



Valley Mountain Regional Center Board of Directors Meeting

Valley Mountain Regional Center Cohen Board Room
702 N. Aurora Street, Stockton, CA 95219
DIAL-IN NUMBER : 1-866-299-7945
CONFERENCE PASSCODE 7793177#



Monday, February 25, 2019 - 6:00 PM

MEETING AGENDA

*The mission of Valley Mountain Regional Center (VMRC) is to support people with developmental disabilities as they enrich their lives through choices and inclusion.
VMRC is committed to securing quality, individualized services in collaboration with families and the community.*



A. Call to Order, Roll Call, Reading of Mission Statement



B. Review and Approval of Agenda

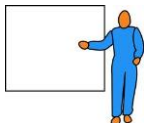


C. Review and Approval of Board Meeting Minutes, December 10, 2018

D. Adoption of Consent Items

- Consumer Services Committee, Minutes of January 7, 2019 meeting.
- Executive Committee, Minutes of Minutes of January 2nd and February 6th, 2019 meetings.
- Finance & Personnel Committee, Minutes of January 2nd and February 6th, 2019 meetings.
- Contracts Approved by the Finance Committee
- Executive Director's Monthly Report
- Training and Development 2018 Year End Report

E. Announcements & Public Comment (Maximum 3-minute report per person)



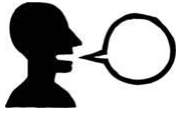
F. Presentation:

Mary Sheehan, Clinical Director, will be presenting on our process for working with the hospitals for our consumers and reviewing the activities around end of life decision advanced directives etc.?

Carlos Hernandez, Cultural Specialist, will be presenting on the expenditure report by various demographics and reviewing our public outreach activities.

G. Executive Director's Report

- Executive Director's Report: The report on activities and departmental directives will be submitted on the consent calendar and Tony Anderson will provide a presentation on the State Budget proposals.



H. Board member Visits

I. Committee Reports



**i. VMRC Consumer Advisory Committee
(Lisa Louise Esteves, SAC6 Rep.)**

- Next meetings – March 16, 2019 (@Valley Caps Modesto) and March 25, 2019 in the VMRC Director's Office.

**ii. Consumer Services Committee
(Chris Varella, Chair)**

- Next meeting – Monday March 11, 2019, 4:00 p.m., Stockton VMRC office, Cohen Board Room

**iii. Finance Committee
(Elizabeth Victor-Martinez, Chair)**

- Finance Report
- Acceptance of Contract Status Report
- Next meeting – March 6, 2019



**iv. VMRC Professional Advisory Committee (CLASP)
(Candice Bright, CLASP Representative)**

- Oral Report
- Next meetings: March 18, 2019 for the Leadership Committee, and March 25, 2019 for the CLASP Membership.
- April 1, 2019 – CLASP Training Event at VMRC

**v. Legislative Committee
(Candice Bright, Chair)**

- Our next meeting will be to Walk-through the Final Draft of the presentation of the Governors 2019-2020 Budget Proposal on March 19, 2019 12 – 2pm.
- Next Meeting: March 28, 2019 10 am to 12 pm: Presentation in the Cohen Board Room



**vi. Nominating Committee
(Claire Lazaro, Chair)**

- Next meeting – Monday February 25, 2019

**J. President's Report
(Tom Bowe, President)**

- President's Report
- Human Resources Report with November Activity (Bud Mullanix)
- Next Executive Committee meeting – March 6, 2019
- Board Retreat – We Need a Date

vii. Closed Session¹

- Executive Director's Contract was extended in January 2019 as per the specified in the final year of the contract. We still need performance review input from board members.

viii. Other Matters

K. Next Meeting

Date: Monday, April 8, 2019

Time: 6:00 PM

**Location: Valley Mountain Regional Center, Modesto Office
1820 Blue Gum Avenue, Modesto, CA 95358. Phone: (209) 529-2626**

L. Adjournment



Information = The item is brought to the board for information and is likely to be an action item at a future meeting.

*VMRC Policy on Public Input

In accordance with California Welfare & Institutions Code sections 4660 through 4669, meetings of the Valley Mountain Regional Center Board of Directors are open and public, with only those exceptions provided in statute. Accordingly, time is allowed at each Board of Directors meeting for public input on any issue whether or not it is on the agenda for that particular meeting. Such input shall be summarized in the minutes of the meeting.

"Public input" is defined as verbal comment or written submissions provided to the Board by any person who is not a member of the VMRC Board. Materials will be maintained by VMRC for at least two years from the date of the meeting.

The VMRC Board of Directors reserves the right to determine the form or manner of its response. As a general rule, the Board will not respond to comments or questions that relate to agency personnel policies, the union contract, or collective bargaining issues. However, the Board may, at its discretion, direct staff in executive session to investigate and report on such issues raised under public comment.

The VMRC Board requests that all participants refrain from wearing perfume, cologne, and other fragrances, and use unscented personal care products in order to promote an irritant-free environment.

In accordance with the Americans with Disabilities Act, if you have any special requirements in order to participate, please contact Jan Maloney at (209) 955-3248 prior to the start of this meeting.

¹ Notwithstanding Section 3.08(c), the Board and its committees may hold a closed meeting to consider real estate negotiations, appointment, employment, evaluation or dismissal of an employee, staff salaries and benefits, labor negotiations, and any matter dealing with a specifically identified consumer for whom appropriate authorization has not been provided to enable public discussion of the matter. The Executive Assistant shall keep confidential minutes of executive sessions. The subject of each executive session shall be announced prior to and at the conclusion of each such session.

Local Legislators

California State Senate

District 5

Cathleen Galgiani (D)

State Capitol, Room 4082
Sacramento, CA 95814
(916) 651-4005

District Office
31 E. Channel, Rm. 440
Stockton, CA 95202
(209) 948-7930

Modesto District Office
1010 10th Street Suite 5800
Modesto, CA 95354
Phone: (209) 576-6273
Fax: (209) 576-6277
senator.galgiani@sen.ca.gov

District 12

Anna Caballero (D)

State Capitol, Room 3048
Sacramento, CA 95814
(916) 651-4012

District Office
Ceres District Office:
2561 3rd St., Suite A
Ceres, CA 95307
Phone: (209) 581-9827

District 8

Senator Andreas Borgeas (R)

Oakdale Office
102 Grove Avenue, Suite B
Oakdale, CA 95361
Phone: (209) 848-8001

Sutter Creek Office
460 Sutter Hill Road, Suite C
Sutter Creek, CA 95685
Phone: (209) 267-5033

California State Assembly

District 5

Frank E. Bigelow

State Capitol, Room 4158
Sacramento, CA 95814
(916) 319-2005
Jackson District Office
33 C Broadway
Jackson, CA 95642
(209) 223-0505
assemblymember.bigelow@assembly.ca.gov

District 9

Jim Cooper (D)

State Capitol
Room 6025
Sacramento, CA 95814
(916) 319-2009
District Office
9250 Laguna Springs Drive #220
Elk Grove, CA 95758
assemblymember.cooper@assembly.ca.gov

District 12

Heath Flora (R)

State Capitol, Room 3149
Sacramento, CA 95814
(916) 319-2012

District Office
3719 Tully Road, Ste C
Modesto, CA 95356
(209) 576-6425
assemblymember.flora@assembly.ca.gov

District 13

Susan Talamantes-Eggman (D)

State Capitol
Room 3173
Sacramento, CA 95814
(916) 319-2013
District Office
31 E. Channel, Rm. 306
Stockton, CA 95202
(209) 948-7479
assemblymember.eggman@asm.ca.gov

District 21

Adam Gray

State Capitol

Room 3152
Sacramento, CA 95814
(916) 319-2021
District Office
1010 Tenth Street, Ste 5800
Modesto, CA 95354
(209) 521-2111
assemblymember.gray@assembly.ca.gov

U.S. Senate

Senator Dianne Feinstein (D)

One Post Street, Suite 2450
San Francisco, CA 94104
Phone: (415) 393-0707
Fax: (415) 393-0710

Senator Kamala Harris (D)

1300 "I" Street
Sacramento, CA 95814-2919
Phone: (916) 445-9555
Fax: (202) 228 - 3865

U.S. House of Representatives

District 10

Congressman Josh Harder (D)

District Office Location
4701 Sisk Road, Suite 202
Modesto, CA 95356
Phone Contact: (209) 579 5458

District 9

Congressman Jerry McNerney (D)

2222 Grand Canal Blvd. #7
Stockton, CA 95207
Phone: (209) 476-8552
Fax: (209) 476-8587

District 4

Congressman Tom McClintock (R)

2200A Douglas Blvd, Suite 240
Roseville, CA 95661
Phone: (916) 786-5560
Fax: (916) 786-6364



Valley Mountain Regional Center

Board of Directors Meeting

702 N. Aurora Street, Stockton, CA 95202

Monday, December 12, 2018

Present: Tom Bowe, Robert Balderama, Linda Collins, Claire Lazaro, Lynda Mendoza, Dena Pfeifer, Moe Rashid, Andrea Rueda, Noemi Santiago, Chris Varela, Elizabeth Victor-Martinez

Absent: Tracie Leong, Margaret Heinz, Emily Grunder, Kori Heuvel, and Tom Toomey

Guests: George Lewis (SCDD/NVHO), Paul Billodeau (former VMRC Executive Director), Gia McElroy (parent), Allan Smith (DDS), Leonard Hansen (HTC), Will Sanford (Futures Explored), and facilitators Shaefaye Kirkendoll, Angie Lewis, Lori Williams.

VMRC Staff: Tony Anderson, Cindy Mix, Mary Sheehan, Nicole Weiss, Gordon Hofer, Anthony Hill, Dr. Barbara Johnson, Carlos Hernandez, Jan Maloney

Action items noted in bold.

A. Call to Order:

President, Tom Bowe, brought the meeting to order at 6:00pm.

Jan Maloney, Executive Assistant, completed Roll Call.

The Mission Statement was collectively read by board members: The mission of Valley Mountain Regional Center (VMRC) is to support people with developmental disabilities as they enrich their lives through choices and inclusion. VMRC is committed to securing quality, individualized services in collaboration with families and the community.

B. Review and Approval of Agenda:

M/S/C (RUEDA/MENDOZA) to approve the agenda as amended.

C. Review and Approval of Board Meeting Minutes, October 10, 2018

M/S/C (RUEDA/LAZARO) to approve the minutes as submitted.

D. Adoption of Consent Items:

The Chair called for any requests to remove items from the Consent Calendar. Hearing none,

M/S/C (RASHID/RUEDA) to approve the Consent Items as submitted.

• Finance & Personnel Committee Minutes, October 3, 2018	9
• Finance & Personnel Committee Minutes, November 7, 2018	13
• Executive Committee Minutes, October 3, 2018, 2018	39
• Executive Committee Minutes, November 7, 2018, 2018	43
• Legislative Committee Minutes, October 16, 2018	47
• Legislative Committee Minutes, November 19, 2018	51
• Special Events Committee, Minutes, November 15, 2018	53
• Consumer Services Committee, Minutes, November 13, 2018	55
• Executive Director's Monthly Report & Weekly Blog (separate items)	

E. Announcements & Public Comment:

Tom reminded Gia McElroy, parent, of the three-minute limit for Public Comment and stated he would give her some additional time to read her statement but asked her to be brief. Gia said she was speaking as a parent and advocate for her son who has severe autism, and others who are fighting for services that have been denied, and are threatened with removal and retaliation. Since her son began receiving services from the school district and VMRC in 2001, she feels both have been a source of duress and counter to promises made by state and federal laws on multiple levels. She feels regional center services have been worse than district services. Speaking on behalf of other consumers and families in the same situation, she stated clients are being disfigured, traumatized and dying. Gia referred to some cases both in and out of VMRC's catchment area where parents have harmed or killed their children. There have been two deaths at homes where her son has resided, and another death at a home where the consumer had been transferred. She has witnessed and been told by other parents, of dangerous situations whereby the consumer has been missing and later returned by the police. The past two years of duress and declining regional center standards and deaths have prompted Gia to speak on behalf of the silent clients and their parents who have been vilified, bullied and blamed. She does not trust the regional center and agencies, and also does not trust the school system. She fears the regional center, their staff and their providers, the administration of the regional center. She stated she has been retaliated against and threatened with loss of services for her son. Providers retaliate against Gia if alerts have been made against them, and communication/contact with staff/services has been removed if she places an alert against a regional center employee. The regional center is not providing the services her son requires, and the stress placed upon her has affected her health. She stated regional center employees work from home and do not return calls within 2 days, and cancel meetings, one of which was canceled due to rain. Staff is rude, do not know anything and will not provide their first name when she feels she needs to escalate an issue. (Testimony exceeded the allotted time.)

On behalf of the SCDD/NVHO, George Lewis made the following announcements:

- George acknowledged VMRC Board Member, Robert Balderama, who has stepped down as the SSAN (Statewide Self Advocacy Network) Chair. Robert will continue his advocacy efforts on the committee.
- George coordinates the Quality Assessment program which is currently headed into the childrens' study survey and will be mailing surveys to parents of children aged three to 13 throughout California. Approximately 3,500 consumers and their families will be interviewed. George provided information from earlier surveys, which will be given back to the regional centers for use in strategic planning purposes.
- The next RAC meeting will be January 22, 2010, at UCP Turlock from 6:00-8:00pm, and invited board members to attend.

In response to a question from CLASP representative, Candice Bright, George confirmed that the surveys are being sent just to families and not to children in residential placement.

F. Executive Director's Report:

Tony provided his monthly Executive Director's Report, copies of which were mailed to board members along with the meeting packet. Since VMRC has moved to meeting alternate months, Tony has provided a weekly Director's Travel blog that is available to VMRC employees and also on the VMRC website.

Tony discussed the correspondence received from DDS, that was also part of the Executive Director's Report packet.

G. Board Member Visits:

On October 17 Dena Pfeifer visited The Village, a day program in Lodi that had been open for four weeks. They had 12 consumers attending but there is room for 15. There is a social area, a kitchen, and a sensory room that was provided by the Lodi Chamber of Commerce. Program participants were working on Halloween decorations, and they do a lot of activities especially in the Downtown area of Lodi. Dena was invited to give Halloween candy at Lodi's Safe Halloween event. Dena said she enjoyed visiting this program.

Lynda Mendoza made a program visit but will wait until the February board meeting to give her report.

Tom Bowe encouraged board members to sign up for site visits.

H. Presentations:

The Finance and Personnel Committee invites one of the vendors whose contracts are over \$250,000 to present information about their contract/s with VMRC. This month, Leonard Hansen, Director of Operations, Howard Training Center, presented a PowerPoint about the different programs.

Leonard explained the Howard Training Center has an adult service program, a supported employment program in Ceres, a culinary kitchen, Commercial Landscaping, Community Employment, Production Unlimited, and Independent Job Placement programs. The Howard Training Center has been operational for over 65 years.

They have provided full landscaping and janitorial services for four rest stops for over 20 years along highway 99, I-5, north and south Turlock, and north and south Wesley. There is also a landscaping contract that has been in place for 5 years with the City of Ceres that services all major roads, overpasses and two parks.

The Culinary Services work activity program has 30 consumers who cook all meals for the Stanislaus Recovery Center, and Banta Elementary School District. They have been providing meals on wheels for over 12 years. Discussions are underway with the Dean of Vocational Services at Modesto Junior

College, and it is hoped to be able to create a culinary academy at HTC. The Howard Training Center also independently helps place consumers in jobs. Personal Achievement is a behavioral community integration program and serves 40 consumers. Production Unlimited is a traditional sheltered workshop and as of March 1 the program will be revamped and no longer produce piecework.

