,889</b>	<b>76.3%</b>	<b>7,378,211</b>	<b>32,060,100</b>	<b>307,111</b>	<b>0.95%</b>
<b>RESTRICTED FUNDS</b>									
Family Resource Center Expenses	154,564	100.00%	35,647	105,148	68.0%	49,416	154,564	0	0.00%
Foster Grandparent/Senior Companion Expenses	1,209,748	100.00%	65,520	740,932	61.2%	468,815	1,209,748	0	0.00%
Community Placement Plan Expenses	1,688,719	100.00%	87,837	1,371,414	81.2%	317,305	1,688,719	0	0.00%
<b>Total Restricted Funds</b>	<b>3,053,031</b>		<b>189,004</b>	<b>2,217,494</b>	<b>99.2%</b>	<b>835,537</b>	<b>3,053,031</b>	<b>0</b>	<b>0.00%</b>
<b>Total Expenses (Including Restricted Funds)</b>	<b>35,420,242</b>		<b>2,540,200</b>	<b>26,899,383</b>	<b>75.9%</b>	<b>8,213,748</b>	<b>35,113,131</b>	<b>307,110</b>	<b>0.87%</b>
<b>Total Allocation Balance (Deficit)</b>								<b>307,110</b>	

**SAN GABRIEL/POMONA VALLEYS  
DEVELOPMENTAL SERVICES, INC.**

**COMMUNITY RELATIONS/  
LEGISLATIVE COMMITTEE**

**MINUTES FROM THE MAY 19, 2021 MEETING**

The following committee members were present at said meeting:

**PRESENT**

Penne Fode  
Joseph Huang  
Rachel McGrath  
Natalie Webber

**GUESTS**

**STAFF:**

Anthony Hill, Executive Director  
Lucina Galarza, Director of Community  
Services  
Joe Alvarez, Associate Director of Clinical  
Services  
Daniela Santana, Director of Client Services  
Salvador Gonzalez, Director of Community  
Outreach and Compliance  
Rosa Chavez, Associate Director- Family &  
Transition Services  
Yaned Busch, Manager, Family Services IV  
Yvonne Gratianne, Manager of  
Communications & Public Relations  
Xochitl Gonzales, Community Outreach  
Specialist  
Willanette Steward-Satchell, Executive  
Assistant (Management)  
Erika Gomez, Executive Assistant - BOD

**ABSENT:**

Daniel Rodriguez (Chair)  
Gisele Ragusa  
Georgina Molina

**RECOMMENDED BOARD ACTIONS**

**The Community Relations/Legislative Committee recommends the following:**

None

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## **CALL TO ORDER**

Penne Fode, called the meeting to order at 6:03 pm. A quorum was established.

The minutes from April 21, 2021 were reviewed and approved.

**M/S/C (Webber & Huang) The committee approved the minutes.**

## **PUBLIC INPUT**

None

## **COMMUNITY OUTREACH MONTHLY REPORT\***

Xochitl Gonzales and Amos Byun, Community Outreach Specialists, presented the monthly Outreach Report for April 2021. The Community Outreach Specialist have focused on the following projects:

- Progress/Status of Continuing POS Equity Projects Funded by DDS FY 19-20 Disparity Program Grants
- Ongoing Projects Previously Funded
- Other Equity-Related Activities not supported with Disparity Grant Funds.
- Family Support/ Training

## **LEGISLATIVE ISSUES & OTHER INFORMATION**

Anthony Hill, Executive Director, and staff reported the following:

- New Director of Community Outreach and Compliance – Salvador Gonzales was introduced as the new Director of Community Outreach and Compliance.
- ARCA Press Release – ARCA urges the Budget Committees to increase funding with an additional ongoing allocation of \$60 million annually.
- New Video on Regional Centers, Developmental Disabilities - A 3-minute video showcasing the regional centers and developmental disabilities will be made available to the public and with legislators. This was created to educate legislators for Grassroots Day.
- ARC 41 (Holden) – This recognizes Direct Support Professionals for their ongoing and heroic efforts.
- May Revise –
  - Early Intervention Services will continue through age 5.
  - Investments will be made to support Self Determination.
  - There were no cuts to the Developmental Disabilities system.

- As a result of a lawsuit that was settled, there will be funding for a specialist for people that are hard of hearing. DDS would also have a liaison with this focus.
- The Holiday Closure schedule was eliminated.
- ARCA will continue to advocate for more funding to reduce caseload ratios.
- ARCA will continue to advocate for rate increases.
- ARCA will continue to have the Family Participation Program eliminated.
- SG/PRC Dental Clinic – SG/PRC hosted a dental clinic and will hold another one on May 22, 2021. These are held every other week. Approximately 70-80 individuals are seen.

### **COVID-19 UPDATE:**

Anthony Hill, Executive Director, and staff reported the following:

- Remote Workforce Adjustments – 93% of staff are vaccinated. 20% of staff are back in the office. Fiscal, IT and administrative staff returned on May 10, 2021. The leadership team has also returned. Service Coordinators return once a week. The number of days that staff are required to return will increase with each phase. It is expected that staff will be back in the office for 4 days out of the week by September 16, 2021.
- Vaccine Policy – Inland Regional Center issued a policy that requires staff and their Board to receive the vaccination. There has been push back but they remain firm in their policy.
- Daniela Santana shared the data collected of individuals served who have been vaccinated. Individuals served are not required to get vaccinated and service providers cannot refuse to serve those who are not vaccinated.
- SG/PRC is a testing site every Wednesday and will expand to test 3 days a week starting in June. Results are sent to those that test 11 hours after. Everyone tested has tested negative.
- SG/PRC hosted another vaccine clinic on May 6, 2021. Another vaccine clinic is scheduled for May 27, 2021. Staff partnered with the LA Sheriff's Department to administer in home vaccination to those that are homebound.
- COVID -19 Report – Joe Alvarez provided individual stats on COVID-19; spoke about the trends, presented information on the DDS report to the Committee. California has the least amount of people that are hesitant about the vaccine.

- Re-Engagement Non-Residential Services –Day Program providers were allowed to re-engage starting this month. In May 40% clients will be allowed to attend program, an additional 40% will be allowed back in June with the remainder being allowed in July. Staff are working with families and providers to give vaccination information to nonresidential providers as the individuals served return to in face services. Licensing has clarified that providers cannot limit activities or participation for those that have not been vaccinated.

**ADJOURNMENT:**

The next meeting is on June 16, 2021.





**SAN GABRIEL/POMONA**  
REGIONAL CENTER

**Client Services/Advisory Committee**  
**Wednesday, June 23, 2021 at 6:00 p.m.**

**Videoconference Meeting**

**ZOOM Meeting ID: 191 486 135**

**Password: 681356**

**Committee Members:**

**Staff:**

Shannon Hines, Co-Chairperson

Sheila James, Co-Chairperson

Mary Soldato

Preeti Subramaniam

Daniel Clancy

Herminio Escalante

David Grisey (LOA)

Jenny Needham

Julie Lopez

Sherry Meng

Ning Yang

Louis Jones

John Randall (LOA)

Victor Guzman

Ardena Bartlett

Anthony Hill

Lucina Galarza

Daniela Santana

Joe Alvarez

Salvador Gonzalez

Erika Gomez

Elisa Herzog

**AGENDA**

- **Call to Order – Chairperson, Shannon Hines (6:00 – 6:05)**  
**- Approve Minutes of May 26, 2021 Meetings**

- **Public Comment (6:05 – 6:10)**

- **Client Advocate – Elisa Herzog (6:10 – 6:15)**

**(6:15 – 6:45) – Special Presentation – Dental Desensitization Program**

**(6:45 – 7:00) Committee Information**

Shannon Hines and Sheila James, Chairs, Lucina Galarza, Director of Community Services and Daniela Santana, Director of Client Services

**-Future Training Topics**

**July 28, 2021 – Medication Review Committee**

**August 25, 2021 - TBD**

- **Behavioral Intervention Policies – Will be reviewed to the Board on 6/23/2021.**
- **Self Determination Advisory Committee Meetings & Updates**
- **Coronavirus Update**
- **Agenda for July 28, 2021**



**SAN GABRIEL/POMONA REGIONAL CENTER  
DEVELOPMENTAL SERVICES, INC.**

**Minutes of the Meeting of the Client Services /Advisory Committee  
May 26, 2021**

A regular meeting of the Client Services/Advisory Committee was held on Wednesday, May 26, 2021. The following committee members were present at said meeting:

**PRESENT**

Pretti Subramaniam  
Shannon Hines  
Mary Soldato  
Herminio Escalante  
Ardena Bartlett  
Sheila James  
Jenny Needham  
Sherry Meng

**STAFF:**

Anthony Hill  
Lucina Galarza  
Daniela Santana  
Joe Alvarez  
Salvador Gonzalez  
Erika Gomez  
Willanette Satchell  
Erika Gomez

**GUESTS:**

None

**ABSENT:**

Victor Guzman  
Daniel Clancy  
David Grisey (LOA)  
John Randall  
Ning Yang  
Louis Jones  
Julie Lopez

**ITEMS DISCUSSED**

**CALL TO ORDER**

Shannon Hines called the meeting to order at 6:02 pm  
A quorum was established.

The minutes of the April 28, 2021 meeting were reviewed and approved.

**M/S/C (James & Soldato) The committee approved the minutes.**

**Abstain: Meng**

**PUBLIC COMMENT** – None

**CLIENT ADVOCATE** – Elisa Herzog was not present.

**SPECIAL PRESENTATION** – **CAL ABLE** – Sofia Cervantes, State Council on Developmental Disabilities presented on the following key points:

- What is happening right now

- The improvements made
- Eligibility
- Establishing an account
- Contributions
- Working beneficiaries
- Rollovers
- Over the limit
- Using your money
- What QDEs include
- Non QDE expenses
- Investing your money
- Account management
- ABLE and Social Security
- A note on housing
- ABLE and Medicaid
- Whose account it is
- ABLE vs trust
- Comparison of programs
- Resources

**FUTURE TRAINING TOPICS** –The committee agreed on the following training topics:

- **June 23, 2021 – Dental Desensitization Program**
- **July 28, 2021 - Medication Review Committee**

### **BEHAVIORAL INTERVENTION POLICIES**

The policy will be recommended to the Board tonight.

### **SELF DETERMINATION**

There is a process of parent trainings that take place on Thursdays and Saturdays with translations in multiple languages. These are small modules type of trainings. 21 families that have moved forward to the Self Determination Program. The program opens for everyone on July 1, 2021.

### **CORONAVIRUS UPDATE -Anthony Hill, Executive Director**

Due to time constraints, staff gave a quick update:

- SG/PRC is hosting a vaccine clinic tomorrow.
- California continues to be conservative and staff are encouraging everyone to continue to wear a mask.

Salvador Gonzalez, Director of Community Outreach and Compliance, was introduced.

**ADJOURN**

Chairperson Shannon Hines adjourned the meeting.

The next Client Services/Advisory Committee meeting is scheduled for Wednesday, June 23, 2021 via videoconference.

**SAN GABRIEL/POMONA VALLEYS  
DEVELOPMENTAL SERVICES, INC.  
VENDOR ADVISORY COMMITTEE MINUTES**

**June 3, 2021**

The following committee members were in attendance at said meeting:

**PRESENT:**

David Bernstein, Chairperson  
Olaf Luevano  
Valerie Donelson  
Jose Mendoza  
Nicole Mirikitani  
Susan Stroebel  
Nancy Bunker  
Grace Kano  
Brenda Baldeon  
Bryan Chacon  
Rosalind Ford

**STAFF:**

Jaime Anabalon, QA Manager  
Erika Gomez, Exec. Assistant – BOD

**MEMBERS ABSENT:**

Baldo Pasetta  
Vanessa Besack  
Charmayne Ross

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**RECOMMENDED ACTIONS**

**THE VENDOR ADVISORY COMMITTEE RECOMMENDATION:**

None

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**A. CALL TO ORDER**

David Bernstein called the meeting to order at 10:04 a.m. A quorum was established after roll call.

The agenda was reviewed and Mr. Bernstein requested that agenda items C and D be switched.

The minutes from the May 6, 2021 meeting were approved.

**M/S/C (Ford & Mirikitani) The committee approved the minutes.**

**B. MODIFICATION OF BOARD BYLAWS**

The committee held a discussion about the length of terms for members and for Chairpersons. The following was decided:

- VAC members should have an initial 2-year term with 2 additional 1-year terms extension.  
**M/S/C (Kano & Mirikitani) The committee approved the modification of the Bylaws (that states that VAC members should have an initial 2 year term with 2 additional 1 year terms extension) to be recommended to the Board.**
- The Chairperson should have a 2-year term as chairperson with the option of an additional year extension.  
**M/S/C (Donelson & Bunker) The committee approved the modification of the Bylaws (that states that VAC Chairperson should have a 2 year term as chairperson with the option of an additional year extension) to be recommended to the Board.**

### **C. ELECTION OF VAC CHAIRPERSON**

The following members were nominated for the position of VAC Chairperson:

- Olaf Luevano
- Susan Stroebel
- Jose Mendoza

With the majority of votes, Susan Stroebel was selected Chairperson of the VAC effective July 1, 2021.