The Howard Training Center serves 145 consumers in vocational and job skills programs, with over 100 in adult services programs. There are two campuses, five work sites, and 110 members of staff.

The second presentation was given by Barbara Johnson, Psy. D. and included lots of statistics. Dr. Johnson applied for and received an MHSA grant (Mental Health Services Act) to hold one conference a year for the next three years, entitled Bridging the Gap, Co-occurring Disorders and Developmental Disability. VMRC partnered with Stanislaus County Behavioral Health and Recovery Services. The series is designed to address the specific needs of both youth and adults served by VMRC who, without community inclusion, struggle to be identified and receive appropriate behavioral health and substance abuse services both with the community and legal justice system.

Dual Diagnosis is a term also applied to the co-existence of both developmental disabilities (autism, intellectual disability, epilepsy, cerebral palsy) and mental health/substance abuse conditions, and individuals with autism are at a higher risk of developing a mental health disorder. Co-occurring mental, neurodevelopmental, medical and physical conditions are frequent occurrences in the ID population, with rates of some conditions that are 3 to 4 times higher in comparison to the general population. One in two children with cerebral palsy meet the criteria for a psychiatric disorder, the most common being ADHD. Individuals with epilepsy are at a greater risk of developing a behavioral health condition in comparison to the general population. The majority of individuals with a developmental disability and mental illness are less likely to receive appropriate mental health services. Only 15% of VMRC's consumers are diagnosed and treated for a mental illness. Almost 300 mental health diagnosticians and providers as well as 26 specifically designated VMRC staff attended.

The planned s for the next two years are Overcoming Barriers: Medication Intervention, Crisis Response and Psychiatric In-Patient Treatment (2009), and New Beginnings: Building Collaborative and Inclusive Community Partnerships (2020).

I. Committee Reports:

i. VMRC Consumer Advisory Committee:
(SAC6 Representative)

A new SAC6 Representative has recently been elected, and will join VMRC's February board meeting.

ii. Consumer Services Committee:
(Chris Varela, Chair / Dena Pfeifer, Co-Chair)

Chris was absent from the November meeting and Dena Pfeifer chaired the meeting in her absence. The minutes of that meeting are included in the Consent Calendar.

- iii. VMRC Professional Advisory Committee (CLASP)
(Candice Bright, CLASP Representative)

Candice reported MabPRO attended the meeting and talked about crisis intervention training and the various CEU's (Continuing Education Units) that are available to providers.

CLASP now has 45 paid members. The CHOICES conference on April 15, 2019 is entitled "The Wheel of Choice", and the deadline for the video and t-shirt artwork is January 16.

CLASP has started a provider conference committee in the hope of being able to provide CEU's for providers, but more members and a Chair are needed.

One of the unmet needs determined by the CLASP group was developing job competencies and training, as there is a lack of staffing and direct care that is hitting day programs, residential and SLS services, along with the upcoming increase in the minimum wage.

The next CLASP meeting will be a potluck on Monday, December 17, 10:00am at VMRC in Stockton.

- iv. Finance and Personnel Committee:
(Elizabeth Victor-Martinez, Chair/Emily Grunder, Vice-Chair)

Treasurer and Committee Chair, Elizabeth, advised the committee met last week and is bringing the following items to the board for approval.

- **M/S/C (COMMITTEE/RUEDA) to accept contracts over \$250,000 per Resolution 1 on page 63.** Abstentions from Candice Bright and Mohamed Rashid
- **M/S/C (COMMITTEE/PFEIFER) to accept contracts over \$250,000 per Resolution 2 on page 65.** Abstentions from Candice Bright and Mohamed Rashid

RESOLUTIONS ATTACHED

- **M/S/C (COMMITTEE/LAZARO) to accept the Contract Status Report on page 67.**
- **M/S/C (COMMITTEE/RUEDA) to accept donations from PG&E totaling \$2,525**

This committee will meet again on January 2, 2019 at 5:30pm at VMRC in Stockton.

- v. Legislative Committee:
(Candice Bright, Chair / Moe Rashid, Vice-Chair)

The committee gave two presentations on December 4, one in Stockton and one in Modesto. Both presentations were well received and brought about a lot of conversation surrounding some of the bills that passed. Board members did very well in presenting and speaking about the bills. Also 1.5 CEU's were given to attendees.

This committee will not meet again until January 28, from 10:00am to 12:00pm at VMRC in Stockton, at which point they will start gearing up for the next budget cycle.

- vi. Bylaws Committee:
(Lynda Mendoza, Chair / Open position for Vice-Chair)

There were no questions following distribution of the draft Restated Bylaws at the October board meeting. The committee now brings forth the bylaws for approval.

M/S/C (COMMITTEE/LAZARO) to accept the Restated Bylaws as presented.

The Board Officers present signed and dated VMRC's newly adopted bylaws.

- vii. Self-Determination Committee:
(Claire Lazaro, Chair)

Claire reported the committee met the first week of December. There is no exact date from DDS as to when Self-Determination can begin, but VMRC is ready and has already assigned a Service Coordinator and Program Manager. Staff have been trained in Person Centered Thinking (PCT) and DDS is planning more training on the subject. There are upcoming meetings, one in Stockton and one in Modesto, for consumers. All VMRC staff has been trained and produced their one-age profiles.

The next meeting will be on January 14, 2019, at 2:00pm at VMRC in Stockton.

- viii. Nominating Committee:
(Claire Lazaro, Chair / Andrea Rueda. Vice-Chair)

The committee met just before the board meeting, and strategized ways to approach the promotion of VMRC's Board of Directors to the community. They identified the target population, which consists of representatives for Calaveras, Amador, and Tuolumne counties, an African-American and Asian representatives too. Although not a requirement, the board would like to have a member who is involved with the medical or health field. By the end of the current fiscal year, it is expected there will be seven vacancies to fill.

In January an announcement will be released with an online application to the targeted communities. In February the announcement will be released to all stakeholders and families. In March selections will be made for interviews and a vote to accept the Nominating Committee's recommendation will take place at the April 2019 board meeting. In June the new board members will be invited to attend the board meeting and be sworn-in.

The committee will meet again on February 25, 2019, at 4:00pm in Stockton.

- ix. Special Events Committee:

(Kori Heuvel, Chair)

Kori was not in attendance and no report was given.

x. President's Report: 1:25:00

Following Claire's request, Tom encouraged board find people who they feel would be a valuable member of the board, and have them submit an application.

J. Other Matters:

Tom Bowe reported on the approved changes in Chief Financial Officer and Director of Consumer Services job duties and Tony noted the CFO, Director of Consumer Services, and the Legal Affairs Advisor are all on the same pay scale.

K. Adjournment:

The next board meeting is scheduled for February 11, 2019 at 6:00pm in the Stockton Office, Cohen board rooms.

The meeting adjourned at 7:30pm.

Contract Summary and Board Resolution

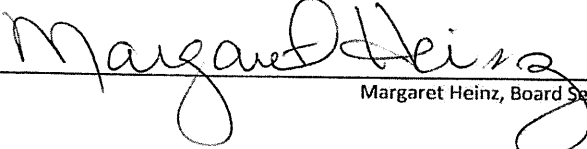
Valley Mountain Regional Center's Board of Directors reviewed the above contract on December 10, 2018 and passed the following resolution:

RESOLVED THAT in compliance with VMRC's BOD Contract Policy, the contracts listed below between VMRC and stated vendors were reviewed and approved by the VMRC BOD on _____ and Board hereby authorized any Officer of the corporation to execute the Agreement without material changes but otherwise on such terms deemed satisfactory to such Officer.

- | | |
|---|---------------|
| 1 Futures Explored | \$ 400,000.00 |
| 2 Creating Behavioral & Ed. Momentum CBEM | \$ 550,000.00 |

VMRC Board of Directors hereby authorizes and designates any office of VMRC to finalize, execute and deliver the Contract on behalf of VMRC, in such form as VMRC's counsel may advise, and on such further terms and conditions as such Officer may approve. The final terms of the Contract shall be conclusively evidence by the execution of the Contract by such Officer. For purposes of this authorization, and "Officer" means VMRC's Executive Director, Chief Financial Officer and no one else.

Certification by Secretary: I certify that: (1) I am the Secretary of VMRC; (2) the foregoing Resolution is a complete and accurate copy of the Resolution duly adopted by VMRC's Board of Directors; (3) the Resolution is in full force and has not been revoked or changed in any way.

	12/10/2018
Margaret Heinz, Board Secretary	Date

Consumer Services—1/7/19

Case Management

- Staff changes—Liz Diaz will be transferring to Stockton to manage one of the Children's teams effective 1/14. Interviewing for a Children's PM in Modesto on Friday, 1/11. Recent retirement of 2 long-time SCs—Rick Jordan and Marla Sartain.
- Holiday donations spear-headed by staff included: Turkey Dinner Drive, Blanket/Sock Drive; Toy/Food Drive for Christmas.
- Micro-Business Fair held at VMRC on 12/7. Looking to possibly schedule similar fair when next All-Staff is held in June.
- All-Staff held on 12/10. All teams developed a team profile for the event and all will be placed on the VMRC website. PCT ribbon-cutting held. Review of internal committees, IT upgrades, and budget status.
- Self-Determination program. Orientations to be scheduled in late January, early February. Local Advisory Committee meeting on 1/14. Invited those selected from VMRC area.
- Person-Centered Thinking Training—completed internal trainings. Will begin trainings for vendors and families effective March, 2019.
- A PM work group is revising the IPP to include PCT language and development. Group will bring ideas to this committee for input at the March meeting.
- POS Disparity annual meetings to occur over the next few months. We should be hearing soon if approved for grant monies.
- NCI—Survey 12/18 through 6/19. George (SCDD) will be meeting with VMRC staff.
- ACLU presented info re: Supported Decision-Making vs. Conservatorship.
- Children's Program Managers are developing an in-house training re: IEP Collaboration.
- CalFresh—program will be open to all SSI participants eff. 6/1/19. EBT card avg. \$125 per month. Impact—500,000 new applicants.
- Reached out to other regional centers re: Consumer Services Committee activities. Most indicated informational in nature, along with approval of Service Standards prior to board approval, trainings, presentations, volunteer projects.

Caseload Ratios by Team

(As of 1/7/19)

Early Start Teams:

Stockton—N. Gillespie—89
Stockton—T. Simmons—65
Modesto—L. Barr—102
San Andreas—T. Simmons—90
Avg. caseload—87

Children Teams:

Modesto Kids—E. Diaz—72
Modesto Youth—P. Kidroske—82
San Andreas Children—T. Sisemore-Hester—70
Stockton Children—(Unfilled)—81
Stockton Kids—J. de Diego—82
Stockton Youth—T. Vaughn—81
Avg. caseload—78

Transition Teams:

Modesto Transition—N. Clayton—76
San Andreas Transition—T. Sisemore-Hester—70
Stockton Transition—D. Vodden—78
Avg. caseload—75

Adult Teams:

Modesto Adult—S. Margarite—70
Modesto Grown Ups—J. Groves—72
San Andreas Adult—T. Sisemore-Hester—69
Stockton Adult—E. Goudreau—74
Stockton Grown Ups—M. Gonzalez—78
Stockton New Adult—K. Jensen—77
Avg. caseload—73

*Deflection Team:

Deflection Team—N. Weiss—47
Avg. caseload—47

Agency Average—78

*Not reflected in agency average

Alerts Opened for Prior Month 11/01/18 to 12/31/18

Grouped by Presenting Issue

Ctrl #	Alert Date	Vendor #	Vendor Name	Liaison	Closed Date	Finding	Action
Presenting Issue: Delivery of Care							
2018-11-05.0	11/2/2018			Clifton			
2018-11-08.0	11/7/2018			DeLaurenti	12/5/2018	Unsubstantiated	None
2018-11-10.0	11/9/2018			Demattei	12/21/2018	Substantiated	Substantial Inadequac
2018-11-27.0	11/16/2018			Demattei	12/18/2018	Unfounded	None
2018-11-35.0	11/27/2018			Clifton			
2018-11-52.0	11/30/2018			Johnson			
2018-12-10.0	12/19/2018			Demattei			
Total:		7					
Presenting Issue: Discharged to SIR							
2018-11-04.0	11/2/2018			DeLaurenti	11/20/2018	Discharged to SIR	None
Total:		1					
Presenting Issue: Environment							
2018-11-07.0	11/7/2018			Hill			
2018-11-13.0	11/1/2018			Hill			
2018-11-18.0	11/14/2018			Craig	11/20/2018	Substantiated	None
2018-11-36.0	11/28/2018			DeLaurenti	12/7/2018	Substantiated	Technical Assistance
2018-11-41.0	11/27/2018			Demattei	12/20/2018	Substantiated	Technical Assistance
2018-11-44.0	11/29/2018			Clifton			
2018-11-46.0	11/28/2018			Demattei	12/18/2018	Substantiated	Technical Assistance
2018-11-47.0	11/28/2018			Demattei			
2018-12-04.0	12/12/2018			Demattei			
2018-12-06.0	11/20/2018			Johnson			
Total:		10					
Presenting Issue: Food Service							
2018-11-55.0	12/5/2018			DeLaurenti	12/19/2018	Unsubstantiated	None
2018-12-06.1	11/20/2018			Johnson			
Total:		2					
Presenting Issue: Insufficient Staffing/Supervision							
2018-12-09.0	12/18/2018			Demattei	12/20/2018	Substantiated	None

Ctrl #	Alert Date	Vendor #	Vendor Name	Liaison	Closed Date	Finding	Action
Presenting Issue: Insufficient Staffing/Supervision							
Total:		1					
Presenting Issue: IPP Implementation							
2018-11-34.0	11/21/2018			Demattei	11/29/2018	Unsubstantiated	Technical Assistance
2018-11-52.1	11/30/2018			Johnson			
2018-12-01.0	12/11/2018			Clifton			
2018-12-11.0	12/18/2018			Craig			
Total:		4					
Presenting Issue: ISP Implementation							
2018-11-34.1	11/21/2018			Demattei	11/29/2018	Unsubstantiated	Technical Assistance
Total:		1					
Presenting Issue: Other							
2018-11-05.1	11/2/2018			Clifton			
2018-11-42.0	11/21/2018						
2018-11-53.0	12/4/2018						
Total:		3					
Presenting Issue: Property Damage							
2018-11-09.0	11/7/2018			Demattei	11/18/2018	Substantiated	Technical Assistance
Total:		1					
Presenting Issue: Recordkeeping							
2018-11-17.0	11/13/2018			Hill			
2018-11-25.0	11/16/2018			Johnson			
2018-11-37.0	11/26/2018			Johnson	12/5/2018	Unsubstantiated	Technical Assistance
2018-11-45.0	11/19/2018			DeLaurenti	12/19/2018	Substantiated	Substantial Inadequac
2018-11-55.0	12/5/2018			DeLaurenti	12/19/2018	Substantiated	Technical Assistance
2018-12-05.0	12/13/2018			Demattei			
Total:		6					
Presenting Issue: Recordkeeping/Other							
2018-11-39.0	11/16/2018			Clifton			
Total:		1					
Presenting Issue: Response to Health-Related Concerns							
2018-11-12.0	11/9/2018			Clifton			

Ctrl #	Alert Date	Vendor #	Vendor Name	Liaison	Closed Date	Finding	Action
Presenting Issue: Response to Health-Related Concerns							
Total:		1					
Presenting Issue: Staff Qualifications							
2018-11-03.0	11/2/2018			Hill			
2018-11-25.1	11/16/2018			Johnson			
2018-11-43.0	11/20/2018			Hill			
2018-11-60.1	11/1/2018			Johnson			
Total:		4					
Presenting Issue: Staff Qualifications/Other							
2018-11-38.0	11/16/2018			Clifton			
Total:		1					
Presenting Issue: Staffing/Supervision							
2018-11-08.1	11/7/2018			DeLaurenti	12/5/2018	Unfounded	None
2018-11-26.0	11/20/2018			Demattei			
Total:		2					
Presenting Issue: Untimely SIR							
2018-11-14.0	11/13/2018			DeLaurenti	12/7/2018	Substantiated	Substantial Inadequac
2018-11-15.0	11/13/2018			Craig			
2018-11-16.0	11/15/2018			Hill			
2018-11-19.0	11/1/2018			Craig	11/9/2018	Unfounded	None
2018-11-20.0	11/16/2018			Hill	12/26/2018	Substantiated	Substantial Inadequac
2018-11-21.0	11/16/2018			Hill	12/14/2018	Unfounded	None
2018-11-22.0	11/16/2018			Johnson	12/14/2018	Substantiated	Substantial Inadequac
2018-11-23.0	11/16/2018			Demattei			
2018-11-28.0	11/7/2018			DeLaurenti	12/7/2018	Substantiated	Substantial Inadequac
2018-11-31.0	11/26/2018			Craig	12/14/2018	Unsubstantiated	None
2018-11-33.0	11/1/2018			Johnson	12/5/2018	Substantiated	Substantial Inadequac
2018-11-48.0	11/30/2018			Clifton			
2018-11-49.0	11/15/2018			DeLaurenti	12/21/2018	Unsubstantiated	Technical Assistance
2018-11-50.0	12/3/2018			DeLaurenti			
2018-11-51.0	11/9/2018			Craig	12/21/2018	Unsubstantiated	None
2018-11-56.0	12/7/2018			Clifton			

Ctrl #	Alert Date	Vendor #	Vendor Name	Liaison	Closed Date	Finding	Action
Presenting Issue: Untimely SIR							
2018-11-57.0	12/7/2018			Johnson	12/21/2018	Substantiated	Substantial Inadequac
2018-11-58.0	12/7/2018			Craig			
2018-12-03.0	11/27/2018			Johnson	12/19/2018	Substantiated	Substantial Inadequac
2018-12-08.0	12/7/2018			Clifton			
Total:		20					
Presenting Issue: Violation of Rights							
2018-11-02.0	11/1/2018			Demattei			
2018-11-06.0	11/2/2018			Craig	12/21/2018	Substantiated	Technical Assistance
2018-11-08.2	11/7/2018			DeLaurenti	12/5/2018	Unsubstantiated	None
2018-11-11.0	11/9/2018			Demattei	12/19/2018	Substantiated	None
2018-11-24.0	11/16/2018			Clifton			
2018-11-59.0	11/1/2018			Johnson			
2018-11-60.0	11/1/2018			Johnson			
2018-12-02.0	12/11/2018			Demattei			
2018-12-07.0	12/13/2018			Demattei	12/19/2018	Substantiated	Substantial Inadequac
2018-12-12.0	12/21/2018						
Total:		10					
Total:		75					

Vendor Name	Licensee(s) Name	Administrator(s)	Type	Level	Capacity	Location	Phase
A&I Guest Home	Maria Daugherty	Maria Daugherty	ARF	3	4	1920 S. Stockton St., Stockton	2
A Place Called Home	La Taisha Moore		RCFE	2	4	2320 E Park St., Stockton 95205	
Angel's Home II	Geraldine Fajardo/Larry & Joel Angel	Geraldine Fajardo & Larry Angel	ARF	4I	6	Turlock	1
Autism Ashram Americas	Srinivas Peri		ARF	4I			
Autism Ashram Americas	Srinivas Peri		CRF	4C	6	Tracy	2
A Way of Life	Zarle Tanver		ARF	4I		San Joaquin Co.	2
Alegre Home Care	Charles E. Syme		IHR			4561 Quail Lakes Dr. B2 Stockton	2
Beavers Residential Home Care	Monica and Greg Beavers	Lawrence Williams	ARF	4I	4	San Joaquin	1
Brown Family Home	Monica Brown		ARF	4I			1
Brownie's Activity Center	B.A.D. Investment Corporation	Dina Williams and Bushana Brown	DP - AC			San Joaquin	1
Dr. Michael Brodie	Michael and Lolita Brodie	Lolita Brodie	RCFE	3	6	2211 N. Johnson Rd., Turlock 95382	1
Clark Care Home	Andrea Clark		CRF	3		Lathrop Ca	2
Cocjin Care Home - Glenbrook	Aaron Cocjin	Aaron Cocjin	ARF	4I	4	Ione, Ca	1
Cocjin Care Home - Sutter	Aaron Cocjin	Aaron Cocjin	ARF	3	4	Ione, Ca	1
Cole Vocational Services	Aron Duda		DP - CIP			Turlock	2
Community Access Program	Stella Solleh-Turay		DP - CIP			613 Tam O Shanter Dr. Stockton CA 95210	3
Comprehensive Community Supports SLS	Raquel Jimenez	Raquel Jimenez	SLS			1111 W. Robinhood Dr. Suite D Stockton CA 95207	2
Cooks Care	Michael Cooks	Michael Cooks	ARF	4I	4	Stockton	2
De Trio Residential Care	Stephen Ekwuru	Stephen Ekwuru	ARF	4A	6	San Joaquin Co.	
Delta Care Facility	Jeevanjoat Sandhu	Jeevanjoat Sandhu	ARF	4I			2
Jatinder Dhillon	Jatinder Dhillon	Jatinder Dhillon	ARF	4F	6	Stanislaus Co.	1
Dream Care Facility	Agnish Chib	Agnish Chib	ARF	4I	6	8305 Encino Ave. Stockton 95209	1
East West Ventures	Eulerina Koester	Eulerina Koester	ARF	3	6	Stanislaus Co.	1
Emeka, Thomasa (Himie Glomah, Mono Nhem)	Et. Al	Thomasa Emeka	ARF	4A			1
Excel Residential Care Facility	Thomas Ogu	Thomas Ogu	ARF	4I	6	Stanislaus	1
Excellent Residential Care	Edith Okoli		ARF	4I	6	Manteca	1
Generous Care ARF	Raheel Khan		ARF		4	TBA	1
Good Samaritan VIP Center	John Dung Tran	John Dung Tran	ARF	4I	6	3136 McCartney Way, Stockton 95212	1
Grisby Homes	Stanley Grisby		ARF	4I		6202 Greenfield Ln Stockton CA 95207	
Heart of Gold Care Home	Chloe Ashiegbu	Chloe Ashiegbu	ARF	4I		Turlock CA	
Harmony Manor	Nicole Williams	Nicole Williams	ARF	4I	4	Lathrop CA	3

Vendor Name	Licensee(s) Name	Administrator(s)	Type	Level	Capacity	Location	Phase
HLH Care Home	Michael & Clarissa Ryan	Michael Cooks	ARF	4I	4	San Joaquin Co.	3
Huddleston Home	Delores Huddleston		ARF	4I		Modesto	
Impact Care Home	Earl & Angel Smith		ARF	4I	6	San Joaquin Co.	2
Journey of Hope	Journey, Inc: Adebola and Abiodun Sanyaolu	John Tarawali	SFH	4I	4	L4I	2
Glenbrook Care Home	Elisio and Digna Cabrera		ARF	4I	4	6002 Glenbrook Lane, Stockton CA 952-07	2
J&R Magsayo Home III	Redentor & Judie Magsayo	Redentor & Judie Magsayo	ARF	4I	6	1528 Venetian Dr. Stockton 95207	1
Kennetta Home	Kennetta Collins		ARF	2		2413 Dune Pl, Stockton	1
LAV Manor	Lorna Villanueva	Arvin Villanueva	ARF	3	6	6411 Kermit Lane Stockton 95207	
Life Pathway formerly Brighter Future	John Enunwa		DP				3
Lighthouse Manor	Claire Rabang/ Nessy Abella		RCFE	3		2413 Becker Ct. Modesto	1
LeBlanc Consulting	Selena LeBlanc		ILS				1
Marci Medina's Care Home	Cindy R. Medina		ARF	4I	6	Stockton	2
McCook Care Home	Aaron Tan	Aaron Tan	ARF	4I	6	Stockton	2
Michael's Residential #2	Victoria Ogbuehi-Nzambi		ARF	4C	6	Stanislaus Co.	1
Michelle Harris	Michelle Harris	Michelle Harris	CRF	3		Stockton	1
MIH 3	Mike & Clarissa Ryan	Clarissa Ryan	ARF	4I	4	Salida	1
Mikasa ARS	Elizabeth Rodriguez		ARF	4G		1525 Del Mar Ave, Modesto	2
Montana Homes	Alphere Johnson	Alphere Johnson	ARF	4I			2
Morada Residential Living	Carol & Catherine McCaan		ARF	4I	6	1317 Morada Dr. Modesto 95350	2
Mozain Residential Services	Zainu Savage & John Tarawali	John Tarawali	CRF	4I	4		1
Patterson Care Home	Jeanna Pamittan	Jeanna Pamittan	ARF	3	6	142 Palomino Way	2
Positive Adult Transitions, Inc.	Manjit Bhullar		ILS			SJ/Stan	1
Revitalize Day Program	Siar Ayoubi, MD, Genevieve Dace		DP - CIP			Patterson	1
Sage Care Center	Gurpreet Hayer		ARF	4I		788 W Alameda St, Manteca	1
Salida ARF	Christopher Leach	Agdilene Rangel	ARF	4I	6	Salida	1
Savina Gaines	Savina Gaines	Savina Gaines	CRF	4A	6	1547 Carpenter Rd Stockton 95206	
Saint Theresa's Residential	Saint Theresa's Residential	Maria Theresa Rivera	ARF	4I	4	3851 McDougal Blvd. Stockton 95206	2
Starfire Care Home	Monica Arroyo	Monica Arroyo	ARF	4I	6	2045 Gibson Court, Tracy 95376	1
Strive for Perfection	Ighama Oviawe		ADC			9531 Kelley Dr. Stockton	2
Sunny Days Care Center	Kuldip/Narinder Gill	Narinder Gill	ARF	4I	6	597 Pendragon St Manteca	1
Sunrise Residential Care	Festus John Osuka	Festus John Osuka	ARF	4I	4	3601 Dutchhollow Wy, Modesto 95356	

Vendor Name	Licensee(s) Name	Administrator(s)	Type	Level	Capacity	Location	Phase
SED Residential	Salome Garcia & Damaris-Vidot Sanchez	Demaris Vidot-Sanchez	ARF	4E	6	1110 Custer Ct. Modesto 95351	1
TNR - New Beginnings	Ruby Roy & Tanisha White	Tanisha White	ARF	3	6	Stanislaus Co.	1
Upward Training Solutions	Saudia Whitaker	Saudia Whitaker	DP	n/a	20	Stanislaus Co.	1
VOIC	Diana Fontanilla		CIP			Tracy	3
Weldwood Residential Care Home	Bokime Etim	Toribia Pcasio	ARF	4I	4	Stanislaus or San Joaquin	2

Phases of Development

Phase 1:
Letter of Intent has been approved
Initial meeting has occurred or has been scheduled

Phase 2:
Enrolled in Residential Services Orientation or in progress of RSO
Site has been secured
PD in progress

Phase 3:
PD revisions in progress (on 2nd draft or more)

Phase 4:
PD approved
Residential Services Orientation completed

Types of Development

ARF: Adult Residential Facility
CRF: Children's Residential Facility
RCFE: Residential Care Facility - Elderly
SFH: Small Family Home
DP: Day Program
ADC: Adult Development Center
DP-AC: Activity Center
DP-CIP: Community Integration Services
SLS: Supportive Living Services
ILS: Independent Living Services
FBIS: Family Behavioral Intervention Services
IHR: In-home Respite

Consumer File Transfer Status - To and From VMRC

Files Received		Files sent out	
January	39	January	28
February	25	February	12
March	24	March	14
April	28	April	21
May	30	May	24
June	21	June	16
July	36	July	35
August	28	August	26
September	32	September	28
October	29	October	24
November	22	November	17
December	25	December	31
total for 2014	339	Total for 2014	276

Files Received		Files sent out	
January	12	January	14
February	25	February	12
March	47	March	16
April	34	April	16
May	35	May	18
June	24	June	22
July	20	July	37
August	37	August	29
September	46	September	15
October	43	October	25
November	30	November	26
December	16	December	18
total for 2015	369	Total for 2015	248

Files Received		Files sent out	
January	39	January	26
February	34	February	21
March	19	March	25
April	31	April	19
May	35	May	23
June	30	June	14
July	37	July	32
August	31	August	8
September	31		
October	25	October	25
November	29	November	15
December	31	December	32
total for 2016	392	Total for 2016	292

Files Received		Files sent out	
January	53	January	37
February	33	February	20
March	28	March	24
April	36	April	31
May	32	May	32
June	39	June	28
July	39	July	23
August	51	August	35
September	41	September	22
October	43	October	23
November	36	November	30
December	25	December	11
total for 2018	456	Total for 2018	316

Files Received		Files sent out	
January	23	January	31
February	41	February	19
March	38	March	25
April	33	April	14
May	31	May	31
June	21	June	21
July	41	July	12
August	41	August	28
September	40	September	29
October	53	October	30
November	5		
December	41	December	19
total for 2017	477	Total for 2017	316

Files Received		Files sent out	
January		January	
February		February	
March		March	
April		April	
May		May	
June		June	
July		July	
August		August	
September		September	
October		October	
November		November	
December		December	
total for 2019	0	Total for 2019	0

SIR Statistics
Nov 16 - Dec 16 2018

16 Nov to 15 Dec 2018 Incident Report Count: 59

Special Incident Types		
Count	Percent	
11	16.9%	MEDICATION ERROR-VND CARE
9	13.8%	HOSPITAL/INTRNL INFECT-VND CARE
8	12.3%	HOSPITAL/RESP ILLNESS-VND CARE
7	10.8%	DEATH
5	7.7%	EMERGENCY ROOM VISIT
4	6.2%	HOSPITAL/CARDIAC-VND CARE
3	4.6%	HOSPITAL/INVOL PSYCH ADM-VND CARE
2	3.1%	LACERATIONS-SUTURES/STAPLES-VND CR
2	3.1%	HOSPITAL/DUE TO SEIZURE-VND CARE
2	3.1%	FRACTURES-VND CARE
1	1.5%	FAIL TO PROV CARE-ELDER/ADULT-VND
1	1.5%	MEDICATION REACTIONS-VND CARE
1	1.5%	LAW ENFORCEMENT INVOLVEMENT
1	1.5%	ALLGD PHYS/CHEM RESTRAINT-VND CARE
1	1.5%	INTERNAL BLEEDING-VND CARE
1	1.5%	BITES BREAK SKIN/REQ TRMT-VND CARE
1	1.5%	LARCENY
1	1.5%	ALLEGED PHYSICAL ABUSE
1	1.5%	FAIL TO PROV MEDICAL CARE-VND CARE
1	1.5%	ALLEGED PHYSICAL ABUSE-VND CARE
1	1.5%	AGGRAVATED ASSAULT
1	1.5%	FAIL TO ASST W/PERS HYG-VND CARE
65		Grand Total