### **D. IMPACT OF COVID 19 AREAS OF DISCUSSION**

The members expressed that there is some confusion about reentry protocol. There does not seem to be clarity about what vendors are allowed to provide and request in terms of vaccination status. They would like more clarification on this issue. It was also shared that ICFs must have a file for vaccination card or a declination form.

### **E. VENDOR CATEGORY REPORTS**

#### **Adult Programs**

*Vocational* – Olaf Luevano shared that the subcommittee met last Thursday, and the following topics were discussed:

- Experiences with reopening
- Issues with individuals not wanting to return
- Issues with individuals not wearing masks properly
- Issues with transportation
- Communications with vendors, families and regional centers about returning dates for individuals served

*Adult Day* – Rosalind Ford reported that a number of day programs attended the Vocational Subcommittee meeting. There are concerns about transportation because of capacity limitations. Lastly, some programs are waiting to reopen on June 15, 2021.

### **Infant & Children Services**

*Infant Development Program* – Charmayne Ross was not present.

### **Transportation**

Baldo Paseta was not present.

### **Independent Living Services**

*ILS Services* – Nicole Mirikitani asked that ILS providers be notified when individuals served are returning to program so they can prepare accordingly.

*SLS Services* – Nancy Bunker shared the following:

- There needs to be more communication between Service Coordinators and the programs about the individuals served returning to program.
- There is a hiring crisis for SLS vendors. She encouraged her peers to let people know that the industry is struggling. Advocacy work needs to be done.
  - 3 SLS vendors across the state will stop providing services because they cannot compete.

### **Residential Services**

*Specialized* – Mr. Bernstein shared that the subcommittee met and the main topic that was discussed was the referral/placement process. He shared with the Board of Directors that providers requested information about the referral process as they would like to understand the process and policies fully. They would like to know what is in place now and for there to be more transparency. He also shared with the Board of Directors that Vendors have a perception that if they speak up it will affect their referrals. Mr. Bernstein expressed he would like there to be input from vendors when these types of procedures are developed.

*CCF* –Valerie Donelson supported what Mr. Bernstein said, she too would like more information about the referral process.

*ICF*- Grace Kano reported the following:

- IFCs compete with skill nursing homes, acute care hospitals and fast-food restaurants.



- There's a budget push to keep the 10% Medical COVID 19 rates extended and to unfreeze the rates from 2008.
- Licensing issued a new requirement for ICFs to provide training to individuals served and staff regarding the COVID 19 vaccine.

**Other Vendored Services-** Bryan Chacon shared that staffing continues to be a challenge. He is hopeful that personal assistance services will go up now that things are opening. The California Respite Association is going to start back up at the end of June. Lastly, he shared that EVV implementation will be addressed.

**At Large-** Susan Strobel reported that she attended the ribbon cutting for the inclusive playground at Las Flores Park in La Verne. It has swings for people up to 5'9" and has a lot of sensory areas and wheelchair access. She also shared that Mt. Sac will start classes for adults with disabilities at Los Flores Park starting mid-July. The city of La Verne is working with SCIL to provide classes there starting mid-June so community-based programs have some open air options.

#### **F. LEGISLATIVE UPDATE**

Susan Stroebel provided a document with legislative updates.

#### **G. SG/PRC STAFF UPDATES**

- Lihn Lee will send out job lead to those that request it.
- Everything is up in the air with the budget.
- SG/PRC got the go ahead to fill some Service Coordinator positions.
- SLS programs will no longer undergo annual reviews.

#### **PUBLIC COMMENTS**

None

#### **MEETING ADJOURNED**

The next regular meeting will be held on July 1, 2021 at 10:00 a.m.

**SAN GABRIEL/POMONA VALLEYS  
DEVELOPMENTAL SERVICES, INC.  
STRATEGIC DEVELOPMENT COMMITTEE MINUTES**

**June 9, 2021**

The following committee members were present at said meeting.

**MEMBERS:**

Julie Chetney, Chairperson  
Bruce Cruickshank  
Anabel Franco  
Bill Stewart

**STAFF:**

Anthony Hill, Executive Director  
Lucina Galarza, Director of Community Services  
Joe Alvarez, Director of Clinical Services  
Daniela Santana, Director of Client Services  
Salvador Gonzalez, Director of Community  
Outreach and Compliance  
Willanette Steward-Satchell, Executive Assistant  
(Management)  
Erika Gomez, Executive Assistant - BOD

**GUESTS:**

Shannon Hines

**MEMBERS ABSENT:**

Gisele Ragusa

**RECOMMENDED BOARD ACTIONS**

**THE STRATEGIC DEVELOPMENT COMMITTEE RECOMMENDS THAT  
THEY TAKE ACTION ON THE FOLLOWING:**

None.

**ITEMS DISCUSSED**

**A. CALL TO ORDER**

Julie Chetney called the meeting to order at 6:04 p.m. A quorum was established.

The Minutes from the May 12, 2021 Strategic Development Committee meeting were approved.

**M/S/C (Stewart & Franco) The committee approved the minutes.**

**B. PUBLIC INPUT**

None

**C. GOALS AND OBJECTIVES**

**Strategic Plan Taskforce** – The members discussed the following:

- Mentorship
  - The committee would like for new members to hear from staff what the mission statement means to them.

- The committee feels it is important for new members to learn about the milestones of the regional center system.
- Staff will add the Board Orientation Binder information in the Google Drive per the request of the members.
  - A description of each committee should be added to the binder.
- The current Board Strategic Timeline is expiring.
  - What are the new goals moving forward?
  - The member would like to solicit information from staff.
- The committee will pick up on Goal 4, objective 5 at the next meeting.

**D. COVID REPORT**

This item was tabled.

**E. INTERVIEW**

Staff left the meeting as the committee had an interview scheduled.

**F. ADJOURNED**

Meeting adjourned.

The next Strategic Development Committee meeting is scheduled for July 14, 2021.

# SAN GABRIEL/POMONA REGIONAL CENTER

June 15, 2021

TO: Dr. Gisele Ragusa, Board President & Board of Directors  
San Gabriel / Pomona Valleys Developmental Services, Inc.

FROM: Anthony Hill, M.A. J.D. Esq.  
Executive Director

RE: Executive Director's Report

## **Retrospective Rewind and Prospective Outlook**

Before I began writing this report today, I could not resist my urge to look backward 12 months. At a time when all of us were concerned about the collapse of the service delivery infrastructure for people with developmental disabilities combined with added pressure to find regional center Operations budget savings (135.4 million dollars system wide) and to support service providers' efforts to somehow defray cost to find Purchase of Service budget savings (544.6 million dollars system wide).

The State of California's economic forecast was dire. Fortunately, regional centers' Operations and Purchase of service budget savings were suspended. Also, as time passed and the months continued to unfold before us, tax revenue projections increasingly improved, and there were whispers that the state's economy was showing signs of strong resilience. Now 12 months later, COVID-19 vaccines are available, the positivity rate for infections of COVID-19 in California has flattened or stretching the curve, and today, we received an announcement regarding public health policy that opened all streams of commerce with relaxed restrictions on wearing face mask, and practicing physical distancing.

When rewinding the past and comparing it against where we are today, our system of care is in a better space. Within a few weeks, Self-Determination will be available for all, children 3 to 5 years in age will receive regional center services under a provisional eligibility category and pathways will be created, supporting access to services for our deaf and hard of hearing community. Rest assured, we will be ready on July 1, 2021 to meet the needs of our community. These are exciting times. Indeed, today is a lovely day.

### **SG/PRC's Critical Business Functions**

We are pleased to report that all critical functions including Intake/Eligibility, Client Services, Fiscal, Clinical, Human Resources, Quality Assurance and Information Technology are at optimal levels. Our remote workforce is at 75 percent with fluctuations. Ninety-Four percent (94%) of our employees are fully vaccinated.

We are implementing our gradual return to work strategy. Staff are required to voluntarily participate in our onsite COVID-19 testing clinic at least monthly, and more often if randomly selected. We offer onsite COVID-19 testing for staff and any member of our community on Tuesdays, Wednesdays, and Thursdays every week.

The SG/PRC business office has remained open to the public throughout the pandemic on an appointment only basis. We are currently working on a plan to lift the need to schedule an appointment before visiting the business office. Currently, all visitors are required to wear a face mask and pass a contactless electronic temperature screening device. Our porter sanitizes and disinfects our office space during business hours. This health and safety practice will remain in place after full re-opening of the business office.

We are very proud of our distinction of being the **only regional center throughout the pandemic** that has continued to safely provide in-person intake and eligibility services and early intervention service clinics. We have recently increased the volume of appointments for our onsite intake/eligibility and early intervention clinics. Additionally, we are sharing our practices and protocols with other regional centers to support their return to delivery of in-person intake and eligibility services.

We are pleased to report that throughout the pandemic, children and their parents continue to spend time with us, being greeted by SG/PRC staff, waiting in our lobby, and thereafter receiving diagnostic, counselling, clinical, early intervention and intake services.

The following reflects intake and eligibility data ending May 2021 (See Attachment A).

#### **Early Intervention/Intake**

1698 New Referrals  
1420 Eligibility Reviews  
66 Reactivations  
1340 Children found eligible

#### **Lanterman/Intake**

320 New Referrals  
1013 Eligibility Reviews  
152 Reactivations  
562 Eligible (Plus/EI transitions)

### **LA County COVID-19 Positivity Data**

On June 13, 2021, according to Los Angeles County Department of Public Health statistics archived within its dashboard, the COVID-19 positivity rate within Los Angeles County is between 0.4% percent and the case rate is 0.7 per 100,000 individuals. In conformity with Los Angeles County data, SG/PRC's COVID-19 positive test results for individuals served, service provider staff, and SG/PRC staff are on a steady downward trend (See Attachment B).

### **SG/PRC's COVID-19 Testing Clinic**

Our COVID-19 testing clinic is open every Tuesday, Wednesday, and Thursday for individuals served and their families, service provider staff and their families, and SG/PRC staff and their families. The clinic is held at the SG/PRC office from 9 a.m. to 11:30 a.m. (See Attachment C).

SG/PRC has a contract with the California Department of Public Health, and Partnership with Color and Valencia Laboratories through August 31, 2021. We are exploring the feasibility of extending our contract.

### **SG/PRC's COVID-19 Vaccine Clinics**

We held an (in-office) Pfizer COVID-19 Clinic on May 27, 2021 at the SG/PRC business office. We vaccinated 120 people. Most of the individuals vaccinated were teenagers served by SG/PRC. On June 17, 2021, we will hold a follow-up clinic.

### **COVID-19 Vaccine Data**

As required by the Department of Developmental Services (DDS) Directive, SG/PRC is collecting COVID-19 vaccine data. We are gathering vaccine data for individuals served. We are collecting the vaccine brand, whether or not the individual served is fully vaccinated, and whether or not the individual served demonstrated their choice to decline COVID-19 vaccines. SG/PRC's vaccine data collection efforts on a proportional basis remains at the top of the list of regional centers according to DDS Data, "COVID-19 Vaccination Data for Regional Center Consumers aged 16 and Up" at [www.dds.ca.gov](http://www.dds.ca.gov) under [COVID-19 data](#).

### **SG/PRC's Budget FY 20/21 as of May 17, 2021**

SG/PRC's Operations (OPS) Budget allocation for FY 20/21 is \$32,367,211 projecting at \$32,060,100 at the end of the fiscal year. Current month expenditures are \$2,351,196 and year to date expenditures are \$24,681,889.

SG/PRC's Purchase of Service (POS) Budget allocation is \$283,327,207. Current month claims are \$23,497,027. Year to date expenditures estimates \$217,910,979. We are projecting a reserve reflecting \$6,482,651.

### **Department of Developmental Services (DDS)**

On May 26, 2021, all regional centers including SG/PRC received a DDS Directive regarding vendor independent reviews and audit compliance. Welfare & Institutions Code Sections 4652.5 (c); 4652.5(d) and 4652.5 (h), includes claim thresholds requiring service providers to obtain a financial review and report or an audit and an audit report to be completed by an independent entity and thereafter submitted to the regional center, while allowing exemptions when certain conditions are satisfied. In addition, the regional center is required to notify DDS if a report or audit requires a resolution from the service provider that impact regional center services.

We received a list of service providers that are not in compliance with the above requirements. Within 60 days, all regional centers are required to create a plan and describe specific steps that will be taken by the regional center to achieve compliance (See Attachment D).

On June 10, 2021, we received correspondence from DDS regarding SG/PRC's audit requirements as specified in contract. All regional centers are required to conduct a minimum number of audits within specific vendor categories. The purchase of service threshold is at \$100,000. For Fiscal Year 2021-2022, SG/PRC is required to compete at least 13 service provider audits (See Attachment E).

### **Department of Developmental Services DRAFT Framework /American Rescue Plan Budget**

DDS has created the framework for an impressive budget plan with specific investments to protect the service delivery infrastructure, modernize technology, increase access to information, furtherance of equity endeavor and structures, affordable housing investments, and the protection of due process rights. This draft is subject to change as guided by stakeholders' input and recommendations. The following offers details of the current framework.