Index	SPID/IE	Incident Description	Follow up	Outcome
1	20181127	8N/A On 11/17 at noon, **** was transported to Dameron hospital for evaluation and treatment. **** pointed to abdomen and stated to RSP "I am hot, I don't feel good." **** didn't have appetite. RSP assisted to eat but she was nauseated. **** would most likely be admitted RSP reported.	**** will - Communicate with RSP when she is feeling ill or experiencing pain. **** administrator and direct staff will follow all physician's dis****arged notes. **** Guest Home Administrator & Direct care staff will - Report all illness / Injuries to SC and family/conservator in a timely manner. Assist **** with understanding and	12/4/18 - Routing SIR to PM for review and distribution to SC requesting Death Certificate. Copy to CRA, CSL, ****, **** and ****. SS/dm
2	20181117	On November 20th 2018 at approximately 3pm **** was at the local target when he saw someone leaving with his bike. **** stated that his bike and wallet were stolen. **** stated that he left his wallet with his bike. **** came home around 4pm with a bike lock, a bag of candy and a brand new bike kickstand that he says his girlfriend put****aded for him. **** reported the bike being stolen to target security and filed a	SC to request police report	11/28/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****. SS/dm
3	20181117	After staff finished assisting **** with shaving **** pointed to his foot and said "ouch****". Staff noticed that ****'s foot was swollen and his toes looked bruised. **** did not express that he was in pain when staff asked. Staff decided to take **** to urgent care for a professional examination, after x-rays of his ankle and foot. It was determined that **** had a fracture on the bottom side of his rt foot his doctor Consumer dialed 911 told them he will be going to Sacramento to kill his sister. police sent out the San Joaquin County Sheriff's to pick up consumer. Consumer was taken to	continue to provide positive support, Behavioral consultant will be informed.	11/28/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records. Copy to CSL, **** requesting Investigative Outcome. Copy to CRA, SS/dc
4	20181117	On 11/18/2018, consumer was taken to Mark Twain St. Joseph's ER due to vomiting, diarrhea, and abnormal breathing. While at Mark Twain, he received testing and treatment for a possible stroke and was intubated. It was determined that he should be air lifted to Doctor's Hospital in Modesto for further evaluation and treatment. He was diagnosed with respiratory distress, aspiration pneumonia, and sepsis w/ septic and fell while the Te****,****ian was performing the ****est x-rays. He sustained a large bruise on the back of his head. He was examined by the ER Physician, Dr. ****, with CT scan and x-rays of the back and lower spine. **** was admitted to the Hospital for further observation. **** was dis****arged on 11/21/18 with no new	**** staff held a meeting to refresh protocol regarding steps to follow when a consumer's health and behavior ****anges from baseline. SC will remain in communication with the hospital and care provider to ensure consumer's needs are met while in the hospital and upon return home.	12/4/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - Psy**** Records. SS/dm
5	20181129	On 11/20/18, **** was up late, leaving him only 20 minutes to shower, dress, eat breakfast and take meds. His transportation to program, ****, has been coming later recently and **** thought he had more time. **** came early this day and **** rushed out the door and got onto the bus without taking his morning medication. Staff tried to get the meds to **** but was unable to before the bus pulled a****. RSP	****'s Residential will continue to report to VMR and follow up with ****'s physician. SC will request medical records as required.	11/29/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****. SS/dc
6	20181118	On 11/18/18 CF staff noticed that **** was having elevated temperature and pulse. He was taken to ER at Sutter Tracy Community Hospital for observations for acute bron****opneumonia. **** was admitted and possible dis****arge on 11/19/18. **** skin was cool to touch. Temp was 90 degrees F. Coughing and congestion noted and was unable to help with walking. Eyelids and ankles were puff. Was taken to St. Joe's ER and evaluated by Dr. Whit. Lab work, urinalysis, EKG, ****est X-ray done. Liver tests were elevated and an ultrasound of liver and gallbladder was	Request medical records and follow up on consumer's condition.	11/28/18 - Routing SIR to PM for review and distribution to SC requesting Other; Has risk been mitigated? Routing copy to CSL, **** requesting Investigative Outcome. Copy to CRA and Pharmacist. SS/dc
7	20181126	**** visited his sister, ****, at her home from 11/21/18 to 11/24/18 for Thanksgiving. RSP, ****, had given her all ****'s medication that would be needed during this time. When **** returned **** to **** on 11/24/18 at approximately 1:00pm, she told RSP that she had missed some of his medication doses while he was visiting. After she left, RSP realized that she had neglected to give **** medication(s) on 11/21/18 at 4pm; 11/22/18 at 1pm; 11/23/18 at 1pm; 11/23/18 at 11/26 at 8:30 am care home staff noted that **** was congested and crying. Her temperature was 96.5. Care home staff transported her to St. Joseph's Medical Center for assessment. Lab work, EKG, ****est xray and urinalysis testing were completed. She received IV fluids. ****est xray showed aspiration pneumonia and UTI showed infection. She was started on IV antibiotics (Zosyn and Erythromycin) and admitted to room 350. On 11/28 she was moved to CCU following an episode that may have been	RSP will monitor and SC will request med. records RSP **** has revised the form she uses for residents when they leave **** for visits with family, etc. The form, "Protocol for Overnight Visits or Out of Town for day," will have all medications listed with doses and time to be given, and will be signed by the person who will be responsible for giving ****, meds correctly. RSP will discuss this revised form with VMRC's liaison and will determine whether any further action is to be taken.	11/29/18 - Routing SIR to PM for review and distribution to SC requesting Other; Has Risk been Mitigated? Routing Copy of SIR to CSL requesting Investigative Outcome. Copy to CRA and Pharmacist. SS/dm
8	20181126	On 11/26/2018 about 730am staff called **** to take a shower and **** did not answer. Staff went to ****'s room on **** and found her in front of the toilet hun****ed over. Staff asked what was wrong and **** stated that her stomach **** hurt and pointed to her pelvic area. Staff noticed that **** looked pale and called 911. **** was transported to St. Joseph Medical Center. **** was evaluated by Dr. **** and he	SC will request dis****arge sum**** and follow up with ****, her mother and care provider on any ****arges to her care needs.	11/29/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****. SS/dc
9	20181125			11/29/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****. SS/dc

Page 1 of 56

14	20181128	On 11/26/18 at 5pm, QIDP for **** received a call from direct care staff that **** had 1 alteration on her back at shower time. **** was able to communicate and indicate through gestures that she was pulled or dragged. **** staff member reported that she saw **** on the floor and that **** House Manager, was pulling on her but not aware of any injuries. QIDP went to facility to speak with staff members and see ****. Staff reported that the incident occurred on 11/24 at 11am. 1 mark is on the upper back left side 2.5 in **** as in diameter, 1 on the right lower back about 1.5 in ****, and 1 to the center of lower back 1.5 diameter. A staff member remembered that someone was calling for help. **** reported that she briefly saw **** on the floor hall **** scooting and kicking out at ****. At 6pm the Manteca Police were called to report the allegation. Officer Montanez Jr., #3879, interviewed staff and **** and looked at the injuries on her back. He spoke with **** on the phone #N/A	Follow up with ICE on consumer and staff. Request police report from Manteca PD.	11/29/18 - Routing to CSL **** for review and outcome. PG/N - 11/29/18 - Routing SIR to PM for review and distribution to SC requesting Police Report. SS/dm 11/28/18 QIDP ****, left a voice message for CSL **** regarding incident. Risk was mitigated when staff ****, perpetrator, was placed on administrative leave while this incident is being investigated. Follow up to be continued. W ****, CSL
15	20181129	On 11/27/18, SLS did routine medication review and weekly med set. SLS noted that **** had medication in the Friday box. SLS asked **** if she took her medications for that day. She stated that she did but that she spilled the med set for Saturday AM and **** did her best to refill it but could have made a mistake. **** took her medication for **** was short of breath and coughing and her skin color was blue. She was transported to St. Joseph's Medical Center. She vomited in the Emergency Department. Her BP was 147/79 P 98 respiration 20 temp was 97.3 and O2 saturation was 98%. Labs and ****-est xray was done. Lab results WBC 7 Lactic Acid 5.9 CXR 11/22/18 at about 7pm, **** had a seizure that lasted for 10 sec. Oxygen @ 80% and oxygen provided. 911 called and **** was taken to St. Joseph's ER for further treatment. On 11/28 received an SIR from care home indicating that **** had been admitted into the hospital and was now in UC **** due to Pneumonia. On 11/29 I was contacted by the UCD social worker who expressed her concerns with pressure sores on ****'s buttox and ankles. Per social worker, the pressure sores were immediately identified by **** nurse upon ****'s admission. Worker states that **** nurse and **** nurse on shift attempted to question admin **** regarding the sores and stated that she became very defensive and was rude with them. Worker stated that **** told **** nurse that the sores had to have happened while in the hospital. Nurse informed **** that the sores were noticed upon his arrival and would not have been able to develop so quickly. Worker also noted that **** was very resistive towards nurses and would not provide them additional information. SC asked social worker for additional information regarding the stage of the sores and an approximate date of onset. Consumer passed **** on 11/24/18 at **** SNF in San Andreas.	SC will follow up with care provider on medical recommendations. SC will request hospital dis****arge sum**** **** was admitted to the hospital. Will follow up with treatment plan and dis****arge plan with the hospital.	11/28/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****, SS/dm 11/29/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****, SS/dm 11/29/18 - Routing to CSL **** for review and outcome. PG/N - 12/4/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****, SS/dm 11/28/18, **** subsequently seen by PCP on 11/30/18. Both UC Davis dis****arge sum**** (attn****) as well PCP indicate no further ****ange in care needs. **** has returned to **** effective 12/3/18 per PCP recommendation. With regard to bruising on **** bottom area and ankle. Hospital dis****arge sum**** makes no mention of the wound nor subsequent care needs. Specifically stated outcome of hospitalization procedures performed/rendered were for increased work of breathing, parainfluenza pneumonia (see page 1 of 9). During case provider interview with Administrator ****, she confirms she was aware the **** had a scratch **** on
16	20181127	On 11/27/2018, at approximately 11:30pm, administrator found **** in his bedroom on his knees with his upper body on the bed, appeared to be trying to get onto the bed. Admin inquired if **** was okay and **** stated he was fine, "just can't get up". **** received minimal assistance from staff and he got into his bed. On 11/28/2018, at approximately 6:00am, staff entered ****'s room to prompt him to get ready for the day. **** was observed lying on the floor in the prone position near his bed. When asked if he was ok, he stated again that he was fine, "just can't get up". **** was **** for any signs of injury. **** was observed to only have some redness on his right ****. **** denied being in any pain. **** had to be assisted in getting up from the floor to sit on his bed. **** was observed not using his legs while being assisted. **** was eventually guided to lay back down on his bed as he required assistance with sitting on the edge of his bed. **** appeared to be alert and communicative but did not move his legs; however did indicate at one point that his legs were asleep. Staff called 911 and **** was transported to Doctors Hospital of Manteca to be assessed. CT head was ordered and completed. Results came back SLS went to **** home on 11/19/18 to do medication review. **** reported that he had not had medication for 2 days. He stated that medication should have been delivered on 11/16 but he hoped it was coming on 11/16/18. SLS assisted with looking in apartment to see if it was misplaced and called RX Express to see when next set I received a call from **** on 11/28/18 informing me that she went out to ****'s home to talk with her and her family regarding an incident that took place on 11/7 in which **** physically assaulted both her mother and elderly grandfather. **** stated that within just a few minutes of being at the residence, **** became agitated/upset and ended up physically assaulting ****. Tracy PD was called out to the home and a police report was taken (F18-8608). **** mentioned that she was going to press **** but decided against it as she can tell that **** needs mental health help and that going to jail would not be a safe environment for her and the hospitals release her as she does not end up meeting the eligibility criteria to be put	SC has filed and alert so that incident could be looked into further. Death certificate will be requested.	11/28/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****, SS/dm 11/28/18 - Routing SIR to PM for review and distribution to SC requesting other; Has Risk been Mitigated? Routing PY Copy of SIR to CSL. Copy to CRA and Pharmacist. SS/dm
17	20181119	On 11/27/2018, at approximately 11:30pm, administrator found **** in his bedroom on his knees with his upper body on the bed, appeared to be trying to get onto the bed. Admin inquired if **** was okay and **** stated he was fine, "just can't get up". **** received minimal assistance from staff and he got into his bed. On 11/28/2018, at approximately 6:00am, staff entered ****'s room to prompt him to get ready for the day. **** was observed lying on the floor in the prone position near his bed. When asked if he was ok, he stated again that he was fine, "just can't get up". **** was **** for any signs of injury. **** was observed to only have some redness on his right ****. **** denied being in any pain. **** had to be assisted in getting up from the floor to sit on his bed. **** was observed not using his legs while being assisted. **** was eventually guided to lay back down on his bed as he required assistance with sitting on the edge of his bed. **** appeared to be alert and communicative but did not move his legs; however did indicate at one point that his legs were asleep. Staff called 911 and **** was transported to Doctors Hospital of Manteca to be assessed. CT head was ordered and completed. Results came back SLS went to **** home on 11/19/18 to do medication review. **** reported that he had not had medication for 2 days. He stated that medication should have been delivered on 11/16 but he hoped it was coming on 11/16/18. SLS assisted with looking in apartment to see if it was misplaced and called RX Express to see when next set I received a call from **** on 11/28/18 informing me that she went out to ****'s home to talk with her and her family regarding an incident that took place on 11/7 in which **** physically assaulted both her mother and elderly grandfather. **** stated that within just a few minutes of being at the residence, **** became agitated/upset and ended up physically assaulting ****. Tracy PD was called out to the home and a police report was taken (F18-8608). **** mentioned that she was going to press **** but decided against it as she can tell that **** needs mental health help and that going to jail would not be a safe environment for her and the hospitals release her as she does not end up meeting the eligibility criteria to be put	SC will follow up with care provider on medical recommendations. SC will request hospital dis****arge sum**** **** was admitted to the hospital. Will follow up with treatment plan and dis****arge plan with the hospital.	11/28/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****, SS/dm 11/28/18 - Routing SIR to PM for review and distribution to SC requesting other; Has Risk been Mitigated? Routing PY Copy of SIR to CSL. Copy to CRA and Pharmacist. SS/dm
18	20181127	On 11/27/2018, at approximately 11:30pm, administrator found **** in his bedroom on his knees with his upper body on the bed, appeared to be trying to get onto the bed. Admin inquired if **** was okay and **** stated he was fine, "just can't get up". **** received minimal assistance from staff and he got into his bed. On 11/28/2018, at approximately 6:00am, staff entered ****'s room to prompt him to get ready for the day. **** was observed lying on the floor in the prone position near his bed. When asked if he was ok, he stated again that he was fine, "just can't get up". **** was **** for any signs of injury. **** was observed to only have some redness on his right ****. **** denied being in any pain. **** had to be assisted in getting up from the floor to sit on his bed. **** was observed not using his legs while being assisted. **** was eventually guided to lay back down on his bed as he required assistance with sitting on the edge of his bed. **** appeared to be alert and communicative but did not move his legs; however did indicate at one point that his legs were asleep. Staff called 911 and **** was transported to Doctors Hospital of Manteca to be assessed. CT head was ordered and completed. Results came back SLS went to **** home on 11/19/18 to do medication review. **** reported that he had not had medication for 2 days. He stated that medication should have been delivered on 11/16 but he hoped it was coming on 11/16/18. SLS assisted with looking in apartment to see if it was misplaced and called RX Express to see when next set I received a call from **** on 11/28/18 informing me that she went out to ****'s home to talk with her and her family regarding an incident that took place on 11/7 in which **** physically assaulted both her mother and elderly grandfather. **** stated that within just a few minutes of being at the residence, **** became agitated/upset and ended up physically assaulting ****. Tracy PD was called out to the home and a police report was taken (F18-8608). **** mentioned that she was going to press **** but decided against it as she can tell that **** needs mental health help and that going to jail would not be a safe environment for her and the hospitals release her as she does not end up meeting the eligibility criteria to be put	SC will follow up with care provider on medical recommendations. SC will request hospital dis****arge sum**** **** was admitted to the hospital. Will follow up with treatment plan and dis****arge plan with the hospital.	11/28/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****, SS/dm 11/28/18 - Routing SIR to PM for review and distribution to SC requesting other; Has Risk been Mitigated? Routing PY Copy of SIR to CSL. Copy to CRA and Pharmacist. SS/dm
19	20181129	On 11/27/2018, at approximately 11:30pm, administrator found **** in his bedroom on his knees with his upper body on the bed, appeared to be trying to get onto the bed. Admin inquired if **** was okay and **** stated he was fine, "just can't get up". **** received minimal assistance from staff and he got into his bed. On 11/28/2018, at approximately 6:00am, staff entered ****'s room to prompt him to get ready for the day. **** was observed lying on the floor in the prone position near his bed. When asked if he was ok, he stated again that he was fine, "just can't get up". **** was **** for any signs of injury. **** was observed to only have some redness on his right ****. **** denied being in any pain. **** had to be assisted in getting up from the floor to sit on his bed. **** was observed not using his legs while being assisted. **** was eventually guided to lay back down on his bed as he required assistance with sitting on the edge of his bed. **** appeared to be alert and communicative but did not move his legs; however did indicate at one point that his legs were asleep. Staff called 911 and **** was transported to Doctors Hospital of Manteca to be assessed. CT head was ordered and completed. Results came back SLS went to **** home on 11/19/18 to do medication review. **** reported that he had not had medication for 2 days. He stated that medication should have been delivered on 11/16 but he hoped it was coming on 11/16/18. SLS assisted with looking in apartment to see if it was misplaced and called RX Express to see when next set I received a call from **** on 11/28/18 informing me that she went out to ****'s home to talk with her and her family regarding an incident that took place on 11/7 in which **** physically assaulted both her mother and elderly grandfather. **** stated that within just a few minutes of being at the residence, **** became agitated/upset and ended up physically assaulting ****. Tracy PD was called out to the home and a police report was taken (F18-8608). **** mentioned that she was going to press **** but decided against it as she can tell that **** needs mental health help and that going to jail would not be a safe environment for her and the hospitals release her as she does not end up meeting the eligibility criteria to be put	SC will follow up with care provider on medical recommendations. SC will request hospital dis****arge sum**** **** was admitted to the hospital. Will follow up with treatment plan and dis****arge plan with the hospital.	11/28/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****, SS/dm 11/28/18 - Routing SIR to PM for review and distribution to SC requesting other; Has Risk been Mitigated? Routing PY Copy of SIR to CSL. Copy to CRA and Pharmacist. SS/dm
20	20181124	On 11/27/2018, at approximately 11:30pm, administrator found **** in his bedroom on his knees with his upper body on the bed, appeared to be trying to get onto the bed. Admin inquired if **** was okay and **** stated he was fine, "just can't get up". **** received minimal assistance from staff and he got into his bed. On 11/28/2018, at approximately 6:00am, staff entered ****'s room to prompt him to get ready for the day. **** was observed lying on the floor in the prone position near his bed. When asked if he was ok, he stated again that he was fine, "just can't get up". **** was **** for any signs of injury. **** was observed to only have some redness on his right ****. **** denied being in any pain. **** had to be assisted in getting up from the floor to sit on his bed. **** was observed not using his legs while being assisted. **** was eventually guided to lay back down on his bed as he required assistance with sitting on the edge of his bed. **** appeared to be alert and communicative but did not move his legs; however did indicate at one point that his legs were asleep. Staff called 911 and **** was transported to Doctors Hospital of Manteca to be assessed. CT head was ordered and completed. Results came back SLS went to **** home on 11/19/18 to do medication review. **** reported that he had not had medication for 2 days. He stated that medication should have been delivered on 11/16 but he hoped it was coming on 11/16/18. SLS assisted with looking in apartment to see if it was misplaced and called RX Express to see when next set I received a call from **** on 11/28/18 informing me that she went out to ****'s home to talk with her and her family regarding an incident that took place on 11/7 in which **** physically assaulted both her mother and elderly grandfather. **** stated that within just a few minutes of being at the residence, **** became agitated/upset and ended up physically assaulting ****. Tracy PD was called out to the home and a police report was taken (F18-8608). **** mentioned that she was going to press **** but decided against it as she can tell that **** needs mental health help and that going to jail would not be a safe environment for her and the hospitals release her as she does not end up meeting the eligibility criteria to be put	SC will follow up with care provider on medical recommendations. SC will request hospital dis****arge sum**** **** was admitted to the hospital. Will follow up with treatment plan and dis****arge plan with the hospital.	11/28/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****, SS/dm 11/28/18 - Routing SIR to PM for review and distribution to SC requesting other; Has Risk been Mitigated? Routing PY Copy of SIR to CSL. Copy to CRA and Pharmacist. SS/dm
21	20181128	On 11/27/2018, at approximately 11:30pm, administrator found **** in his bedroom on his knees with his upper body on the bed, appeared to be trying to get onto the bed. Admin inquired if **** was okay and **** stated he was fine, "just can't get up". **** received minimal assistance from staff and he got into his bed. On 11/28/2018, at approximately 6:00am, staff entered ****'s room to prompt him to get ready for the day. **** was observed lying on the floor in the prone position near his bed. When asked if he was ok, he stated again that he was fine, "just can't get up". **** was **** for any signs of injury. **** was observed to only have some redness on his right ****. **** denied being in any pain. **** had to be assisted in getting up from the floor to sit on his bed. **** was observed not using his legs while being assisted. **** was eventually guided to lay back down on his bed as he required assistance with sitting on the edge of his bed. **** appeared to be alert and communicative but did not move his legs; however did indicate at one point that his legs were asleep. Staff called 911 and **** was transported to Doctors Hospital of Manteca to be assessed. CT head was ordered and completed. Results came back SLS went to **** home on 11/19/18 to do medication review. **** reported that he had not had medication for 2 days. He stated that medication should have been delivered on 11/16 but he hoped it was coming on 11/16/18. SLS assisted with looking in apartment to see if it was misplaced and called RX Express to see when next set I received a call from **** on 11/28/18 informing me that she went out to ****'s home to talk with her and her family regarding an incident that took place on 11/7 in which **** physically assaulted both her mother and elderly grandfather. **** stated that within just a few minutes of being at the residence, **** became agitated/upset and ended up physically assaulting ****. Tracy PD was called out to the home and a police report was taken (F18-8608). **** mentioned that she was going to press **** but decided against it as she can tell that **** needs mental health help and that going to jail would not be a safe environment for her and the hospitals release her as she does not end up meeting the eligibility criteria to be put	SC will follow up with care provider on medical recommendations. SC will request hospital dis****arge sum**** **** was admitted to the hospital. Will follow up with treatment plan and dis****arge plan with the hospital.	11/28/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****, SS/dm 11/28/18 - Routing SIR to PM for review and distribution to SC requesting other; Has Risk been Mitigated? Routing PY Copy of SIR to CSL. Copy to CRA and Pharmacist. SS/dm
22	20181118	On 11/27/2018, at approximately 11:30pm, administrator found **** in his bedroom on his knees with his upper body on the bed, appeared to be trying to get onto the bed. Admin inquired if **** was okay and **** stated he was fine, "just can't get up". **** received minimal assistance from staff and he got into his bed. On 11/28/2018, at approximately 6:00am, staff entered ****'s room to prompt him to get ready for the day. **** was observed lying on the floor in the prone position near his bed. When asked if he was ok, he stated again that he was fine, "just can't get up". **** was **** for any signs of injury. **** was observed to only have some redness on his right ****. **** denied being in any pain. **** had to be assisted in getting up from the floor to sit on his bed. **** was observed not using his legs while being assisted. **** was eventually guided to lay back down on his bed as he required assistance with sitting on the edge of his bed. **** appeared to be alert and communicative but did not move his legs; however did indicate at one point that his legs were asleep. Staff called 911 and **** was transported to Doctors Hospital of Manteca to be assessed. CT head was ordered and completed. Results came back SLS went to **** home on 11/19/18 to do medication review. **** reported that he had not had medication for 2 days. He stated that medication should have been delivered on 11/16 but he hoped it was coming on 11/16/18. SLS assisted with looking in apartment to see if it was misplaced and called RX Express to see when next set I received a call from **** on 11/28/18 informing me that she went out to ****'s home to talk with her and her family regarding an incident that took place on 11/7 in which **** physically assaulted both her mother and elderly grandfather. **** stated that within just a few minutes of being at the residence, **** became agitated/upset and ended up physically assaulting ****. Tracy PD was called out to the home and a police report was taken (F18-8608). **** mentioned that she was going to press **** but decided against it as she can tell that **** needs mental health help and that going to jail would not be a safe environment for her and the hospitals release her as she does not end up meeting the eligibility criteria to be put	SC will follow up with care provider on medical recommendations. SC will request hospital dis****arge sum**** **** was admitted to the hospital. Will follow up with treatment plan and dis****arge plan with the hospital.	11/28/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****, SS/dm 11/28/18 - Routing SIR to PM for review and distribution to SC requesting other; Has Risk been Mitigated? Routing PY Copy of SIR to CSL. Copy to CRA and Pharmacist. SS/dm
23	20181121	On 11/27/2018, at approximately 11:30pm, administrator found **** in his bedroom on his knees with his upper body on the bed, appeared to be trying to get onto the bed. Admin inquired if **** was okay and **** stated he was fine, "just can't get up". **** received minimal assistance from staff and he got into his bed. On 11/28/2018, at approximately 6:00am, staff entered ****'s room to prompt him to get ready for the day. **** was observed lying on the floor in the prone position near his bed. When asked if he was ok, he stated again that he was fine, "just can't get up". **** was **** for any signs of injury. **** was observed to only have some redness on his right ****. **** denied being in any pain. **** had to be assisted in getting up from the floor to sit on his bed. **** was observed not using his legs while being assisted. **** was eventually guided to lay back down on his bed as he required assistance with sitting on the edge of his bed. **** appeared to be alert and communicative but did not move his legs; however did indicate at one point that his legs were asleep. Staff called 911 and **** was transported to Doctors Hospital of Manteca to be assessed. CT head was ordered and completed. Results came back SLS went to **** home on 11/19/18 to do medication review. **** reported that he had not had medication for 2 days. He stated that medication should have been delivered on 11/16 but he hoped it was coming on 11/16/18. SLS assisted with looking in apartment to see if it was misplaced and called RX Express to see when next set I received a call from **** on 11/28/18 informing me that she went out to ****'s home to talk with her and her family regarding an incident that took place on 11/7 in which **** physically assaulted both her mother and elderly grandfather. **** stated that within just a few minutes of being at the residence, **** became agitated/upset and ended up physically assaulting ****. Tracy PD was called out to the home and a police report was taken (F18-8608). **** mentioned that she was going to press **** but decided against it as she can tell that **** needs mental health help and that going to jail would not be a safe environment for her and the hospitals release her as she does not end up meeting the eligibility criteria to be put	SC will follow up with care provider on medical recommendations. SC will request hospital dis****arge sum**** **** was admitted to the hospital. Will follow up with treatment plan and dis****arge plan with the hospital.	11/28/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****, SS/dm 11/28/18 - Routing SIR to PM for review and distribution to SC requesting other; Has Risk been Mitigated? Routing PY Copy of SIR to CSL. Copy to CRA and Pharmacist. SS/dm

		**** was not given her iron deficiency tablet whi**** is a prescribed medication. There was no medical follow up necessary. Parents were notified as well as the doctor who prescribed the medication to ****. Regional center was notified as well.			There was no medical follow up needed after the incident.	Pharmacist. SS/dm	11/7/18 - Routing SIR to CSI requesting Investigative Outcome. Copy to CRA and Pharmacist. SS/dm
24	20181117	11/23/18 **** had an episode of seizure at about 2:15pm. O2 saturation level 97% and resident was stable at this time. At about 6:15pm **** started having difficulty breathing. 911 was called and **** was sent to St. Joseph's Medical Center. **** is admitted to St. Joseph's for further treatment and evaluation. Will follow up with the admission to St. Joseph's facility from his family visit at 6:00pm. When they realized that **** medication was passed from ****'s room to the staff (****) they realized that he had not been given his dose of Amoxicillin 250mg for 6pm, and at 3pm while he was Staff observed **** on the floor kicking the door and noticed that his g-tube had been removed. He was taken to the ER, and his g-tube was replaced, however he was On 11/27/18, SC was contacted by Doctors Behavioral Health Center's case worker, ****. She stated DBHC is planning to dis**** but he reported that he is living independently with family but no one could get hold of family to pick **** up. SC explained to **** that **** lives at **** Residential but he **** goes to stay out in phone. SC explained to **** that this makes it difficult to talk to **** because he **** goes to stay independent and refuses assistance with medical care and follow ups. SC explained to **** that SC could contact and have administrator pick **** up to take him home. **** reported **** voluntarily self admitted himself at Doctors Hospital on 11/24/18. Doctors Hospital completed an assessment and **** was taken to DBHC under a 5150. SC spoke with **** at DBHC on 11/27/18 and he stated he ****ed to go back to **** Residential. SC confirmed that if **** picked him up if he was willing to comply with all follow up needed as well as medication. **** stated SSC arrived at care home for placement of new consumer ****. **** picked up a medication capsule and brought to SSC and administrator. Administrator asked staff and they were able to identify it as ****'s evening medication. New staff was not aware that capsules should be opened and mixed with food as RX by doctor.			**** Residential to assist **** with all follow up appointments to review medication's **** was prescribed after his dis**** will be encouraged to continue to communicate his feelings during times of stress. SC and RSP will continue to stay in close contact if **** continues to stay out multiple days at a time with no contact with ****. **** understands that she can provide a 30 day notice to **** because she is ok with the current living situation.	12/5/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - Psy**** Records. SS/dm	12/5/18 - Routing SIR to PM for review and distribution to SC requesting Other; Has risk been mitigated? Routing copy of SIR to CSI, **** requesting Investigative Outcome. Copy to CRA and Pharmacist. SS/de
29	20181120	On 12/1/18 at 11:33AM staff informed Licensee/Administrator **** that the lump on ****'s right hip, whi**** Dr. **** diagnosed at Upstate on 11/19/18, was observed to have a dry boil, but no drainage exiting out. The skin was observed to be red, warm, and soft to touch. Dr. **** was contacted immediately and **** was instructed to take **** to the Emergency room as the lump looks bigger and may need to be drained. **** was transported to St. Joseph's Medical Hospital Emergency Room. Vital signs were normal and an ultrasound was performed which showed filled with fluid. At 6:15PM, after receiving conservators authorization for medical treatment, Dr. **** prepared ****'s right hip for anesthesia injection. The site was cut open, drained, and suctioned. Per Dr. **** the boil was most likely a hematoma whi**** ruptured and became infected, but had a superficial infection. **** received sutured whi**** will be removed after 10 days. **** was also prescribed Bactrim Antibiotic two times daily and advised a skin barrier to protect site from urine or feces. During this visit, **** moved into **** as a possible placement but definite respite on 11/23/2018. He had been in Modesto Doctors Hospital Behavioral Health Hospital. He has an obvious mental illness and was seen by Dr. **** at VMRC on an emergency basis on 11/28/18 for possible treatment for psychiatric issue. It was felt that he probably had **** schizophrenia and possibly Autism. Little history is known on **** as he has no had Regional Center services since he was 8 years old. While at Doctors Hospital on 11/17-11/19/18 he has received both Haldol 5 mg IV as well as Zyprexa IV. Dr. **** decided to start him on Haldol 5 mg po bid. This was started on 11/29/18 at bedtime. He had a second dose on 11/30 at 7 AM. Around 10:15 AM he started vomiting and gagging. Care home staff contacted administrator, ****. RSP, **** went over to check on **** about 11 AM. He was examined and appeared to be having "an unusual reaction to the Haldol". **** had staff call 9-1-1 while she monitored him. When the medics arrived, **** met them outside and described the situation. They asked if his tongue was swollen. It may have been, but it was definitely never sticking out of this mouth. They felt he had a classic Haldol reaction. He had an IV started and was given benadryl in the ambulance. He was transported to Lodi Memorial Hospital and was sleeping by **** arrived at residence of **** approximately 2:00pm, ****'s mother asked for her to wait for ambulance to come for ****. When ambulance arrived at about 2:30pm, **** needed to be rushed to hospital. **** mother had to ride in ambulance and did not have any family or friends that could watch the three other minor children in the home so **** stayed with them until **** mother and **** staff alerted **** that **** was bitten on her right **** and right side of her neck. The bites did break the skin and 911 was called. **** was transported to			Discontinue Haldol. Follow up with Dr. **** on 12/3/18 for possible medication substitution for the **** schizophrenia treatment. RN supervision flat 12 hours at home due to recurrent dysphasia. SC completed follow up SIR. SC will request all medical records from previous medical provider to gain knowledge of **** medical history.	12/4/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - ER Records. SS/dm	12/5/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis**** argu sum**** Police Report; and other;
32	20181203				ordered ER records to follow up **** will speak to DP staff about preventative actions that can be taken to prevent future incidents.		12/5/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis**** argu sum**** Police Report; and other;