1. Direct Support Professional (DSP) Workforce Investment (\$215M)
  - a. \$500 retention bonuses for DSPs
  - b. \$500 sign-on bonuses for DSPs
  - c. Education bonuses for completion of trainings
  - d. A statewide Employee Assistance Program for DSPs
2. Community Navigator/Implicit Bias Training (\$75M with \$11M GF ongoing)
  - a. Implicit bias training for all RC staff
  - b. Implicit bias training for provider staff
  - c. Triple the size of the proposed Community Navigator Program proposal through the Family Resource Centers ongoing
3. IDD Consumer Navigation Portal (\$7M with \$500k GF ongoing)
  - a. Online portal to provide people with RC and generic agency information
  - b. On-demand (online) family education series
4. Affordable Housing for Individuals Who Have IDD (\$150M)
  - a. \$100M for establishment of housing set asides
  - b. \$50M for housing subsidies
5. Family Home Agency (\$61.7M)
  - a. Pass through funds for Family Home Agency providers, including differentials for multi-lingual or multi-cultural families

6. Coordinated Family Support (\$125M with \$25M GF ongoing)
  - a. 3-year pilot to assist families of adults living in the family home in coordinating the receipt/delivery of multiple services (e.g., IHSS, personal assistance)
7. Reimagine Work Activity Programs (\$15M)
  - a. Time limited support to help those attending Work Activity Programs to transition to Paid Internship Programs or Competitive Integrated Employment
8. Enhanced Community Integration for Children and Adolescents (\$50M)
  - a. Grants to parks and recreation departments to develop integrated and collaborative social recreational activities
9. Capacity Expansion for the Deaf Community (\$15M)
  - a. Communication assessments
  - b. DDS deaf services consultant
  - c. Statewide training
10. Accelerate Service Coordinator Recruitment and Hiring (\$45M)
  - a. Funding for 400 service coordinator and 40 supervisor positions in FY 2021-22
11. Outcomes-Based System (\$15M)
  - a. A contractor would work with the Department to design a system that establishes an alternative payment system driven by consumer outcomes
12. Modernize Regional Center Information Technology Systems (\$120M)
  - a. Replace UFS accounting system
  - b. Standardized consumer electronic records management system that will allow people served by regional centers and their families to access records through an online portal
13. Organizational Change Management (\$20M)
  - a. Assistance for DDS and RCs to manage the volume of change expected
14. Person-Centered Planning (\$26M)
  - a. Funding for approximately 15,000 comprehensive person-centered plans per year for three years



15. Support Development of New Community Services and Supports (\$30M)

- a. \$10M per year for three years for new and innovative pilot development with the following priorities: first-responder training, resources for underserved populations, services that are culturally and linguistically sensitive, enhance pathways for employment (College to Career) and services that promote independence (employment)

16. Ombudsperson Office and Restructure (\$20M with \$1.5M GF ongoing)

- a. Establish an Ombudsperson's Office at DDS
- b. Redesign the appeal and Fair Hearing process

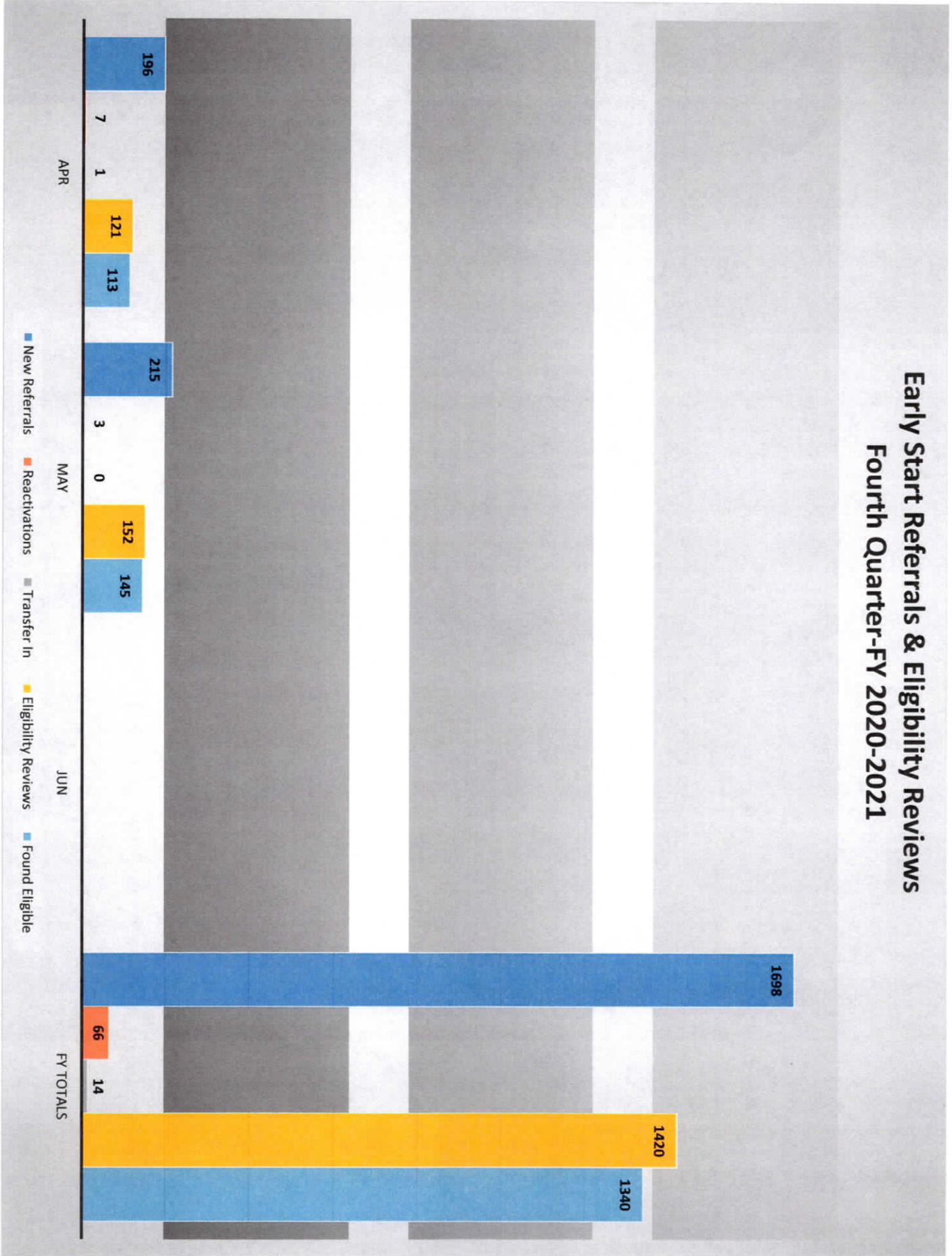
**Association of Regional Center Agencies (ARCA) Updates**

The Association of Regional Center Agencies (ARCA) represents the 21 non-profit regional centers that advocate on behalf of and coordinates services for California's over 350,000 people with developmental disabilities. The Association functions as a leader and advocate in promoting the continuing entitlement of individuals with developmental disabilities to achieve their full potential and highest level of self-sufficiency. The Association participates in the development of public legislative policy that impact individuals with developmental disabilities and their families.

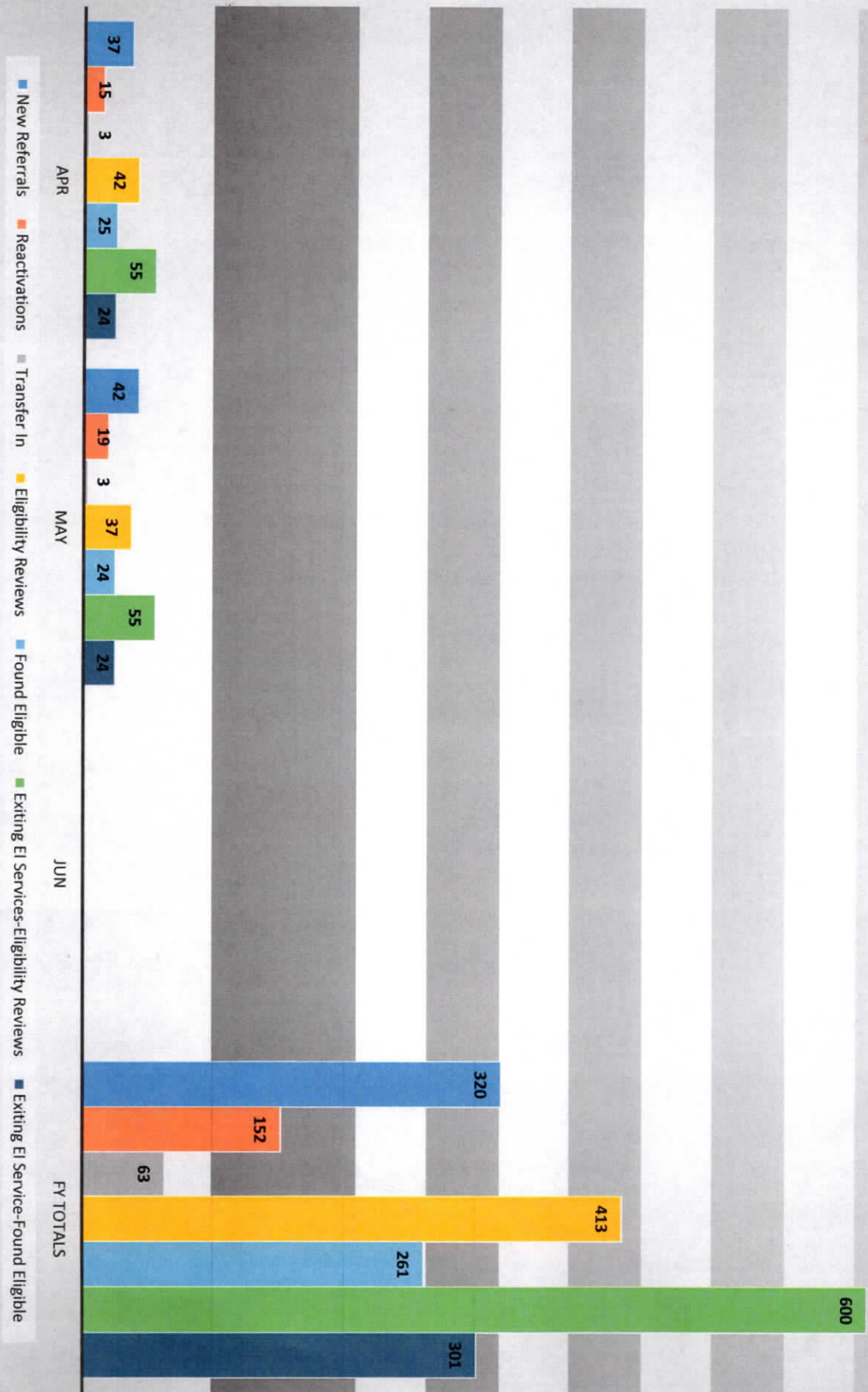
ARCA has diligently informed lawmakers with public policy framework with laser focus on encouraging better services outcomes through funding Service Coordinator positions, stabilization of the entire service delivery system through implementation of rate adjustments, and investments in service delivery choice and equity initiatives.

Throughout the proposed budget cycle and May Revise, ARCA has kept us informed regarding outcomes of Legislative budget agreements, and the budget positions of the Legislative Analyst Office. ARCA has informed us that the Legislature has met its Constitutional deadline. Currently, we are awaiting the release of the final budget deal, principally a compromise between Legislative leaders and the Administration.

## Early Start Referrals & Eligibility Reviews Fourth Quarter-FY 2020-2021



## Lanterman Intake Referrals & Eligibility Reviews Fourth Quarter-FY 2020-2021



**California COVID-19 Data**

Total Cases: 3,695,530  
 Hospitalizations: 1,170  
 Deaths: 62,508

**San Gabriel Pomona Regional Center COVID-19 Report Week of 6/14/21**

**San Gabriel Pomona Regional Center Positive COVID-19 Cases 2020/2021**

*ATTACHMENT B*

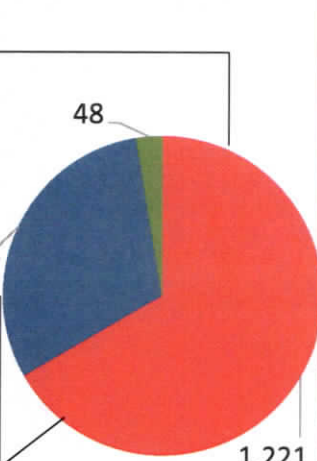
**SG/PRC TOTAL COVID-19 CASES 2020/2021**

**Living Situation**

Family: 514  
 Res. Facility: 367  
 ICF: 227  
 SNF: 39  
 ILS/SLS: 63  
 Other: 19