[illegible]

49	20181207	On December 7, 2018, at 4:00pm, this RSP called 911 for **** because he was exhibiting behavior that was endangering himself and others. He had been drinking agitation since the week before and this was the second time that day program called the home for him to be picked up. After picking him up at around 12:35pm, this RSP took him to ** residential, because he **** very mu**** to urinate and it was closer than **** where he lives. Moments later he rushed out to the street and started walking back and forth for more than an hour, also crossing the very busy street every now and then followed by staff and this RSP. We ****ed to take him back to ****, but when he was already inside the car, he tried to go down even when the vehicle was already starting to move and repeatedly did this. Even when we had him seated at the back of the car where there is a ****id lock and also sandwi****ed by two staff, he transferred to the front seat and got out of the car, then out to the street again. This RSP had to call 911 and police came who then escorted us to ****. When he was already at ****, he continued having the same behavior--even hitting his own head and body with his closed fist. Then ****, along staff with a raised hand and closed fist. On Tuesday, 12/11/18, SLS staff ****, discovered that **** had not received his new weekly medication bubble pack from RX Express and as su**** did not have his AM dose's. **** notified her supervisor who directed her to call the pharmacy. **** spoke with a pharmacy rep. and was assured that his med's would be delivered that same day, 12/11/18. At approximately 7pm on 12/11/18, RX Express delivered his medications. SLS staff then followed up with the pharmacist to inquire about the medications. SLS staff arrived at **** for an unannounced visit. At approximately 3:30PM, SC asked RSP **** where consumer, **** was. RSP **** immediately headed towards ****'s bedroom. As she got to the door, SC noticed RSP **** untying what appeared to be a rope tied around the door knob, hooked to a nail that was attached to the wall--preventing **** from opening the door from inside the room. As RSP **** untied the rope, she nervously attempted to explain the reason for the rope, but SC could not understand what exactly was being said. The only thing SC could understand RSP **** saying was, "my husband went to the bathroom". After the SC completed SOC 341 and contacted local Ombudsman for **** due to **** reporting that since entering their facility **** has begun wearing adult diapers, utilizing a wheelchair****air and is now on a pureed diet--when prior to entering the facility **** At approximately 0800 on 12/11/18, during a routine medication audit, it was found that the count to ****'s iron supplement, Ferrous Sulfate 25mg, was over by 1 pill. The supplement is prescribed as 2 pills twice daily and **** takes them at 10:00am and 8:00pm. Facility Administrator **** began an investigation into the circumstances. During the investigation, it was discovered that during ****'s home visit wh**** occurred from 12/9/18 at 6:30 pm to 12/9/18 at 11:00 am, **** was only passed two iron pills. Evidence for this was found on the Medication Ex****ange From completed with ****'s father. 23 Ferrous Sulfate pills were signed out and 21 were signed back into the facility upon ****'s return. **** was unable to determine wh****-day(s) the med error occurred on. Further investigation also revealed there was a medication Care home staff went to **** check on **** in his bedroom on 12/12/18 and found him sitting on his bedroom floor w/ blood on his head, face and clothes. His room had a trail of blood leading to the living room. **** was alert and talking but appeared weak. Staff found a laceration on the left side of his scalp. The laceration was no longer bleeding. Staff cleaned him up, putting clean clothes on him. Administrator called 911 and **** was transported to Memorial Medical Center ER. Blood tests, x-rays and CT scans revealed **** has no additional injuries other than the lacerations; however, it was discovered that there is present deterioration of ****'s neck and spine as a result of his Degenerative Joint Disorder, and that is gradually progressing. **** was dis****argued that afternoon, with after visit instructions, i.e., see primary care physician. 12/13/18 - Collateral w. Administrator, ****, reporting she was taking On 12/11/2018 **** was supposed to return home to **** at 8pm after spending the evening with her boyfriend. **** did not return home. By 9pm **** was still not home and **** staff called **** several times and left voice messages. **** still had not returned home by 7am on 12/13/2018 to take her morning medications. **** staff contacted SC on 12/13/2018 at 9:30am and explained the situation to SC. SC was able to short of breath. Her BP was 130/70, Pulse 98.0 and O2 sat 95%. EMS was called and she was transported to St. Joseph's Medical Center via ambulance for further assessment. Dr. **** was ED physician. ****'s X-ray, labs, EKG were completed. Labs showed WBC at 10.2. **** was admitted - admitting diagnosis **** was diagnosed with stage 4 cancer that was not curable. He ****'ose to have hospice care and passed **** from the cancer at the hospice house. **** passed	12/13/18 - Routing SIR to PM for review and distribution to SC requesting other; Pay**** Records. SS/dm
50	20181211	On 12/04/2018, SC arrived at **** for an unannounced visit. At approximately 3:30PM, SC asked RSP **** where consumer, **** was. RSP **** immediately headed towards ****'s bedroom. As she got to the door, SC noticed RSP **** untying what appeared to be a rope tied around the door knob, hooked to a nail that was attached to the wall--preventing **** from opening the door from inside the room. As RSP **** untied the rope, she nervously attempted to explain the reason for the rope, but SC could not understand what exactly was being said. The only thing SC could understand RSP **** saying was, "my husband went to the bathroom". After the SC completed SOC 341 and contacted local Ombudsman for **** due to **** reporting that since entering their facility **** has begun wearing adult diapers, utilizing a wheelchair****air and is now on a pureed diet--when prior to entering the facility **** At approximately 0800 on 12/11/18, during a routine medication audit, it was found that the count to ****'s iron supplement, Ferrous Sulfate 25mg, was over by 1 pill. The supplement is prescribed as 2 pills twice daily and **** takes them at 10:00am and 8:00pm. Facility Administrator **** began an investigation into the circumstances. During the investigation, it was discovered that during ****'s home visit wh**** occurred from 12/9/18 at 6:30 pm to 12/9/18 at 11:00 am, **** was only passed two iron pills. Evidence for this was found on the Medication Ex****ange From completed with ****'s father. 23 Ferrous Sulfate pills were signed out and 21 were signed back into the facility upon ****'s return. **** was unable to determine wh****-day(s) the med error occurred on. Further investigation also revealed there was a medication Care home staff went to **** check on **** in his bedroom on 12/12/18 and found him sitting on his bedroom floor w/ blood on his head, face and clothes. His room had a trail of blood leading to the living room. **** was alert and talking but appeared weak. Staff found a laceration on the left side of his scalp. The laceration was no longer bleeding. Staff cleaned him up, putting clean clothes on him. Administrator called 911 and **** was transported to Memorial Medical Center ER. Blood tests, x-rays and CT scans revealed **** has no additional injuries other than the lacerations; however, it was discovered that there is present deterioration of ****'s neck and spine as a result of his Degenerative Joint Disorder, and that is gradually progressing. **** was dis****argued that afternoon, with after visit instructions, i.e., see primary care physician. 12/13/18 - Collateral w. Administrator, ****, reporting she was taking On 12/11/2018 **** was supposed to return home to **** at 8pm after spending the evening with her boyfriend. **** did not return home. By 9pm **** was still not home and **** staff called **** several times and left voice messages. **** still had not returned home by 7am on 12/13/2018 to take her morning medications. **** staff contacted SC on 12/13/2018 at 9:30am and explained the situation to SC. SC was able to short of breath. Her BP was 130/70, Pulse 98.0 and O2 sat 95%. EMS was called and she was transported to St. Joseph's Medical Center via ambulance for further assessment. Dr. **** was ED physician. ****'s X-ray, labs, EKG were completed. Labs showed WBC at 10.2. **** was admitted - admitting diagnosis **** was diagnosed with stage 4 cancer that was not curable. He ****'ose to have hospice care and passed **** from the cancer at the hospice house. **** passed	12/13/18 - Routing SIR to CSI (J. Craig) requesting Investigative Outcome and other; Has Risk Been Mitigated? Copy to CRA and Pharmacist. SS/dm
51	20181204	On 12/4/18 - SC immediately reported the incident to QA PM - **** and QA Sr. CSI ****. **** contacted DHS and reported the incident -12/5/18 - SC submitted a SOC341 to the OMBUDSMAN regarding the discovery. 12/6/18 - SC received a call from DHS regarding the discovery and asked SC to do follow up unannounced visits. 12/7/18 - QA PM **** shared that CDPH investigation is under****.	
52	20181212	SC contacted local Ombudsman and faxed over a report. SC has also called **** to ****'s****ed a follow up meeting with ****Social Services and PM ****.	
53	20181208	Care home staff went to **** check on **** in his bedroom on 12/12/18 and found him sitting on his bedroom floor w/ blood on his head, face and clothes. His room had a trail of blood leading to the living room. **** was alert and talking but appeared weak. Staff found a laceration on the left side of his scalp. The laceration was no longer bleeding. Staff cleaned him up, putting clean clothes on him. Administrator called 911 and **** was transported to Memorial Medical Center ER. Blood tests, x-rays and CT scans revealed **** has no additional injuries other than the lacerations; however, it was discovered that there is present deterioration of ****'s neck and spine as a result of his Degenerative Joint Disorder, and that is gradually progressing. **** was dis****argued that afternoon, with after visit instructions, i.e., see primary care physician. 12/13/18 - Collateral w. Administrator, ****, reporting she was taking On 12/11/2018 **** was supposed to return home to **** at 8pm after spending the evening with her boyfriend. **** did not return home. By 9pm **** was still not home and **** staff called **** several times and left voice messages. **** still had not returned home by 7am on 12/13/2018 to take her morning medications. **** staff contacted SC on 12/13/2018 at 9:30am and explained the situation to SC. SC was able to short of breath. Her BP was 130/70, Pulse 98.0 and O2 sat 95%. EMS was called and she was transported to St. Joseph's Medical Center via ambulance for further assessment. Dr. **** was ED physician. ****'s X-ray, labs, EKG were completed. Labs showed WBC at 10.2. **** was admitted - admitting diagnosis **** was diagnosed with stage 4 cancer that was not curable. He ****'ose to have hospice care and passed **** from the cancer at the hospice house. **** passed	
54	20181212	On 12/11/2018 **** was supposed to return home to **** at 8pm after spending the evening with her boyfriend. **** did not return home. By 9pm **** was still not home and **** staff called **** several times and left voice messages. **** still had not returned home by 7am on 12/13/2018 to take her morning medications. **** staff contacted SC on 12/13/2018 at 9:30am and explained the situation to SC. SC was able to short of breath. Her BP was 130/70, Pulse 98.0 and O2 sat 95%. EMS was called and she was transported to St. Joseph's Medical Center via ambulance for further assessment. Dr. **** was ED physician. ****'s X-ray, labs, EKG were completed. Labs showed WBC at 10.2. **** was admitted - admitting diagnosis **** was diagnosed with stage 4 cancer that was not curable. He ****'ose to have hospice care and passed **** from the cancer at the hospice house. **** passed	
55	20181213	On Dec 13, 2018, care home staff noted that **** was congested, had a cough and short of breath. Her BP was 130/70, Pulse 98.0 and O2 sat 95%. EMS was called and she was transported to St. Joseph's Medical Center via ambulance for further assessment. Dr. **** was ED physician. ****'s X-ray, labs, EKG were completed. Labs showed WBC at 10.2. **** was admitted - admitting diagnosis **** was diagnosed with stage 4 cancer that was not curable. He ****'ose to have hospice care and passed **** from the cancer at the hospice house. **** passed	SC will request discharge summary for review.
56	20181213	On Dec 13, 2018, care home staff noted that **** was congested, had a cough and short of breath. Her BP was 130/70, Pulse 98.0 and O2 sat 95%. EMS was called and she was transported to St. Joseph's Medical Center via ambulance for further assessment. Dr. **** was ED physician. ****'s X-ray, labs, EKG were completed. Labs showed WBC at 10.2. **** was admitted - admitting diagnosis **** was diagnosed with stage 4 cancer that was not curable. He ****'ose to have hospice care and passed **** from the cancer at the hospice house. **** passed	
57	20181214	On Dec 13, 2018, care home staff noted that **** was congested, had a cough and short of breath. Her BP was 130/70, Pulse 98.0 and O2 sat 95%. EMS was called and she was transported to St. Joseph's Medical Center via ambulance for further assessment. Dr. **** was ED physician. ****'s X-ray, labs, EKG were completed. Labs showed WBC at 10.2. **** was admitted - admitting diagnosis **** was diagnosed with stage 4 cancer that was not curable. He ****'ose to have hospice care and passed **** from the cancer at the hospice house. **** passed	**** hospice care as his cancer was terminal and not curable.

58	20181213	On 12/13/18 at approximately 5:15 pm, **** was having an early dinner at her care home. ****. While **** was eating her dinner, staff S. **** saw **** stiffen her neck and throw her head back. Administrator, **** came to ****'s side, rubbed her **** neck and asked, "are you alright?" without any response or reaction. **** called 911 and was instructed by the dispatcher to do ****est compressions until paramedics arrived approximately 7-8 minutes later. Paramedics continued to facilitate CPR for an	SC to follow up with care home and request copy of death certificate.	
59	20181214	On 12/14/18 approximately 530 PM staff took **** to St Joseph ER due to 4/6 of abdominal pain and no ileostomy output when he arrived home from day program. **** vital were BP 100/60, HR 68, T 96.8, O2 93% room air. he had discoloration of ileostomy bag. **** was examined by Dr. ****, St Joseph ER physician. Labs and CT perform. WBC 17, elevated and Ct revealed bowel obstruction. Toradol 60 mg given	**** vital signs-Took to ER-Labs and CT of abdomen performed-NG tube was inserted in the ER-Admitted to St Joe for observation-Follow doctor's orders	

POS Exceptions
October 2018

10/02/18	Cont addtl respite hrs 10 LVM hrs - 6 months	Approved
10/02/18	Retro Respite 8/1-8/13 - 30n hrs/mo	Approved
10/02/18	Roll in shower, relocate door/electrical pannel to make wheelchair accessible.	Approved
10/02/18	Armor swing away for wheelchair	deferred
10/02/18	Day Care	Approved
10/02/18	addtl hrs respite - totaln60 hrs/mo - 6 months	Approved
10/02/18	Cont personal assistance hrs. 189 hrs/mo - 12 mo	Approved
10/02/18	Addtl SLS - 25 hrs/Oct	Approved
10/02/18	Respite/10/6 - out of home respite	Approved
10/02/18	2 addtl hrs (10 hrs day) ILP = 230/mo	Approved
10/02/18	Bath modification	Approved
10/02/18	SSI/P&I funding	Approved
10/02/18	SSI/P&I funding	Approved
10/02/18	20 addtl hrs/respite/mo - 3 months	Approved
10/02/18	SSI/P&I funding	Approved
10/02/18	Bed hold/bright futures	Approved
10/02/18	Addtl 40 hrs/mo respite - 1 consumer rate	Approved
10/02/18	vehicle mod - Bruno seat	Approved
10/02/18	Extend nursing respite/40 LVM/oct	Approved
10/02/18	Cont patch -1 month	Approved
10/02/18	Cont - visiting Angels supervision	Denied
10/02/18	reimb cost of van lift / \$10,000	Approved
10/02/18	Patch - 6 hrs/day/5 days wk/	Approved
10/02/18	Cont patch/	Approved
10/02/18	Patch/	Approved
10/02/18	Cont patch/	Deferred
10/02/18	cont nursing/	Approved
10/02/18	Retro purch reimb (4/2018) rest	Deferred
10/02/18	Parent conference / San Jose	Approved
10/02/18	Retro - camp (july 2018) \$800	denied
10/02/18	Adapt solution seat/bruno side exterior	Approved
10/02/18	patch 24/3 - months	Approved
10/02/18	Cont patch/	Approved
10/02/18	cont 45/hrs/mo/sls	Approved
10/02/18	Cont 92 hrs patch	Approved
10/02/18	Cont patch/	Approved
10/09/18	20 hours a week PATCH	Approved
10/09/18	138 hours of PATCH 3 months CVTC	Approved
10/09/18	192 hours of SLS	Approved
10/09/18	Additional 20 hours of respite	Approved
10/09/18	12 hours a day for 4 days a week hours LVN Services	deferred
10/09/18	Additional 25 hours a month of respite	

POS Exceptions
October 2018

10/09/18	PATCH at Table Mountain	Approved
10/09/18	Home Modification expand bathroom	deferred
10/09/18	additional 35.5 hours SLS	Approved
10/09/18	Translator Travel Retro	Approved
10/09/18	Additional 66 hours a month of respite	deferred
10/09/18	450 Day Time Hours 250 nighttime Hours of SLS for 1 year	Approved
10/09/18	Retro Care Home	Approved
10/09/18	Retro 9 days of Day Program in September	deferred
10/09/18	Speech and Language assessment	Denied
10/09/18	Retro Day Program	Approved
10/09/18	Retro Rate Supplement	Approved
10/09/18	Bed hold/Geir Care Home	Denied
10/09/18	Retro Sept CVTC Day Program	Approved
10/09/18	Personal Assistance	Denied
10/09/18	PATCH at Table Mountain	Approved
10/09/18	Walker	Approved
10/09/18	Additional Respite 15 hours per month	Denied
10/09/18	Retro for Sept Day Program	Approved
10/09/18	Additional Respite 50 hours	deferred
10/09/18	PATCH at Brinks Community Care 10 hours a day 16 hours on weekend	Approved
10/09/18	10 additional hours of translation in September	Approved
10/16/18	Addtl SLS - Board/care rate	Approved
10/16/18	Home Maker Services - 10 addtl 10/24-11/30	Approved
10/16/18	Addtl 6 hrs respite/mo =30 hrs 10/1 - 7/31	Approved
10/16/18	Bis Mileage reimb sept. 75.4 miles	Approved
10/16/18	BIS Mileage Reimb 162 miles	Approved
10/16/18	BIS Mileage Reimb 162 milesBIS Mileage Reimb 162 miles	Approved
10/16/18	Bed Hold	Approved
10/16/18	Purch reimb Jan	Denied
10/16/18	Purch reimb April	Approved
10/16/18	Purch reimb July	Approved
10/16/18	Purch reimb	Approved
10/16/18	Shower Bay/transition Ramp \$7521.91	Approved
10/16/18	Purch reimb/Sept/ 3 weeks 9-7/9/28 \$1560	Approved
10/16/18	Interpreter mileage 28 miles	Approved
10/16/18	Retro - telemed setup	Approved
10/16/18	Retro translation - immigration atty	Approved
10/16/18	Patch - 4 hrs/day	Approved
10/16/18	Cont patch - daytime 150 hrs/mo	Approved
10/16/18	Cont 744 hrs SLS	Approved
10/16/18	Increase SLS from 60 to 80 hrs/mo	Approved
10/16/18	Addtl 20 hrs SLS mo/oct	Approved
10/16/18	IN home respite sept	Approved
10/16/18	155 hrs/month of IHSS THRU UCP ; 180 hrs/month of SLS; 248 hrs/month of PA 10	Approved
10/16/18	Medications July 2018 - Sept 2018 \$228.37	Approved

2 of 4

POS Exceptions
October 2018

10/16/18	20 respite hrs/mo sept	Approved
10/16/18	Retro Aug 1st - Interpreter 2-hrs	Approved
10/16/18	50 addtl Respite hrs/	Approved
10/16/18	Pharmacy Care Concepts \$8.64 / aug.	Approved
10/16/18	76 hrs/mo nursing respite 12/1 - 2/28 -	Approved
10/16/18	Cont patch - Nov,dec, jan	Approved
10/16/18	Swing away lift for vehicle -	Approved
10/16/18	Retro - 6 hrs (sept) Respite	Approved
10/16/18	bath remodel	Approved
10/16/18	board & Care Rate	Approved
10/16/18	P&I \$50/mo	Approved
10/16/18	Medication \$46/mo (retro July)	Approved
10/16/18	5/hrs translation/sept	Approved
10/16/18	20 hrs/w/Pacific homecare -	Approved
10/30/18	Patch	Approved
10/30/18	Retro Purch Reimb	Approved
10/30/18	Bed hold for two weeks (11/2/18-11/16/18)	Denied
10/30/18	Respite - 18 hrs/retro	Approved
10/30/18	Patch DP	Approved
10/30/18	Respite/Retro	Approved
10/30/18	Bed Hold	Approved
10/30/18	Addtl SLS / 124/mo-4 hrs night thru 12/31/18	Approved
10/30/18	Pay portion of B&C	Approved
10/30/18	3 months/day care thru 1/31/19	Approved
10/30/18	3 months addtl respite / 56 hrs/mo	Approved
10/30/18	P&I and SSI funding cont	Approved
10/30/18	92 hrs/mo patch DP	Approved
10/30/18	2nd replacement med alert	Approved
10/30/18	Patch / 2 weeks	Approved
10/30/18	Patch at DP	Approved
10/30/18	Cont - 10 hrs respite/mo	Approved
10/30/18	Retro	Approved
10/30/18	Retro Respite Aug/Sept/Oct	Denied
10/30/18	Respite	Approved
10/30/18	Patch - cont (4 hrs/day 92/mo)	Approved
10/30/18	25 hrs SLS	Approved
10/30/18	Cont - SLS (496 2:1/248 night 1:1)	Approved
10/30/18	52.5 hrs day care/mo	Approved
10/30/18	Retro respite	Approved
10/30/18	Respite (retro/sept)	Approved
10/30/18	Retro - 9 days day pgm/sept	Approved
10/30/18	Patch / 3 mo	Approved
10/30/18	patch (nov/dec/jan)	Approved
10/30/18	Nov-317 hrs/Dec-353 hrs/Jan-374 hrs = Patch	Approved
10/30/18	SLS - addtl 20 hrs oct	Approved
10/30/18	Bed Hold (10/2-10/23)	Approved

3 of 4

POS Exceptions
October 2018

10/30/18	SLS 12.25 hrs/day; 281.75 hrs/mo; \$16.73/hr	Approved
10/18/18	1 hr & 52 miles for 7/16/18	Approved
10/18/18	SSI funding for August/Sept	Approved
10/24/18	Cont SSI/P&I	Approved
10/23/18	Balance due on meds	Approved
10/23/18	60/hrs/mo Nursing respite	Approved
10/23/18	Retro Respite Jan-May 2018 = 90 hrs	Approved
10/29/18	Retro Patch July/Aug/Sept	Approved
10/29/18	284 hrs daycare (Oct/45; Nov/62; Dec/85; Jan/92)	Approved
10/29/18	325 hrs daycare (Nov/88; Dec/112; Jan/125)	Approved
10/29/18	IDS Evaluation	Approved
10/12/18	on time - 20 addtl hrs SLS	Approved
10/31/18	Addtl 30 hrs respite (10/26-10/27)	Approved
10/29/18	24 hrs addtl patch	Approved
10/29/18	Translation 9 hrs	Approved
10/29/18	54 miles for translation svcs	Approved
10/29/18	Retro NTE \$240/mo	Approved
10/29/18	Cont 138 hrs patch @ day pgm	Approved
10/29/18	patch 138 hrs/mo	Approved
10/29/18	NTE 112 hrs/mo patch	Approved
10/29/18	Addtl. 20 hrs SLS	Approved
10/29/18	SSI/SSP restoration /September	Approved
10/26/18	Patch 6/hrs/day -	Approved
10/26/18	6 hrs/day patch - = 138 hrs	Approved
10/22/18	\$848.37 SSI advance	Approved
10/26/18	Patch 6 hrs/day	Approved

POS Exceptions
November 2018

11/01/18	10 addtl hrs SLS for Oct/Nov/Dec	Approved
11/01/18	Cont Day Care	Approved
11/06/18	Cont patch - 138 hrs	Approved
11/06/18	cont day care	Approved
11/06/18	Cont 435 hrs/homemaker svcs	Approved
11/06/18	1 month motel expenses (95-103) \$2,	Approved
11/06/18	130 hrs respite/mo = proposed 65 hrs instead	Approved
11/06/18	Bathroom modification - roll in shower.	Approved
11/06/18	Day Care - updated addtl 65 hrs/mo	Approved
11/06/18	SLS - 24/7 - thru this Sunday.	Approved
11/06/18	van conversion - new vendor	Denied
11/06/18	addtl respite/	Approved
11/06/18	cont sls 203/hrs/mo	Approved
11/06/18	personal assistance/20 hrs	Approved
11/06/18	retro Oct 1st - Oncore	Approved
11/06/18	Addtl respite/3 months/addtl 10 per mo	Approved
11/06/18	Sleep save 2 bed	Approved
11/06/18	ssi/portion cont - loan	Approved
11/06/18	Retro - TMS	Approved
11/06/18	8 hrs/ addtl respite November	Approved
11/06/18	Manual wheel chair -	Approved
11/06/18	pharmacy \$165.83 oct rx	Approved
11/06/18	5.75 addtl patch /oct	Approved
11/06/18	80 hrs addtl respite/mo/2 months	Approved
11/06/18	Purch reimb /retro aug & sept/ \$890	Approved
11/06/18	15/20 addtl respite/mo/3 months	deferred
11/06/18	Setp 3-Oct 6 \$ / purch reimb	Approved
11/06/18	respite/addtl 20 per mo/3 months	Denied
11/06/18	linkseat - \$8372/	Approved
11/20/18	Retro/respite 24 hrs oct	Approved
11/20/18	bathroom Remodel \$9k	Approved
11/20/18	Retro/respite/oct/svc code update	Approved
11/20/18	Cont 359 hrs sls/mo	Approved
11/20/18	Retro med/d prem \$4.00 -sept/oct	Approved
11/20/18	patch - 12 hrs/day - thru January	Approved
11/20/18	Bathroom remodel -	Approved
11/20/18	20 hrs/mo respite addtl	Approved
11/20/18	addtl 10 hrs/mo/respite - 6 weeks	Approved
11/20/18	Purch reimb - \$1372 june/\$4705 July-Sept 24th	Approved
11/20/18	Cont SLS -115/mo - thru	Approved
11/20/18	cont patch - 138 hrs/mo - thru 3 months	Approved
11/20/18	Cont patch/Dec -	Approved
11/20/18	Cont - SLS 150 hrs/tier 1; 100 hrs/tier 2 - 6 months	Approved

POS Exceptions
November 2018

11/20/18	Environmental Access - Ramp/hand rails - home mod	Approved
11/20/18	addtl 4 hrs/ILS for month of November	Approved
11/20/18	Cont ssi/P&I	Approved
11/20/18	Cont Patch - 92 hrs/mo - 12-1 thru 2-28	Approved
11/20/18	Cont ssi/B&C/P&I	Approved
11/20/18	Patch - cont nov/dec/jan 1042 hrs	Approved
11/20/18	out of home respite/10 days/	Denied
11/20/18	Loan - Extend for Dec part ssi/B&C -	Approved
11/20/18	Patch - 138 hrs/	Approved
11/20/18	Bed Hold - cont - nov 30	Approved
11/20/18	Day Care - nov/dec/jan	Approved
11/20/18	cont ssi/P&I	Approved
11/20/18	Cont bed hold	Approved
11/20/18	Day Care 96 hrs/mo - 1 year	Approved
11/20/18	24 hrs/day SLS nov 20 - 27th	Approved
11/27/18	Rate supplement/oct & P&I/oct	Approved
11/27/18	cont SSI/P&I board & care	Approved
11/27/18	portion of board & care - thru	Approved
11/27/18	home health	Approved
11/27/18	24/7 SLS 12/1 - 12/18	Approved
11/27/18	30 hrs/respite / oct	Approved
11/27/18	DME Ramp/lift - \$9,618	Approved
11/27/18	20 addtl respite hrs/mo -	Approved
11/27/18	Nighttime supervision hrs/	Approved
11/27/18	cont 26 hrs/patch	Approved
11/27/18	Cont day care	Approved
11/27/18	cont Patch - 115 hrs/mo	Approved
11/27/18	Cont/extra 7hrs/mo home care (10/1-2/28/19)	Approved
11/27/18	90 hrs/mo respite(3/hrs/day) -approved 45 for 3 months	Approved
11/27/18	2,080 Motel rent/4 weeks.	Approved
11/27/18	cont 56 addtl respite/mo jan-feb	Approved
11/27/18	245.45/day - 3 months	Approved
11/27/18	cont P&I/SSI funding -	Approved
11/27/18	cont P&I/SSI funding -	Approved
11/27/18	cont 266 daytime SLS	Approved
11/27/18	cont 249 nighttime SLS	Approved
11/27/18	Van Conversion	Denied

Fair Hearings thru December 15, 2018

Cause No. LAW BANK	Cause No. FED COURT	Date Rec'd	Date Due	Case	Officer	Personal Date	Time	Mediation Sched.	Time	Scheduled Trial/No	Disa Resolved	WFO/Res Yes/No	Disa Settled	Comments	Hearing Date/Time	Rep by Disab Rights Offered
		6/13/2018		Eligibility	Modesto	7/19/2018	9:30AM	N/A		No				Hearing 10/24/18 & 10/26/18 Continued	12/20/18	Yes
		8/3/2018		Respite	Stockton	9/6/2018	10:00AM	9/6/2018	10:00AM	Yes	Mediation	9/26/2018				Yes
		7/27/2018		Multl	Stockton	10/9/10/12/10/15/10/17/10/31	10:00AM	12/19/2018	9:30AM	No						Yes
		9/12/2018		IHSS	Stockton	10/5/2018	1:00PM	10/29/2018	9:30AM	No				State Hearing continued to January 23, 2019; new order forthcoming		Yes
		9/17/2018		Eligibility	Stockton	10/29/2018 - re scheduled for 11/5	10:00AM	N/A		No				MOR submitted to OAH on 11/19/18; Informal letter to follow		Yes
		9/20/2018		Eligibility	Modesto	10/18/2018	9:00AM	N/A		Yes	Informal	11/19/2018				Yes
		8/15/2018		Services Speech	Stockton	10/30/2018	10:00AM	11/8/2018	9:30AM	No				11/16/18 No Mediation Agreement, moving forward to state		Yes
		10/25/2018		Language Eval	Stockton	10/31/2018	2:00PM	11/16/2018	9:30AM	No						Yes
		10/16/2018		Dental	Stockton	11/9/2018	9:30AM	11/29/2018	9:30AM	No						Yes

PUBLIC TRANSIT WORKSHOPS

Does public transit meet your needs?