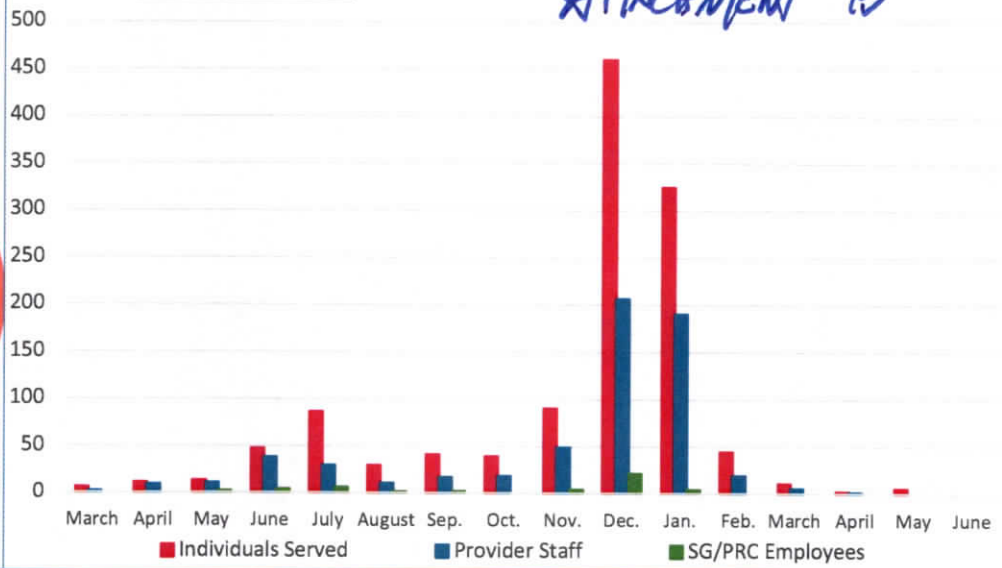
**Age Range**

0-17 → 197  
 18-40 → 444  
 41-64 → 379  
 65+ → 205

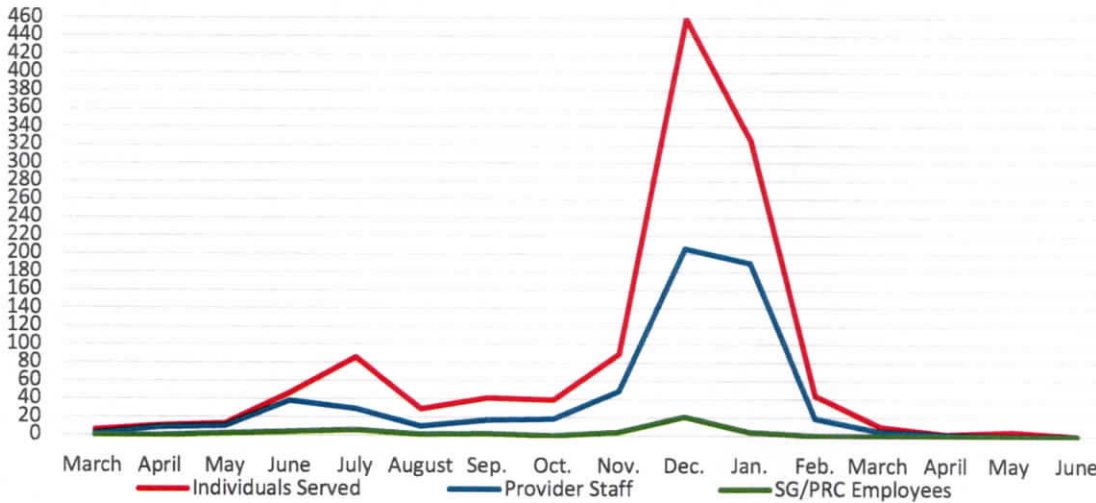


\*2 Week Total: 0 New cases

■ Individuals Served ■ Provider Staff ■ SG/PRC Staff



**San Gabriel Pomona Regional Center Positive COVID-19 Cases 2020/2021**



**COVID-19 Deaths of Individuals Served**

***2020 Total Deaths	28
<b>2021</b>	
January	19
February	10
March	1
April	0
May	1
June	0
<b>2020/2021 TOTAL</b>	<b>59</b>

**Los Angeles County Public Health Data**

Total Cases	1,246,123
Current Hospitalizations	236 (31% - ICU Capacity)
Total Deaths	24,415
7 Day Daily Testing Average	57,070
Positivity Rate	0.4%
New Cases per 100,000	0.7 total daily
<b>SG/PRC SERVICE AREA HOTSPOTS / TOTAL CASES</b>	
Pomona	24,435
El Monte	17,228
Baldwin Park	13,167
West Covina	12,933

**Los Angeles County Tier Assignment**

<b>WIDESPREAD</b> Most non-essential indoor business operations are closed.	More than 7 Daily new cases (per 100k)	More than 8% Positive tests
<b>SUBSTANTIAL</b> Some non-essential indoor business operations are closed.	4-7 Daily new cases (per 100k)	5-8% Positive tests
<b>MODERATE</b> Some business operations are open with modifications.	1-3.9 Daily new cases (per 100k)	2-4.9% Positive tests
<b>MINIMAL</b> Most business operations are open with modifications.	Less than 1 Daily new cases (per 100k)	Less than 2% Positive tests

**SAN GABRIEL/POMONA**  
REGIONAL CENTER

# PRUEBAS PARA EL COVID-19

**SE OFRECEN PRUEBAS  
GRATUITAS PARA LOS INDIVIDUOS  
QUE APOYAMOS Y A SUS FAMILIAS,  
LOS PROVEEDORES DE SERVICIO  
Y LOS EMPLEADOS DEL SG/PRC**

**Citas disponibles cada  
Martes, Miercoles y Jueves  
de 9 a.m. a 11:30 a.m.**

**Se le sugiere que se  
registren con anticipación**

**Sitio:**

**San Gabriel/Pomona  
Regional Center  
75 Rancho Camino Drive  
Pomona, CA 91766**

**Regístrese aquí**

Este servicio es posible por medio de  
SG/PRC y los siguientes colaboradores

[https://home.color.com/covid/  
sign-up/start?partner=cdph681](https://home.color.com/covid/sign-up/start?partner=cdph681)



**Valencia Branch  
Laboratory**

**color**

**aveanna<sup>™</sup>**  
healthcare



**Para preguntas, puede mandarnos un  
correo electrónico a [covidtesting@sgprc.org](mailto:covidtesting@sgprc.org)**

ATTACHMENT C

SAN GABRIEL/POMONA  
REGIONAL CENTER

# COVID-19 TESTING

FREE TESTING  
OFFERED TO INDIVIDUALS  
WE SUPPORT, THEIR FAMILIES,  
VENDORS & SG/PRC STAFF

Testing available on  
Tuesday, Wednesday & Thursdays  
9 a.m. to 11:30 a.m.

Registration is  
Highly Encouraged

**Testing Site:**  
**San Gabriel/Pomona  
Regional Center  
75 Rancho Camino Drive**

**TO REGISTER,**  
**PLEASE CLICK HERE**

Brought to you by SG/PRC in  
partnership with the following:

[https://home.color.com/covid/  
sign-up/start?partner=cdph681](https://home.color.com/covid/sign-up/start?partner=cdph681)



Valencia Branch  
Laboratory

CDPH  
California Department of  
Public Health

color

aveanna  
healthcare



For questions, email us at  
[covidtesting@sgprc.org](mailto:covidtesting@sgprc.org)

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

1600 NINTH STREET, Room 240, MS 2-13  
SACRAMENTO, CA 95814  
TTY: 711  
(916) 654-1897



May 26, 2021

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: VENDOR INDEPENDENT REVIEWS AND AUDITS COMPLIANCE

The purpose of this letter is to reiterate the vendor independent review and audit requirements in Welfare and Institutions (W&I) Code section 4652.5. The Department of Developmental Services (Department) issued the enclosed January 31, 2018, correspondence to regional centers regarding these statutory requirements. Based on a review of the number of independent audit reports submitted by regional centers over the past two fiscal years, follow-up action is required to achieve compliance with this statute.

In separate correspondence, the Department will send each regional center a list of its submitted independent audit reports for Fiscal Years 2018-19 and 2019-20. Please review the list for accuracy. If the regional center received independent audit reports not included on the Department's list, please submit those reports to the Department. Unless a regional center can provide independent audit reports to demonstrate full compliance with the statute, a plan of correction is required. The plan must describe the steps the regional center will take to achieve compliance with the statute and outline a process for coordination with vendors to obtain the independent audit reports, as well as a timeline for submission to the regional center and then to the Department. Plans are due to the Department no later than 60 days from the date of this letter.

W&I Code section 4652.5(c) requires regional centers to review independent audit and review reports and require resolution by a vendor for issues identified in the reports that have an impact on regional center services. Furthermore, W&I Code section 4652.5(d) requires regional centers to notify the Department of all qualified opinion reports or reports noting significant issues that directly or indirectly impact regional center services within 30 days after receipt. Notification must include a plan for resolution of such issues.

W&I Code section 4652.5(h) allows regional centers to provide entities with exemptions from the independent review and audit report requirements in specified circumstances. Regional centers annually must report to the Department any exemptions granted pursuant to this subdivision.

**“Building Partnerships, Supporting Choices”**

Regional Center Executive Directors  
May 26, 2021  
Page two

In response to regional center requests, the Department is working on development of a secure portal for regional centers to submit reports to the Department. Information about the future process for submission will be forthcoming. Until further notice, please submit independent audit reports, plans, and notifications and exemptions information through an encrypted email to:

[ddsvendorcpareports@dds.ca.gov](mailto:ddsvendorcpareports@dds.ca.gov)

If you have questions regarding W&I Code section 4652.5 or independent review and audit requirements, please contact Mike Masui, Chief, Vendor Audits, at (916) 654-2769, or by email at [mike.masui@dds.ca.gov](mailto:mike.masui@dds.ca.gov), or the Department Primary Liaison assigned to your regional center.

Sincerely,

*Original Signed by:*

BRIAN WINFIELD  
Chief Deputy Director

Enclosure

cc: Regional Center Administrators  
Regional Center Directors of Consumer Services  
Regional Center Community Services Directors  
Amy Westling, Association of Regional Center Agencies  
Pete Cervinka, Department of Developmental Services  
Erica Reimer Snell, Department of Developmental Services  
Ernie Cruz, Department of Developmental Services  
Rapone Anderson, Department of Developmental Services  
Aaron Christian, Department of Developmental Services  
Vicky Lovell, Department of Developmental Services  
Ed Yan, Department of Developmental Services  
Mike Masui, Department of Developmental Services



**DEPARTMENT OF DEVELOPMENTAL SERVICES**

1600 NINTH STREET, Room 230, MS 2-10  
SACRAMENTO, CA 95814  
TTY: 711  
(916) 654-3695



June 10, 2021

Anthony L. Hill, M.A., Esq  
Executive Director  
San Gabriel/Pomona Regional Center  
75 Rancho Camino Drive  
Pomona, CA 91766

Dear Mr. Hill:

The contract between regional centers and the Department of Developmental Services (Department) states that every fiscal year, regional centers are required to conduct a minimum number of vendor audits in specific categories. In order to assist regional centers with planning the audits for Fiscal Year (FY) 2021-22 and to ensure that contract requirements are met, the Department is responsible for providing each regional center with the total number of vendors that will be used to calculate the minimum number of audits required in Article III, Section 10, of the contract.

Enclosed is a schedule of the vendor data used to calculate the minimum number of audits and the number of vendor audits required under each category that is specified in the contract. Please note that the data reflects the number of separately vendored services that received \$100,000 or less in purchase of service payments in FY 2019-20. The data also includes community care facilities with licensed capacity of six or fewer beds regardless of the payment amount. This information should be used by regional centers to prepare an audit plan for the year. The Department will use the information to assess whether regional centers are meeting auditing requirements in FY 2021-22.

If you have any questions regarding the enclosed information, please call Jacqueline Caldwell, AGPA, at (916) 654-3485.

Sincerely,

DocuSigned by:

A handwritten signature in cursive that reads "Edward Yan".

F72A5AEB66EE4AB...

EDWARD YAN, Manager  
Audit Section

Enclosure

cc: See Next Page

**“Building Partnerships, Supporting Choices”**

Anthony L. Hill, M.A., Esq  
Executive Director  
June 10, 2021  
Page two

cc: Rosa Ham, SGPRC  
Amy Westling, ARCA  
Erica Reimer Snell, DDS  
LeeAnn Christian, DDS  
Jim Knight, DDS  
Pete Cervinka, DDS  
Vicky Lovell, DDS  
Jacqueline Caldwell, DDS

SAN GABRIEL/POMONA REGIONAL CENTER  
 NUMBER OF VENDOR AUDITS REQUIRED FOR CONTRACT COMPLIANCE  
 FOR FY 2021-2022

Number of Vendor/Service Code Combinations		Total Number of Audits Required	A	B	C
Community Care Facilities	Transportation Programs				
181	55	75	15	0	326
		13	5	3	1
			Billing Audits: 35% of Total Audits *	Cost Verification and/or Staffing Audits: 20% of Total Audits *	Program that Serves Children Under 3: Minimum of 1 Audit

The required number of audits are based on the regional center contract language for FY 2020-21.

The following criteria was used to establish the number of vendor/service code combinations:

- 1) The number of vendor/service code combinations is based on FY 2019-20 purchase of service (POS) data for the \$100,000 POS threshold.
- 2) Community Care Facility (CCF) data is based on the number of facilities with six or fewer consumers without regard to the payment amount. The Department of Social Services (DSS) license database was used to identify the facilities licensed to serve six or fewer consumers. To determine if the facilities identified from the DSS data are active, we compared the facilities to the FY 2020-21 claims data.
- 3) The following service codes were used for each category:
  - Community Care Facilities: 905, 910, 915, and 920.
  - Transportation Programs: 875, 880, and 883.
  - Day Programs: 505, 510, 515, 520, 525, and 805.
  - In-Home Respite: 862.
  - Respite Facilities: 869.

\* Calculations are rounded to the nearest whole number.

## California's Home and Community-Based Services Spending Plan

California's proposed spending plan builds on the bold health and human services proposals included in [California's Comeback Plan](#) by expanding on or complementing the proposals to further achieve improved outcomes for individuals served by the programs. These proposals independently provide historic one-time investments to build capacity and transform critical safety net programs to support and empower Californians. Taken together, these investments advance the health and well-being of our entire state, promoting economic mobility and overall social stability.

Home- and Community-Based Services (HCBS) are types of person-centered care delivered in the home and community. A variety of health and human services can be provided in this way. HCBS programs address the needs of people with functional limitations who need assistance with everyday activities. This includes individuals who may have a disability, including a serious behavioral health condition, and seniors.

These programs and services further California's commitment to community living for all, rooted in both the Olmstead Supreme Court decision of 1999 and in California's values of inclusion, access, and equity. This spending plan alongside the Governor's May Revision lays the foundation to make this commitment a reality, changing the life trajectory of children so they grow up to be healthier—both physically and mentally—and better educated with higher paying jobs and lower rates of justice involvement. It empowers older adults and people with disabilities to thrive in homes and communities of choice, and it includes proposals that lift homeless and formerly-incarcerated Californians to build back stronger and more resilient.

### **Enhanced Federal Funding Authorized by the American Rescue Plan Act**

On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 (ARPA) (Pub. L. 117-2). Section 9817 of the ARPA provides qualifying states with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for HCBS programs from April 1, 2021 through March 31, 2022. States must use the federal funds attributable to the increased FMAP to supplement, not supplant, existing state funds expended for Medicaid HCBS in effect as of April 1, 2021. In addition, states must use state funds equivalent to the amount of federal funds attributable to the

increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program.

A state may claim the increased FMAP for the following expenditures:

- Home Health and Private Duty Nursing
- Personal Care
- Case Management
- Certain School-Based Services
- Behavioral Health Rehabilitative Services
- 1915c Waiver Services
- 1915(i) State Plan Services
- Program of All-inclusive Care for the Elderly (PACE)
- Managed Long-Term Services and Supports (MLTSS)

States will be permitted to use the equivalent to the amount of federal funds attributable to the increased FMAP through March 31, 2024, on activities aligned with the goals of section 9817 of the ARPA and as listed in [CMS's guidance](#). Under ARPA, states can implement a variety of activities, including enhancements to HCBS services, eligibility, infrastructure, and reimbursement methodologies, to enhance, expand, or strengthen Medicaid HCBS.

The time period allowed to expend funds attributable to the increased FMAP will provide states with sufficient time to design and implement short-term activities to strengthen the HCBS system in response to the COVID-19 Public Health Emergency (PHE), as well as longer term strategies to enhance and expand the HCBS system and to sustain promising and effective programs and services.

Examples of activities that states can initiate as part of this opportunity include, but are not limited to:

- New and/or additional HCBS
- Payment Rates
- HCBS workforce recruitment or training, expanding provider capacity
- Assistive technology, including access to additional equipment or devices
- Community transition and coordination costs
- Expanding HCBS capacity
- Support for individuals with HCBS needs and their caregivers
- Building No Wrong Door systems
- Quality Improvement activities
- Reducing or eliminating HCBS waitlists
- Institutional diversion
- Addressing social determinants of health (SDOH) and health disparities
- Enhancing care coordination

- Creating incentives for managed care plans or providers to develop partnerships with social service agencies, counties, housing agencies, public health agencies, and/or community-based organizations,
- Testing alternative payment methodologies or the delivery of new services that are designed to address SDOH that may include housing-related supports such as one-time transition costs, employment supports, and community integration, among others

CMS indicates that states are not limited to using state funds equivalent to the amount of the increased FMAP for services that are otherwise covered in Medicaid; however, Federal Financial Participation (FFP) is only available for covered services.

To demonstrate compliance with the prohibition on supplanting existing state funds expended for Medicaid HCBS, states must:

- Not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021
- Preserve covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021
- Maintain HCBS provider payment at a rate no less than those in place as of April 1, 2021

CMS requires participating states to submit both an initial and quarterly HCBS spending plan and narrative to CMS on the activities that the state has implemented and/or intends to implement to enhance, expand, or strengthen HCBS under the Medicaid program to demonstrate that the state is supplementing, but not supplanting, existing state funds expended for Medicaid. States must submit the initial HCBS spending plan and narrative by June 12, 2021. CMS will review and approve the initial state spending plan and narrative within 30 days of a state's submission.

## Home and Community-Based Services Spending Plan

The enhanced federal funding provides California with an opportunity to make substantial investments in the programs that serve our most vulnerable Californians, including populations that are aging, disabled, homeless, and those with severe behavioral health needs.

These investments further bolster the investments made in health and human services programs as part of the Governor's May Revision which are designed to begin addressing the health, economic, and racial inequities that were exacerbated by the pandemic. Collectively, these investments chart a path to a system where social services—such as housing supports, food and childcare—are

linked to the health and behavioral health services. Furthermore, these services are person-centered and address the social, cultural and linguistic needs of the individuals they serve. Finally, these proposals independently help bolster critical safety net programs that support and empower Californians. Taken together, these investments advance the health and wellbeing of all Californians, as well as their social and economic mobility. Furthermore, the investments made using these funds will help revamp and reimagine state programming and administrative practices, helping shuttle California into a more modern and forward leaning set of practices focused on outcomes and value.

This document serves as a multi-department proposed HCBS Spending Plan, including 35 initiatives, totaling approximately \$3B in enhanced federal funding for the following categories of services:

- Workforce: Retaining and Building Network of HCBS Direct Care Workers
- HCBS Navigation
- HCBS Transitions
- Services: Enhancing HCBS Capacity and Models of Care
- HCBS Infrastructure and Support

This HCBS Spending Plan will invest in a number of initiatives, across a range of state HCBS programs to build a modern, inclusive HCBS system that provides robust health and human services to California's most vulnerable residents, in their communities, in ways that ensure that California's HCBS workforce has the training and support necessary to provide the highest level of service to those in their care.

## Workforce: Retaining and Building Network of Home and Community-Based Direct Care Workers

Critical to all endeavors to expand home- and community-based services is a robust direct care workforce. The state recognizes this workforce's cultural and linguistic strengths as valuable and finds it serves as a model as the state develops this network. Without an investment in the state's workforce the HCBS initiatives and services discussed later in this document are not viable.

In addition, turnover among the workforce who are directly involved with consumers prevents the development of trusting relationships and causes instability in services for the consumer. Targeted investments are needed to recruit, train, and retain a network of high-skilled workers to improve consumer experience and outcomes.

These proposals work to expand workforce supply and HCBS provider types, including homeless service workers; IDD providers; providers of HCBS wrap services to keep people in their homes and community; home-based clinical direct care. In addition, these proposals will increase training, ensuring a skilled and linguistically and culturally responsive workforce, while supporting a career ladder that allows HCBS workers to develop their skills and training.

Initiatives include:

- IHSS Specialized Upskilling Pilots
- Direct Care (Non-IHSS) Workforce - Training and Stipends
- IHSS HCBS Care Economy Payments
- Non-IHSS HCBS Care Economy Payments
- Increasing Home and Community-Based Clinical Workforce
- Providing Access and Transforming Health (PATH) funds for Homeless and HCBS Direct Care Providers
- Medicare Partnerships and Shared Savings on Supplemental HCBS Benefit Services
- Traumatic Brain Injury (TBI) Program
- Developmental Services Workforce Investment
- Community Navigator/Implicit Bias Training

### **IHSS Specialized Upskilling Pilots**

Funding: \$68.4M enhanced federal funding (\$150M TF) One-time  
Lead Department(s): DSS, with DHCS

In consultation with stakeholders, the State will expand upon existing training and identify additional opportunities to support the specialized training of IHSS providers to further support consumers with complex care needs and to be



utilized, when possible, in the proposed Community Based Residential Continuum Pilots for vulnerable, aging and disabled populations. More specifically:

- Building on the May Revisions proposal to make significant investments to transform California's behavioral health system and to address the housing needs of those that are currently unsheltered, IHSS providers will gain additional competencies in meeting the behavioral health needs of those they support through this effort.
- Pilot projects will also build capacity for IHSS providers to serve recipients with Alzheimer's or related dementia. The Master Plan on Aging indicates that by 2025, the number of Californians living with Alzheimer's disease will increase 25% from 670,000 today to 840,000 in 2025. Most persons with Alzheimer's or related dementia live at home, in the community, relying on a network of family caregivers and home care providers.
- Finally, pilot projects will focus on meeting the needs of IHSS recipients who are severely impaired.

This furthers the \$200 million one-time General Fund proposal that was included in the Governor's May Revision to incentivize, support and fund career pathways for IHSS providers, allowing these workers to build on their experience to obtain a higher-level job in the home care and/or health care industry.

The State will determine the process by which any required contracting and payment to identified training programs occurs. Efforts will also be made to ensure that specialized training is linked to existing career pathways, licensing, and certification to further expand the IHSS providers' ability for career advancement.

IHSS providers that complete a State-identified, with stakeholder input, pilot specialized training pathway will receive a **\$3.00/hour<sup>1</sup> pay differential** when enrolled to provide services to a recipient with the care need for which they completed specialized training.

This proposal includes funding to support county IHSS programs and/or IHSS Public Authorities, which will provide outreach to providers regarding training opportunities, assist interested providers to connect with training, track completion of training and issue stipend payments, as well as any other identified administrative activities. Additionally, Public Authority registries should be enhanced to capture completed training pathways for registry providers.

Finally, this proposal includes automation and state operations costs to support CDSS' implementation of the efforts described above, as well as the costs for a

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<sup>1</sup> A \$3.00 pay differential is the maximum differential a provider can receive for providing IHSS. So, for example, a provider who serves multiple recipients with specialized needs would not receive a higher differential.

contractor to evaluate the effectiveness of the efforts (e.g. in terms of provider retention and recipient satisfaction).

**Direct Care Workforce (non-IHSS) Training and Stipends**

Funding: \$150M enhanced federal funding (\$150M TF) One-time

Lead Department(s): CDA, with DHCS, DSS, OSHPD

Direct care jobs are central to the economy: they are the largest (696,000) and fastest growing occupation in the State. Direct care is also essential to aging and disabled adults maintaining health and well-being while living at home – especially during the pandemic, direct care workers have provided critical care for adults staying home and staying safe from COVID-19. However, these care economy jobs often have limited training, compensation, and career paths and, as a result, inequitably burden the women, immigrants, and people of color who largely perform this work. These sector challenges also can lead to HCBS program providers and care recipients experiencing high turnover and staffing shortages. A new statewide Direct Care Workforce Training and Stipends Program – leveraging on-line learning innovations, rooted in adult learner principles, and delivered in multiple languages with cultural competency - will be provided to direct care workers caring for adults in HCBS (non-IHSS) programs. A statewide Training and Stipend program provides the foundation for and drives many positive outcomes in HCBS: for the care worker, these benefits include increased skills, satisfaction, and retention, as well as opportunities to advance on career and wage ladders; for the older and/or disabled adult, the benefits include increased health and well-being from high-quality care and the prevention of unnecessary institutionalization. This also furthers the Governor's May Revision to incentivize, support and fund career pathways for non-IHSS direct care HCBS providers, to build on their experience to obtain a higher-level job in the home care and/or health care industry.

**IHSS HCBS Care Economy Payments**

Funding: \$137M enhanced federal funding (\$275M TF) One-time

Lead Department(s): DSS

This funding would provide a one-time incentive payment of \$500 to each current IHSS provider that provided IHSS to program recipient(s) during a minimum of three months between March 2020 and December 2020 of the pandemic. The payment would be issued through the IHSS automated system, CMIPS and would focus on payment for retention, recognition, and workforce development.

**Non-IHSS HCBS Care Economy Payments**

Funding: \$6.25M enhanced federal funding (\$12.5M TF) One-time

Lead Department(s): DHCS, with CDA

This funding would provide a one-time incentive payment of \$500 to each current direct care, non-IHSS provider of Medi-Cal home and community-based services during a minimum of three months between March 2020 and December 2020. This amount would cover 25,000 direct care HCBS providers in MSSP, CBAS, HCBA, ALW, HIV/AIDS Waiver, PACE, and CCT and would focus on payment for retention, recognition, and workforce development.

### **Increasing Home and Community Based Clinical Workforce**

Funding: \$100M enhanced federal funding (\$100M TF) One-time  
Lead Department(s): OSHPD, with DHCS, CDPH, CDA

This proposal would increase the home and community-based clinical care workforce, including home health aide, CNA, LVN, RN workforce in Medi-Cal. The proposal focusses on increasing access and training for home based clinical care providers for children with complex medical condition, individuals with disabilities, and geriatric care for aging adults. Grants would be provided to clinics, physician offices, hospitals, private duty nursing providers, home health providers, or other clinical providers. To be eligible for funds, the provider would need to demonstrate significant Medi-Cal patient caseload. Grants can pay for loan repayment, sign-on bonuses, training and certification costs, etc.

### **Providing Access and Transforming Health (PATH) funds for Homeless and HCBS Direct Care Providers**

Funding: \$50M enhanced federal funding (\$100M TF) One-time  
Lead Department(s): DHCS, with DSS

PATH funds will support a multi-year effort to shift delivery systems and advance the coordination of delivery of quality care of services authorized under DHCS' Section 1115 and 1915(b) waivers. This complements the \$200 million (\$100 million General Fund) proposal in the Governor's May Revision to build capacity for effective pre-release care for justice-involved populations to enable coordination with justice agencies and Medi-Cal coverage of services 30 days prior to release.

California is proposing a significant expansion of the homeless system of care that will create over 2,000 direct service jobs for those providing services to homeless and formerly homeless individuals. Additionally, Medi-Cal is looking to expand enhanced care management and long-term services and supports statewide through CalAIM In Lieu of Services. To successfully implement these new investments, local governments and community based organizations will need to recruit, onboard, and train a new workforce. In particular, there is a need for a workforce with experience/expertise in working with the disabled and aging populations. Funding will support outreach efforts to publicize job opportunities, workforce development strategies to train staff in evidenced based practices, implement information technology for data sharing, and will support training stipends.

### **Medicare Partnerships and Shared Savings on Supplemental HCBS Benefit Services**

Funding: \$100M enhanced federal funding (\$100M TF) One-time  
Lead Department(s): DHCS, with CDA

In partnership with federal, state and local partners, DHCS' Office of Medicare Innovation and Integration will lead in planning for integrated, coordinated service delivery for dually eligible individuals (those with both Medicare and Medi-Cal eligibility), and in developing innovative approaches to integrated models of care and coordinated access to LTSS for Medicare-only beneficiaries. Current federal-state collaboration efforts for dually-eligible individuals do not provide the state with a portion of the Medicare savings from reduced inpatient or short-term nursing home stays. This reduces the state's ability to invest cost savings into services and supports that improve outcomes and reduce overall costs.

Through this proposal, DHCS would fund incentives to invest in models of care that reduce inpatient or short-term nursing home stays. DHCS would also pursue a Medicare and Medicaid Shared Saving program with the federal government, building on the success of Cal MediConnect and providing more incentives for Care Plan Options, leveraging the upcoming Dual-Special Needs Plan aligned enrollment model, and considering opportunities to improve care for dually-eligible populations in Medicare fee-for-service. Additionally, DHCS would provide incentives to Medicare Advantage plans to develop innovative approaches for integrated models of care, focused on partnerships with providers such as community based organizations that provide HCBS as supplemental benefits. DHCS will also consider partnerships and incentives to provide HCBS to Medicare fee-for-service beneficiaries.

### **Traumatic Brain Injury (TBI) Program**

Funding: \$10M enhanced federal funding (\$10M TF) One-time  
Lead Department(s): DOR

The Department of Rehabilitation's (DOR) Traumatic Brain Injury (TBI) Program provides five core services designed to increase independent living skills to maximize the ability of individuals with TBI to live independently in a community of their choice. These core services are also preventative as many TBI survivors who do not have access to a network of services and supports are at a higher risk of chronic homelessness, institutionalization, imprisonment, and placement in skilled nursing facilities due to an inability to perform activities of daily living and impaired emotional regulation. State law requires that 51% of the individuals served in the TBI program must be Medical recipients.

The Home and Community-Based Services (HCBS) Expanding TBI Provider Capacity Proposal will expand the capacity of existing TBI sites and stand up new

TBI sites in alignment with HCBS surrounding transition and diversion through community reintegration, personal care services through supported living services, and other supportive services to improve functional capabilities of individuals with TBI.

The proposal includes funding to expand capacity of six (6) existing TBI sites and to award up to six (6) additional TBI sites in unserved/underserved areas.

**Developmental Services Workforce Investment**

Funding: \$135M enhanced federal funding (\$215M TF) One-time  
Lead Department(s): DDS

Recruitment and Retention for Direct Service Professionals (DSPs). This represents an investment of \$200M for the following:

- Recruitment – Even pre-pandemic, service providers had significant challenges hiring and retaining qualified staff. During the last year, DSPs worked above and beyond expectations to maintain consumer safety and continue providing necessary services and supports. To assist with retention, provide current DSPs \$500 and with recruitment offer \$500 to DSPs, upon hire.
- DSP Training - This training program provides DSPs an opportunity to receive a one-time training bonus upon completion of enhanced training. Additionally, this funding provides a bridge while DDS develops and implements the DSP training and certification program.

Employee Assistance for all DSP. This will provide an investment of \$15M for short-term counseling, support and resource referral service to assist DSPs and their families in managing difficult life events. Approximately \$5M annually and could be scalable for other systems.

**Community Navigator/Implicit Bias Training**

Funding: \$51M enhanced federal funding (\$75M TF) One-time with \$11M ongoing  
Lead Department(s): DDS

COVID-19 highlighted the continued need to assist families of children who are regional center consumers from underserved communities to navigate systems to reduce service access and inequity and meet basic needs. The Budget proposes funding to establish one community navigator per regional center (21 total) to assist families in navigating regional center and generic resources. This additional investment will add 42 additional navigators, to the proposed 21, to double down on the effort to achieve meaningful change for regional center consumers and families who face challenges navigating regional center and generic resources.

The proposed Budget includes funding for implicit bias training for regional center staff who are involved in determining eligibility for regional center services. To further address structural inequities in the system this proposal accelerates implicit bias training and cultural and linguistic awareness and training for remaining regional center staff and expands to service providers.

## Home and Community Based Services Navigation

To improve access to HCBS, these HCBS Navigation initiatives work to development a variety of statewide HCBS navigation systems, including screening and assessment tools, referral and navigation systems, coordination of services, and outreach campaigns.

HCBS Navigation Initiatives include:

- No Wrong Door System/Aging and Disability Resource Connections (ADRCs)
- Dementia Aware and Geriatric/Dementia Continuing Education
- Caregiver Resource Centers
- Individuals with developmental disabilities (IDD) Resource Navigation Portal
- Emergency Department HCBS Connections Toolkit
- Mental Health First Aid in Schools and Back-to-School Toolkit

### **No Wrong Door/Aging and Disability Resource Connections (ADRCs)**

Funding: \$5M enhanced federal funding (\$5M TF) One-time  
Lead Department(s): CDA, with DHCS, DOR

California is establishing a state-wide "No Wrong Door" system (or Aging and Disability Resource Connections), so the public can easily find information, person-centered planning, and care management for older adults and adults with disabilities across the range of home and community services provided by health plans (i.e., CalAIM "In Lieu of Services") community-based organizations (CBOs), and counties. This investment supports the interoperability between the proposed ADRC technology and data systems with CBOs, health plans, and counties, in line with the CalAIM goals for statewide Managed Long-Term Services and Supports for all Californians participating in Medi-Cal and with the new Office of Medicare Innovation and Integration. This will further the various aging proposals included in the Governor's May Revision and help to deliver on the vision of the Master Plan for Aging, which calls for California communities to build a California for All Ages where people of all ages and abilities are engaged, valued and afforded equitable opportunities to thrive as we age.

### **Dementia Aware and Geriatric/Dementia Continuing Education**

Funding: \$25M enhanced federal funding (\$25M TF) One-time  
Lead Department(s): DHCS, with OSHPD, CDPH

The Governor's May Revision begins to deliver on the recommendations put forward by the Governor's Task Force on Alzheimer's Prevention and Preparedness. This spending plan makes additional investments to further this work by screening older adults for Alzheimer's and related dementias to ensure early

detection and timely diagnosis, while also connecting individuals and families to community resources.

**Dementia Aware:** Develop an annual cognitive health assessment that identifies signs of Alzheimer's disease or other dementias in Medi-Cal beneficiaries. Develop provider training in culturally competent dementia care. Develop a referral protocol on cognitive health and dementia for Medi-Cal beneficiaries, consistent with the standards for detecting cognitive impairment under the federal Medicare Program and the recommendations by the American Academy of Neurology, the California Department of Public Health's Alzheimer's Disease Program, and its ten California Alzheimer's Disease Centers.

**Geriatric/Dementia Continuing Education, for all Licensed Health/Primary Care Providers:** Make continuing education in geriatrics/dementia available to all licensed health/primary care providers, in partnership with Department of Consumer Affairs and OSHPD, by 2024. This education of current providers complements the Administration's geriatric pipeline proposals for future providers; it is needed to close the gap between current health professionals with any geriatric-training and the rapidly growing and diversifying 60-plus population.

#### **Caregiver Resource Centers**

Funding: \$5M enhanced federal funding (\$5M TF) One-time  
Lead Department(s): DHCS with CDA

Family caregivers are the largest group of providers of adult and disability care. This proposal would provide increased respite care, behavioral health services, and other supports to meet intensified needs due to pandemic pressures on families, through 11 Caregiver Resource Centers and 33 Area Agencies on Aging.

#### **Individuals with Developmental Disabilities Resource Navigation Portal**

Funding: \$5.6M enhanced federal funding (\$7M TF) One-time, \$500k GF Ongoing  
Lead Department(s): DDS

This proposal would develop an online portal identifying resources for regional center consumers, families, and regional center staff. Information available in the navigation portal would include regional center intake information packets, resources on accessible housing options, and resource information from related safety net systems, such as In Home Support Services, CalFresh, Behavioral Health, etc. The proposed funding also includes an on-demand educational series for families.

#### **Emergency Department HCBS Connections Toolkit**

Funding: \$50M enhanced federal funding (\$50M TF) One-time  
Lead Department(s): DHCS



This initiative is focused on improving the quality of care for older people, people with serious behavioral health needs, and homeless individuals in Emergency Departments, with the goal of improving health outcomes and connections to public and community based services. The funding will be used to create toolkits for Emergency Departments to provide pre-packaged resources, training, and information on local connections to services. Tools will be created with subject matter experts and leverage work such as the Geriatric Emergency Collaborative, CalBridge BH Navigator work, and homelessness resources.

### **Mental Health First Aid in Schools and Back-to-School Toolkit**

Funding: \$75M enhanced federal funding (\$75M TF) One-time  
Lead Department(s): DHCS, with CDPH

The Governor's May Revision makes a historic \$4 billion investment in transforming the children and youth behavioral health system in order to focus on prevention, increase the number of behavioral health professional, provide more crisis services, and add acute care services and beds. However, to provide immediate resources to schools and teachers, this investment will build on the bold proposals in the May Revision.

The Mental Health First Aid in Schools and Back-to-School toolkits will help address some of the immediate needs of children and youth for the much-anticipated return to school for the 2021-22 year. For the last year, students, teachers, and parents have had to adapt to distance learning and have missed out on the socialization and development opportunities that come with physically being on a school campus. The physical health of students has been well protected by the measures schools have taken to avoid the spread of COVID-19. The behavioral health needs of students and staff remain vulnerable and must be more fully addressed. Behavioral health needs are not as easily identified and the building of toxic stress and behavioral health challenges can be just as, if not more, debilitating for children and teens as COVID-19. By investing in up-front and early education, this proposal takes steps to address future more intensive needs that could result in institutional care.

This proposal presents strategies and tools to facilitate a successful return to schools by:

1. Implementing Mental Health First Aid for Schools: Youth Mental Health First Aid is an 8-hour public education program that introduces adults to the unique risk factors and warning signs of mental health problems in adolescents, builds understanding of the importance of early intervention, and teaches individuals how to help youth in crisis or experiencing a mental health challenge.

2. Implementing a media campaign, building off the existing CalHOPE media campaign, to destigmatize the stress and anxiety about returning to school. Messages will target students, parents and other caregivers, and school staff. The campaign will provide easy-to-access tips for how to talk to children and youth about returning to school. It will also identify social influencers that connect with the diverse populations of students, parents and caregivers, and teachers. It will utilize a wide range of mediums to reach audiences, including social media, digital, print, radio, television creative opportunities yet to be identified. The voice of youth will be used in developing and deploying messages for youth.
3. Building upon and connecting with the positive social and emotional learning environments, the existing networks of CalHOPE Communities of Practice are active in 57 counties. They provide a foundation to implement training and programs across California. The Communities of Practice are evolving toward Transformative social and emotional learning that helps address the causes of inequities and social justice.
4. Engaging youth as peer navigators/helpers with training on how to listen and support peers, including asking for more support when needed. Provide training through youth-serving organizations and support to engage youth as partners in the safe return to school.

This proposal will:

- a. Provide schools with a toolkit to support teachers, parents, and students
- b. Provide parents and caregivers tools for psychological first aid support.
- c. Provide training for teachers, parents, and caregivers.

## Home and Community-Based Services Transitions

The HCBS Transition initiatives expand and enhance community transition programs to additional populations or settings and facilitate individuals transitioning from an institutional or another provider-operated congregate living arrangement (such as a homeless shelter) to a variety of community-based, independent, living arrangements. The proposals include transitions from skilled nursing facilities to home or assisted living environments, preventing long-term care placements, long-term housing placements for IDD consumers, transitions from homeless to housed, transitions from incarceration to home or residential programs, and diversion for those at risk of incarceration as a result of their health care (primarily behavioral health) needs.

These HCBS initiatives invest in reducing health disparities among older adults, people with disabilities, and homeless individuals. They include initiatives to test alternative payment methodologies or the delivery of new services that are designed to address social determinants of health and inequities. These new services may include housing-related supports, such as one-time transition costs, employment supports, and community integration as well as providing more intensive care coordination for individuals with significant socioeconomic needs.

HCBS Transition Initiatives include:

- Community Based Residential Continuum Pilots for Vulnerable, Aging and Disabled Populations
- Eliminating the Assisted Living Waiver Waitlist
- Expanding Capacity of Independent Living Centers
- Housing and Homelessness Incentive Program
- Affordable Housing for Individuals who have IDD

### **Community Based Residential Continuum Pilots for Vulnerable, Aging, and Disabled Populations**

Funding: \$286M enhanced federal funding (\$774M TF) One-time

Lead Department(s): DHCS, with DSS

The Community Based Residential Continuum Pilots would provide medical and supportive services in home and community care settings (home, ARFs, RCFEs) in order to avoid unnecessary healthcare costs, including emergency services and future long-term care placement in a nursing home. This program would ensure individuals are able to live in the least restrictive setting possible by ensuring access to home-based health and other personal care services for vulnerable populations, including seniors and people with disabilities.

This further supports the investments made in the Governor's May Revision for community care expansion for the construction, acquisition and/or rehabilitation to further stabilize these facilities with physical upgrades and capital improvements.

Focus populations include individuals with serious mental illness; elderly homeless; individuals needing additional housing and supportive services but not meeting an institutional level of care; individuals in an institution who could be served at home or in a community care setting; individuals with disabilities; and individuals being diverted or released from prisons, jail, state hospitals, or juvenile justice systems.

These services would be provided to individuals who do and do not meet institutional level of care, and who require medical and/or behavioral health and supportive services to live successfully in the community. DHCS would determine the eligibility criteria for these pilots and managed care organizations would make individual eligibility determinations.

Pilot funding would be provided to managed care plans to provide these benefits to members. Managed care plans would contract with licensed providers to provide needed medical and/or behavioral health services to beneficiaries in their own home, in coordination with any authorized IHSS services or personal care/homemaker services. For individuals residing in or needing the support of a community care setting, managed care plans would contract either directly with the licensed community care setting to provide these services or with a licensed provider who would deliver services onsite.

This proposal creates new models of care for those who need personal care, medical, and/or behavioral health supports to live either in their own home or a community care setting. The proposal is well aligned with CalAIM and other DHCS, DDS, and DSS efforts to support individuals living in the least restrictive setting possible and maximizing their dignity, privacy, and independence.

For the Prison, Jail, and Juvenile Justice Re-entry and Diversion Populations, this proposal will establish residential or board and care settings where medical, behavioral and social services are available or on-site, as re-entry hubs for this population. Services provided will include peer supports, job-training preparation, employment services, and education linkage (trade schools or getting GED as examples). After a period of time (e.g., six months) and completing job training, housing search and rental assistance will be provided. After a further period of time (e.g., 2 years) if stably employed, participants will be provided with a housing acquisition package. This would include a \$1000/month stipend for up to 9-12 months to help stabilize someone after re-entry into the community.

This would build off the Center for Employment Opportunities, which provides subsidized employment and other services to individuals who have recently

returned home from incarceration, using the Returning Citizens Stimulus program in response to the COVID-19 pandemic. It provided three monthly cash transfers to people who were recently released from incarceration to ease their transition into society at a time of social distress and high unemployment. The program leveraged the Center for Employment Opportunities' existing pay card system to deliver three monthly "stimulus" payments totaling at least \$2,250 to individuals who participate in services designed to facilitate successful reentry. In August 2020, the Center for Employment Opportunities and local partner organizations expanded Returning Citizens Stimulus in California to provide three monthly payments totaling \$1,500 to an additional 1,000 citizens returning from incarceration under the Returning Home Well initiative, which provides housing, health care, treatment, transportation, direct assistance, and employment support for Californians returning home from prison.

### **Eliminating Assisted Living Waiver Waitlist**

Funding: \$85M enhanced federal funding (\$255M TF), \$38M ongoing  
Lead Department(s): DHCS

Add 7,000 slots to the Assisted Living Waiver in an effort to eliminate the current Assisted Living Waiver waitlist while furthering the vision of the Master Plan for Aging. The current Assisted Living Waiver capacity is 5,744 slots; of which 5,620 are filled as of May 1, 2021. There are approximately 4,900 beneficiaries on the waitlist as of May 1, 2021, and an additional 1,300 beneficiaries approved for enrollment in the Assisted Living Waiver but waiting for an available assisted living facility placement to complete enrollment. The proposed addition of 7,000 slots will enable DHCS to provide sufficient Assisted Living Waiver capacity to enroll all waitlisted beneficiaries and to clear pending enrollments while still providing a cushion for continued growth. The proposed commitment to Assisted Living Waiver growth will also likely encourage participation of residential care facility for the elderly (RCFE) and adult residential facility (ARF) providers in the Assisted Living Waiver program, as the waitlist has been previously cited as a barrier to provider participation.

### **Expanding Capacity of Independent Living Centers**

Funding: \$10M enhanced federal funding (\$10M TF) One-time  
Lead Department(s): DOR

Expanding Capacity of Independent Living Centers (ILCs) Proposal supports transition and diversion services for individuals with disabilities including transition and diversion through hospital discharge and by addressing the gaps that exist between California Community Transitions (CCT) and other applicable waivers. The proposal prevents institutionalization by establishing a Community Living Fund for one-time community transition costs to help persons with disabilities to transfer home from a congregate setting. This proposal anticipates CalAIM approval and models capacity to leverage the resulting flexibilities around transitions and

diversion. Under this proposal, DOR will partner closely with the Department of Health Care Services on the program model to ensure compliance with HCBS requirements.

The proposal includes the following:

1. Funding to the 28 ILCs dedicated staff to provide the services.
2. Funding for transition or diversion services to consumers up to \$5,000 per service, with an average of \$2,700 per transition service.
3. One DOR SSA to provide grant administration.

Funding will be provided to ILCs to hire Transition Coordinators, and to establish the Community Living Fund to use as a mechanism to provide grants to secure housing, housing modifications, assistive technology, in-home care, and other items necessary to enable persons with disabilities to transfer home from a congregate setting. HCBS Allowable Activities: Transition Support including Transition Coordination and One-Time Community Transition Costs.

### **Housing and Homelessness Incentive Program**

Funding: \$1B enhanced federal funding (\$2B TF) One-time  
Lead Department(s): DHCS

Medi-Cal managed care plans would be able to earn incentive funds for making investments and progress in addressing homelessness and keeping people housed. There would be a requirement that 85% of the funds go to beneficiaries, providers, and/or counties. Funds would be allocated by Point in Time counts of homeless individuals and other housing related metrics determined by DHCS. Managed care plans would have to meet specified metrics to draw down available funds.

The target populations for this program would be aging adults, individuals with disabilities, families, individuals reentering from incarceration, homeless adults, chronically homeless individuals, persons who have/had been deemed (felony) incompetent to stand trial, Lanterman-Petris Short Act designated individuals, and veterans. This furthers the proposals included in the Governor's May Revision on housing and homelessness.

Managed care plans, in partnership with local public health jurisdictions, county behavioral health, Public Hospitals, county social services, homeless Continuum(s) of Care, and local housing departments must submit a Homelessness Plan to DHCS. The homelessness plan must outline how Housing and Homelessness Incentive Program services and supports would be integrated into the homeless system. This would include a housing and services gaps/needs assessment and how these funds would prioritize aging and disabled (including those with a behavioral health disability) homeless Californians. Plans should build off of existing local HUD or other homeless plans and be designed to address unmet

need. In counties with more than one managed care plan, plans would need to work together to submit one plan per county.

The Homelessness Plans must include mapping the continuum of services with focus on homelessness prevention (particularly for the aging and/or disabled population), rapid re-housing (families and youth), felony incompetent to stand trial and Lanterman-Petris-Short Act patients and permanent supportive housing.

The Homelessness Plans must identify what services will be offered, how referrals will be made, how other local, state, and federal funding streams will be leveraged, and how progress will be tracked towards goals including numbers served and other incentive performance measures. The Plans should build on existing homelessness plans and articulate how CalAIM services are integrated into homeless system of care

The following are some examples of Administrative or Delivery System incentives:

- Hire Homelessness lead/liaison at managed care plans
- Implement closed loop referral system for connecting homeless individuals to service bundles, housing, rental subsidies, etc.
- Sign contracts with local entities such as the county, Continuum of Care, and/or housing CBOs.
- Investing in the creation or expansion of a flexible housing subsidy pool
- Investing in the creation or expansion of a training academy for homeless services workers (bonus for specialized community health workers training)
- Partnering with local health care providers for the homeless program
- Creating a housing voucher program
- Partnering with existing housing capital and acquisition programs including Homekey, Community Care Expansion, and Behavioral Care Continuum Infrastructure Program

#### Examples of Performance Measures

- Incentive for every person housed
- Tiered bonus payments for % of county homeless housed
- Reduction in chronic homelessness (x% within the next X years OR Decrease X% over prior year)
- Incentive for keeping someone housed; paid on 6 month increments
- Reduced recidivism (x% within the next X years OR Decrease X% over prior year)
- Reduction in first time homeless (prevention) OR number of households who receive homeless prevention services
- Reductions in street homelessness
- Reduction of repeat occurrences of homelessness

- % maximizing other entitlements (SSI, Food, Medi-Cal, CalWorks, IHSS, in-home support, etc.)
- Reduction in people experiencing homelessness in local jails
- Addressing racial disparities (by monitoring demographics in PIT count and HMIS)

**Affordable Housing for Individuals who have IDD**

Funding: \$150M enhanced federal funding (\$150M TF) One-time

Lead Department(s): DDS

- Develop affordable housing with a requirement for restricted use for individuals with IDD. Funds to match existing funding sources and used to secure carve out or set-asides.
- Provide rental assistance to IDD consumers. COVID-19 had a direct impact on individuals being able to secure safe, affordable housing in the community of their choosing. To support individuals living in their own home, apartment, etc., this proposal helps establish housing and rental assistance for individuals with IDD and will be supported in future years through non-state or federal funds.



## Services: Enhancing Home and Community-Based Services Capacity and Models of Care

By innovating and improving HCBS models of care to meet the needs of the individuals it serves, the state can increase capacity in the HCBS system, allowing more individuals, particularly those in the aging and disabled communities, to access services.

Initiatives include:

- Nursing Home Recovery & Innovation
- Alzheimer's Day Care and Resource Centers
- Adult Family Homes for Older Adults
- Family Home Agency
- Coordinated Family Support Service
- Reimagine Work Activity Programs
- Enhanced Community Integration for Children and Adolescents
- Capacity Expansion for Deaf Community
- Contingency Management

### **Nursing Home Recovery & Innovation**

Funding: \$50M enhanced federal funding (\$50M TF) One-time  
Lead Department(s): CDPH, with OSHPD, DHCS, and CDA

The critical lessons and losses from COVID for skilled nursing home residents, families, and staff must accelerate innovations for nursing home facilities that drive quality care for residents. California's priorities include revisiting and expanding the pilot for Small Home facilities, for both quality of care and quality of jobs; facilitating in-room broadband access for residents; and disaster readiness improvements for facilities and systems, to respond to wildfires, earthquakes, and other emergencies where residents are especially vulnerable, among other innovations.

### **Alzheimer's Day Care and Resource Centers**

Funding: \$10M enhanced federal funding (\$10M TF) One-time  
Lead Department(s): CDA, with DSS, CDPH, DHCS

The COVID-19 pandemic has masked and accelerated cognitive decline in older adults and increased the isolation and stress of older adults and caregivers living with dementia. More than 690,000 older adults and 1.62 million family caregivers in California are living with dementia, with women and people of color disproportionately susceptible to the disease and overwhelmingly providing the care. Dementia-capable services at licensed Adult Day and Adult Day Health centers provide services in the community vital to the health and well-being of

diverse older adults and families, prevent institutionalization, and advance health equity. This furthers the recommendations to the Governor's Task Force on Alzheimer's Prevention and Preparedness.

### **Adult Family Homes for Older Adults**

Funding: \$9.1M enhanced federal funding (\$9.1M TF), \$2.6M Ongoing  
Lead Department(s): CDA, with DDS

Adult Family Homes offer the opportunity for up to two adult individuals to reside with a family and share in the interaction and responsibilities of being part of a family unit, while the family receives a stipend and support from a local Family Home Agency (FHA) for caregiving for the adult individual(s). California will pilot Adult Family Homes for older adults in one county, with the Department of Developmental Services (DDS) assisting the Department of Aging (CDA) in developing and operating the program. This pilot is based on the successful program serving adults with developmental disabilities currently run by the DDS. Interested family homes are assessed and receive background clearances from a non-profit FHA under contract with a Regional Center. DDS performs oversight over the Regional Center and the FHA. CDA will mirror this model with Area Agencies on Aging and the existing non-profit FHAs. Moreover, this furthers the vision and recommendations of the Master Plan for Aging.

### **Family Home Agency**

Funding: \$37M enhanced federal funding (\$61.7M TF) One-time  
Lead Department(s): DDS

The benefits and outcomes of Family Home Agency (FHAs) include, reduced reliance on new housing options, direct service professionals, reduced isolation, and increased continuum of service options for all Californians in need of services and supports. Under the current funding structure, limited financial assistance is available to participating families and likely hinders the expansion of this service. FHAs offer the opportunity for up to two adults with developmental disabilities per home to reside with a family and share in the interaction and responsibilities of being part of a family and building connected relationships. This proposal would provide pass through funds to family home providers and include a differential for multi-cultural/multi-lingual families.

### **Coordinated Family Support Service**

Funding: \$75M enhanced federal funding (\$125M TF); One-time, \$25M GF ongoing  
Lead Department(s): DDS

Currently, adults living outside the family home have more coordinated supports than individuals living with their family. DDS data shows a significantly higher percentage of adults who identify as non-white (75%) live with their family as

compared to adults who are white (52%). To improve service equity for adults who live with their family, and improve individual supports at home, this proposal would pilot a new service for families similar to supported living services provided outside the family home. The pilot would assist families in coordinating the receipt/delivery of multiple services.

### **Reimagine Work Activity Programs**

Funding: \$9M enhanced federal funding (\$15M TF) One-time  
Lead Department(s): DDS

Existing work activity programs largely support sub-minimum wage employment in segregated settings. Funding would support the transition out of services provided in sheltered work settings to a new model of service that is time-limited, person-centered and focused on a "Pathway Forward" to employment connecting to Paid Internship Programs or Competitive Integrated Employment and measuring outcomes.

### **Enhanced Community Integration for Children and Adolescents**

Funding: \$50M enhanced federal funding (\$50M TF) One-time  
Lead Department(s): DDS

Children with IDD are frequently left out from participation in community programs, but both the child with IDD and children without greatly benefit from opportunities to develop friendships. This proposal would support community social recreational connections for children through a multi-year grant program. The grant program will be for regional centers to work with CBOs and local park and recreation departments to leverage existing resources and develop integrated and collaborative social recreational activities.

### **Capacity Expansion for Deaf Community**

Funding: \$10M enhanced federal funding (\$15M TF) One-time  
Lead Department(s): DDS

This proposal works to improve services for individuals with intellectual and developmental disabilities who are deaf. Due to the uniqueness of the deaf culture and their communication needs, funding will provide regional centers the ability to contract for communication assessments that will be used in developing Individual Program Plans. DDS will also contract with an individual or entity with the experience and qualifications to advise DDS in the most appropriate assessment tools, qualifications of assessors, and the necessary services or service adaptations to meet the needs of individuals who are deaf. Funding will also be used for statewide training.

### **Contingency Management**

Funding: \$31.7M enhanced federal funding (\$58.5M TF) One-time

Lead Department(s): DHCS

Unlike alcohol and opioid addiction, there are no medications that work for stimulant use disorder. Overdose deaths from stimulants equal deaths from fentanyl in California, and rates continue to rise, causing high social costs (in terms of criminal justice involvement and foster care placement) and high medical costs (stimulant use disorder leads to high ED and hospital costs for infections, lung and heart disease). The lack of effective community-based treatments for stimulant use results in increased utilization of residential treatment services, particularly in the Medi-Cal program.

DHCS proposes to offer contingency management via a pilot, as it is the only treatment repeatedly shown in studies to work for stimulant use disorder. Contingency management uses small motivational incentives combined with behavioral treatment as an effective treatment for stimulant use disorder. The Department proposes to implement the motivational incentives through a mobile application that will be accessible to patients through smart phones, tablets or computers.

The Department proposes to start the pilot in January 2022 and continue the pilot through March 2024. DHCS would conduct a robust evaluation, and if the program is demonstrated to be effective, then submit a proposal through the budget process to allow contingency management to be an ongoing Medi-Cal benefit, as part of the Drug Medi-Cal Organized Delivery System.

By increasing the availability of community-based treatment, this proposal will reduce demand for residential treatment services, reducing costs and allowing individuals with substance use disorders to recover in the community and further builds on the behavioral health delivery system reforms in California Advancing and Innovating Medi-Cal (CalAIM).

## Home and Community-Based Services Infrastructure and Support

The following infrastructure investments will support the growth of HCBS services, to allow existing HCBS programs to serve existing clients better as well as expand to serve more individuals who meet eligibility criteria.

Initiatives include:

- Long-Term Services and Supports Data Transparency
- Addressing Digital Divide for Adults with HCBS
- System Improvements
- Ombudsperson Office and Restructure

### **Long-Term Services and Supports Data Transparency**

Funding: \$20M enhanced federal funding (\$20M TF) One-time  
Lead Department(s): DHCS, with CDPH, DSS, CDA, OSHPD

This is a multi-department initiative to improve long-term services and supports (LTSS) data transparency, including utilization, quality, and cost data. This will be accomplished by creating a LTSS Dashboard linked with statewide nursing home, long-term care, and HCBS utilization and cost data, CDPH licensing data, LTC Ombudsman data, and other quality and demographic data. The goal of increased transparency is to make it possible for regulators, policymakers, and the public to be informed while we continue to expand, enhance and improve the quality of home and community-based services.

### **Addressing Digital Divide for Adults with HCBS**

Funding: \$4.7M enhanced federal funding (\$9.5M TF) One-time  
Lead Department(s): CDA

Telehealth services accelerated during the pandemic have the potential to improve access to health care from home and with family. Older adults, however, are less connected to the internet than younger populations and need devices, broadband, and tech support to equitably access tele-health, especially in rural and low-income communities. Older adults and adults with disabilities eligible for Medi-Cal tele-health services and participating in HCBS will be provided tablets or other appropriate devices for telehealth, along with broadband and tech support (including expanded language access for tech support). This initiative leverages a new CDA digital divide initiative with Older American Act providers to increase the number of older adults and adults with disabilities receiving HCBS who are connected to tele-health and to other digital services and supports that prevent isolation and support well-being, while furthering the goals of the Master Plan for Aging.

### **System Improvement**

Funding: \$181.8M enhanced federal funding (\$256M TF) One-time

Lead Department(s): DDS, with DHCS participation Outcome-Based System

The proposed immediate investments will improve and stabilize the services directly impacting consumers, build the infrastructure to support consumers and their families through person-centered practices and supports. Additionally, a prevailing need and challenge within the developmental service system is moving from a compliance-based system to an outcome-based system. To accomplish this conversion, DDS will need to build infrastructure and modernize methods for collecting and analyzing information about consumer services and outcomes.

1. Accelerate Service Coordinator Recruitment and Hiring - An investment of \$45M TF one-time is proposed, and ongoing funds are included in the proposed Budget. The proposed Budget also includes a Performance Incentive Program focused on reducing caseload ratios beginning in 2022-23, while DDS works with stakeholders to design the program. Providing this funding in 2021-22 would provide more immediate support to reduce service coordinator ratios and focus on consumer and family outcomes and improved experiences. This proposal would improve coordination and consumer experiences by reduce caseload ratios through hiring approximately 400 service coordinators in 2021/22.
2. Outcomes-Based System – A one-time investment of \$15M over multiple years. - The May Revise proposed designing a Performance Incentive Program tied to outcomes for Regional Center operations. This proposal would go beyond regional center operations to fund the evaluation of the purchase of service structure which utilizes vendorized providers. Purchase of service currently funds services and supports based on consumer needs, but payments are not linked to consumer outcomes. A successful contractor would work with the Department to design a system that establishes an alternative payment system driven by consumer outcomes. This funding would support a request for proposals to develop and implement an outcomes-based system for purchase of services.
3. Modernize Regional Center Information Technology Systems – Update the regional center fiscal system and implement statewide Consumer Electronic Records Management System. An investment of \$120M one-time, multi-year to support the scope of work, request for proposal process, procurement, and initial implementation. Ongoing costs are anticipated to be supported with current resources.

- a. Uniform Fiscal System (\$70M) – The current information technology systems for billing and case management are disjointed and unable to quickly adapt to changing needs given the age of the systems and lack of standardization. Changes require DDS and regional centers to create and apply patches and result in significant data lags which can delay identification of problems and hinder decision-making given outdated information. The existing fiscal system was implemented in 1984. Replacement of the RC fiscal system, which processes provider payments, will improve efficiencies as the system is modernized and provide more detailed expenditure data consistent with CMS payment system expectations.
  - b. Consumer Electronic Records Management System (\$50M) – The Regional Centers do not have a statewide standardized client case management system. Securing timely and accurate data is extremely challenging due to system differences. Additionally, there is not an outward facing option for self-advocates and families to access their information; such as, IPPs, current authorizations, appointments, outcomes data, etc., instead that information is delivered by mail or email. This proposal will increase the availability and standardization of information; to include, measures/outcomes, demographics, service needs, special incident reports, etc. Lastly, the system will allow consumers, via the web or app, to access their records. This investment will also support the efforts to develop an outcomes-based system for purchase of services.
4. Organizational Change Management (RCs and DDS) – A \$20M multi-year one-time investment to prepare regional center and department staff and develop and implement numerous changes in fiscal system, consumer electronic record system, implementation of statewide policy and performance incentive's driven by outcomes, and service delivery post-COVID.
  5. Person Centered Planning – A \$26M multi-year one-time investment for comprehensive person-centered plans (PCP). Investment supports compliance with HCBS and is foundational for implementation of an outcome-based service delivery system. Investment is anticipated to support person-centered planning for approximately 15,000 individuals each year.
  6. Support Development of New Community Services and Supports - \$30M one-time, multi-year. *Background:* The DDS budget includes approximately \$27M for startup annually in the area of community resource development called Community Placement Plans (CPP/CRDP), which only partially funds qualified proposals. The funds are allocated to regional centers, after

community engagement to contract the development of new resources to support current needs based on consumer growth (residential, employment, etc.). *Proposal:* Increase the funds available for 3 years at \$10M each year. The additional funds would be earmarked for new and innovative pilot development to move the system forward with the following priorities: first-responder training, resources for underserved populations, services that are culturally and linguistically sensitive, enhance pathways for employment (College to Career) and services that promote independence (employment).

### **Ombudsperson Office and Restructure**

Funding: \$10M enhanced federal funding (\$20M TF), \$1.5M GF ongoing  
Lead Department(s): DDS

This initiative works to improve dispute resolution and due process activities – Self-advocates and families (primarily the Lantinx community) have shared they don't believe there is a "safe" place for them to go to assist with conflicts with regional centers and have long asked for the Department to have an Ombudsperson office. Additionally, the current fair hearing process/dispute resolution process is cumbersome, difficult to navigate and intimidating for communities where questioning "authority" is difficult or not acceptable. Families share that they believe they don't feel they have enough representation as compared to the regional centers. For example, regional centers have highly educated staff defending their decisions and families in the lower socio-economic threshold don't have the financial means to "fight the system". This proposal would establish an Ombudsperson's Office at DDS and redesign the appeal and Fair Hearing process.

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Fax : (626) 839 - 2179

*ADDITIONAL* G  
**HACIENDA HEIGHTS  
PHARMACY**

We are now offering Covid Vaccine  
Janssen (J&J) – one shot 18 years and older  
Moderna – two shot 18 years and older  
Pfizer – two shot 12 years and older

Please call for appointments  
Walk in available  
Wednesday 2:30-5:30  
Saturday 9:30-1:30

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ATTACHMENT 4

# SUMMER HEAT WARNING & TIPS FOR EMERGENCY PREPAREDNESS FOR THE SG/PRC COMMUNITY



These high temperatures can be very dangerous for the individuals we serve, particularly the elderly, those diagnosed with epilepsy and other individuals with fragile medical conditions. SG/PRC is urging service providers to exercise extreme caution in activities and are encouraged to remain indoors, in air-conditioned settings.

Residential facilities should carefully evaluate whether residents, at risk during high temperatures. Please ensure if residents do attend program, that they are properly dressed and have a supply of water.

Transportation companies are reminded of the importance of having drivers do a thorough pre-trip inspection to ensure the vehicle air conditioning is in proper working order.

Transporters are also reminded to carry a supply of cold drinking water in the event an individual appears dehydrated or in need of drinking water.

## EXTREME HEAT ALERT - PLEASE BE CAUTIOUS WITH HIGH TEMPERATURES

For additional information on heat-related illnesses and prevention, you can also call the LA County Information line at 2-1-1 from any landline or cell phone within the county.

*VENDORS: During an extreme heat event, you should implement various procedures to protect the health and safety of residents and staff, including, but not limited to the following:*



- curtailing or suspending outdoor activities
- closing training sites that lack air conditioning
- providing for alternate activities for residents in air conditioned areas - providing extra fluids, sunscreen and modified clothing
- adjusting employee work schedules to avoid strenuous assignments during afternoon heat
- distributing reminders to staff regarding precautionary measures

### TIPS FOR EMERGENCY PREPAREDNESS:

Some quick and basic proactive strategies for consumers, families, providers, and vendors are to:

- Make a plan <https://www.listocalifornia.org/prepare-your-community/toolkit/>;
- Ensure basic supplies are on hand;
- Have bags prepared and ready to go if an evacuation is necessary;
- Include this information in go-kits/bags:

Health Profile ([listocalifornia.org](http://listocalifornia.org)); and <https://www.dds.ca.gov/consumers/resources/consumer-friendly-publications/>

- Ensure up-to-date contact information, and other personal or important

Information, is handy and portable;

- Sign up for alerts with your utility company to be notified of PSPS events in your area: <https://prepareforpowerdown.com/>



**For materials shared at meetings,  
please go to [www.sgprc.org](http://www.sgprc.org),  
click on the calendar and look for an event by date.  
There you will find a link to the materials for each meeting.**