Are there missing links in our public transit system?

Share your ideas with us at the following workshops *

MONDAY DEC. 3, 2018

12:00 PM—1:30 PM

**Gladys L. Lemmons Center
450 East A St.
Oakdale, CA**

WEDNESDAY DEC. 12, 2018

5:30 PM—7:00 PM

**Ceres Community Center
2701 Fourth St.
Ceres, CA**

TUESDAY DEC. 11, 2018

11:30 AM —1:00 PM

**Patterson Senior Center
1033 Las Palmas Ave
Patterson, CA**

TUESDAY JAN. 8, 2019

12:30 PM—2:00 PM

**Empire Library
18 S Abbie St.
Empire, CA**

WEDNESDAY DEC. 12, 2018

11:30 AM—1:00 PM

**Modesto Senior Center
211 Bodem St.
Modesto, CA**

PUBLIC HEARING

WEDNESDAY JAN. 16, 2019

6:00 PM—7:30 PM

**StanCOG
Policy Board Meeting
1111 I St. Ste. 308
Modesto, CA**

**if you need language support or other assistance to participate in these events please contact us below:*

Submit comments/questions to:

Edith Robles, Planning Technician

ummettransitneeds@stancog.org

(209) 525-4891

Can't come to a meeting? Take this short survey to share your feedback:

<https://www.surveymonkey.com/r/StanCOG2019UTN>

https://www.surveymonkey.com/r/StanCOG_SpanishUTN



StanCOG
Stanislaus County Office of
Community Development

**VALLEY MOUNTAIN REGIONAL CENTER
MINUTES OF CONSUMER SERVICES COMMITTEE MEETING
Monday, January 7, 2019**

=====

PRESENT: Dena Pfeifer, Lori Smith her facilitator, Mohamed Rashid, Daime Hoornaert, Dena Hernandez, Cindy Mix, Lisa Culley, Mary Sheehan, Wilma Murray, Nicole Weiss, Carlos Hernandez, Chris Varela, Tony Anderson; Lisa Esteves, Patty Perreira, Robert Fernandez, Maria Chavez, Thalya Culty; Linda Collins

ABSENT: Robert Balderama, Nadia Robinson, Tom Toomey

=====

Chris Varela Chairperson called the meeting to order at 4:10 p.m.

1.0 PUBLIC COMMENT

Dena Hernandez, Regional Manager – SCDD North Valley Hills Office shared the following:

- Next SCDD North Valley Hills meeting will be held on January 22, 2019 at the UCP Stanislaus Turlock location from 6:00 pm-8:00 pm - all are welcome.
- The Next VMRC Self Determination Advisory Committee meeting will be at VMRC on Monday, January 14, 2019 at 2pm. It's an exciting time at the roll out is happening. All are welcome.
- CHOICES will be held April 5, 2019. The theme is "Wheel of CHOICES". The deadline for the t-shirt and video contest is January 15, 2019! Please remind anyone who is turning in a video or artwork! CHOICES Institute thanks Mohamed Rashid for agreeing to be one of the key note speakers representing Stanislaus County!
- Next IEP Workshop with Family Resource Network will be January 26, 2019 at our SCDD North Valley Hills office from 9:00am-11:30am.
- Self-Advocacy Council 6 Area Annual Area Meeting of Self Advocates will be held on Friday, February 1, 2019. SAC6 and SCDD are working with the fairgrounds to secure the location again- since the SJ Activity Center closed and they usually secured the place- it has been a bit more difficult this year! Once the location is secure- we will email the flyer out to all.

2.0 REVIEW OF MINUTES

M/S/C (Pfeifer/Rashid): Approve the minutes of November 13, 2018 as written – Lisa Esteves & Chris Varela abstained.

3.0 CLINICAL

Mary Sheehan, Clinical Director shared the following:

- We have a Clinical Nurse Manager – Angela Njoroge who started today. She has quite a bit of different experience with Children's with disabilities both in home nursing and school and adults in substance abuse programs. We are excited to have her here. She has a lot to learn.

- Early Start we finally receive our review from DDS. We only had 1 area of non-compliance. We had minimal issues and have 30 days to draft up our responses. More information will be coming on this.

4.0 **RESOURCE DEVELOPMENT**

Robert Fernandez, Community Services Manager – On February 6th there will be training – CCH (Community Crisis Homes) EBSH– (Enhanced Behavioral Support Homes). DDS will be providing the training here at VMRC at 9:30-12 in the board room. These are specific type of homes that have higher needs than the traditional level 4I homes.

Residential Services Orientation – will take place on February 27th & 28th here at VMRC – 9-3:30 both days - For new providers who are looking into developing new homes.

Mr. Fernandez also provided an updated list of current projects or developments that are in the works in Resource Development.

5.0 **QUALITY ASSURANCE**

5.1 **Alerts:** Nicole Weiss provided a copy of the Alert report for the last 2 months. There were 75 total alerts. Of those, 41 have not been resolved; 13 had no action and were unfounded; 10 substantial inadequacies; 10 technical assistance.

- Christine Hagar will be providing training on Clients Rights on January 22nd in the Board room.
- We are getting ready to provide some online training in many different formats. Also we will be developing testing to be given at the end of each training for the providers to receive CEU credits.

6.0 **CASE MANAGEMENT**

Cindy Mix shared the Caseload ration report. The agency average is 78. Decreased by .05. She also asked if there were any questions regarding the transfer status report, POS Exceptions, SIR Report & Fair Hearings.

- Staff changes—Liz Diaz a Program Manager in Modesto will be transferring to Stockton to manage one of the Children's teams effective 1/14. We will then be interviewing for a Children's PM in Modesto on Friday, 1/11. Recent retirement of 2 long-time SCs—Rick Jordan and Marla Sartain.
- Holiday donations spear-headed by staff included: Turkey Dinner Drive, Blanket/Sock Drive; Toy/Food Drive for Christmas.

- Micro-Business Fair held at VMRC on 12/7. Looking to possibly schedule similar fair when next All-Staff is held in June.
- All-Staff held on 12/10. All teams developed a team profile for the event and all will be placed on the VMRC website. Person Centered Thinking ribbon-cutting held. Review of internal committees, IT upgrades, and budget status.
- Self-Determination program. Orientations to be scheduled in late January, early February. Local Advisory Committee meeting on 1/14. Invited those selected from VMRC area.
- Person-Centered Thinking Training—completed internal trainings. Will begin trainings for vendors and families effective March, 2019.
- A PM work group is revising the IPP to include PCT language and development. Group will bring ideas to this committee for input at the March meeting.
- POS Disparity annual meetings to occur over the next few months. We have some planning to work on. We should be hearing soon if approved for grant monies.
- National Core Indicators—Survey 12/18 through 6/19. George (SCDD) will be meeting with VMRC staff.
- Cindy had an opportunity to see an ACLU presented info re: Supported Decision-Making vs. Conservatorship. She was wondering if this was something this committee would like to see as a presentation training. Lisa Culley advised that they have a training scheduled in March “Supported Decision Making” at the San Joaquin County Office of Education. One in the morning for professionals. And one in the evening for families. Lisa will be forward more info.
- Children’s Program Managers are developing an in-house training re: IEP Collaboration.
- We’re also looking to bring the County in for some IHSS training.
- CalFresh—the program will be open to all SSI participants eff. 6/1/19. EBT card avg. \$125 per month. Impact—500,000 new applicants. We are waiting on further direction from DDS regarding our assistance with enrollment.
- Reached out to other regional centers re: Consumer Services Committee activities. Most indicated informational in nature, along with approval of Service Standards prior to board approval, trainings, presentations, volunteer projects.

7.0 **TRANSPORTATION**

Wilma Murray shared the following:

- There is not a whole lot going on. Wilma passed out a copy of the Stanislaus county schedule of unmet needs. They also have an online link to fill out the survey. All transit agencies in our areas have the similar online information.

- Stanislaus is going to do a study on the needs for the elderly, handicapped & low income. Wilma will be part of the study group in behalf of VMRC. She is meeting with them next week to give input on the needs of our consumers.
- RTD is having a few issues – they have changed routes and she is working on assisting affected consumers with Dial-a-ride service. Still a few route deviation and dial-a-ride issues.
- The new vendor in Stanislaus – Converted services for the Valley CAPs service from Storrer – the conversion went well. The next step will be in San Joaquin County. Looking at new vendors after looking at the list of new programs being developed by Resource Development.

8.0 **NEXT MEETING**

We have not had a quorum in order to vote on the timing of our meetings to monthly or every other month.

Monday March 11, 2019, 4:00 p.m., Stockton VMRC office, Cohen Board Room.

The meeting was adjourned at 4:55 p.m.

Recorder: Cindy Strawderman



Valley Mountain Regional Center
Minutes of the Executive Committeeⁱ
Wednesday, February 6, 2019 6:00 PM
VMRC Stockton Office – Cohen Board Room, VMRC Stockton

Executive Committee Members present: Tom Bowe, President, Claire Lazaro, Vice President (Nominating Committee Chair), Margaret Heinz, Secretary, Elizabeth Victor-Martinez, Treasurer (Finance Committee Chair), Lynda Mendoza (Bylaws Committee Chair), Candice Bright (Legislative Committee Chair).

Absent: Chris Varella (Chair Consumer Services Committee)

Staff: Bud Mullanix (Director of Human Resources) and Tony Anderson (Executive Director)

Board President, Tom Bowe, called the meeting to order at 6:00 pm.

Review & Approval of Agenda:

The agenda was approved by unanimous consent

Approval of Minutes of January 2, 2019 meeting

After discussion the minutes were approved by unanimous consent

Issues for Discussion

Executive Director's Update

Appointed by the board of supervisors to the San Joaquin First5 Commission

Dental Grant Approved: we received \$110,000 from DDS to implement the oral health initiative which will provide us with a Dental Coordinator and an Assessment by University of Pacific on the viability of creating a virtual dental program in our region.

Disparities Grant Approved: We received \$75,000 continuing our Cultural Fair which will not only be at the Stockton office but will also include increased participation in local community cultural events in Amador, Calaveras, and Tuolumne Counties.

Clinical Director Position Announced: We have paid for recruitment services on LinkedIn and Indeed and have gotten information out to the community by word of mouth and Facebook. We have received some very high quality applications so far and plan to do one more push for recruitment in 30 days. Then we'll process the applicants and begin the interview process.

New Clinical Services Structure: We have decided that we will recruit for an Assistant Director for clinical services that will manage the Early Start Program, Intake Services, and the coordinators of clinical services leaving the Director to supervise the licensed clinicians and the new manager. The position is an existing position not filled and will be budgeted in the 2019-20 budget year.

Update on the Training and Development Work Group: we completed the year-end report, include several policy updates and audits of our learning management system.

Managers Quarterly Meeting will feature Chris Littlefield talking about the "Art of Acknowledgement" which is an approach authentic recognition of high performance and quality at work.

Notable Consumer Incidents/Complaints

One of our children passed away recently. While all deaths of young children are always sad this one impacted hundreds in our community because his mother was one of our longtime leaders in the parent advocacy community. Several of our staff attended.

Vendor Issues

We still have two vendors with appeals at the state level. Neither of these complaints have been ruled on yet but we have submitted all the additional information requested.

Working on details for the conference on service innovations with our Coalition of Local Area Service Providers set for October 2019.

New Position Review, Personnel and Union Update

New positions (I'll cover details in the "Other Staff Issues")

1. HR Positions all made exempt status
2. Executive Assistant position made exempt
3. Cultural Specialist position made exempt
4. Proposal for Employment Specialist to exempt was contested and rescinded.
5. HR Director amendments written for approval - same pay scale just a movement in the scale
6. New position for the board support and communications "Special Assistant to the Director"
7. Security Guard position converted to "Front Lobby Assistant" - recruitment competition in process.
8. Converted 1 reception position to a senior position - recruitment competition in process.

One complaint, requesting to make VMRC liable for any damage to parked cars.

Bud Mullanix reported he's been providing several management trainings every month and he provided the recruitment report for January 2019 (.6% turn over) and a new end from Jan 2018 to Jan 2019 (9.3% turnover).

Margaret moved Special Assistant to the Director position as amended, Lynda second (Heinz/Mendoza M/S/C)

Self Determination Advisory Committee

Claire Lazaro reported that DDS will be conducting trainings in Sacramento and she will be in San Diego for the state advisory committee. Also the VMRC Self-Determination Advisory Committee is promoting the person-Centered Planning trainings that will be every month in either the Stockton or Modesto offices and announced upcoming advisory committee meetings

- Wednesday, February 27, 2019 at 10:00 am
- Monday, March 18, 2019 at 2:00 pm
- Friday, April 26, 2019 at 10:00 am

The state has completed policies for the Independent Facilitator, the Individual Budget, the Financial Management Service and the rates, and the Background Checks. All posted on our advisory committee webpage.

February Board Meeting Agenda

1. Tom Bowe moved that the Board Dinner and Training will focus on the One Page Personal

Profiles and that we would have a trainer teach us how to make our own Personal Profiles (approved by unanimous consent).

2. Tom Bowe moved that Mary Sheehan, Clinical Director will provide a presentation on end of life/hospital interactions. (approved by unanimous consent).
3. Tom Bowe moved that Tony Anderson's Director's report will highlight the state budget proposals from the governor at the board meeting (approved by unanimous consent).
4. Tom Bowe moved Baby Moves to give presentation from the contracts (approved by unanimous consent).

Consent: Written Committee Reports, Director's Report

Consumer Services, Finance Committee, Training and Development Year End Report, and the Director's Report.

Approval to Waive One-Month Information Period (New Positions)

Tom Bowe moved to waive the one-month information period for approval of the Assistant to the Director Position (Bowe/Heinz M/S/C).

Adjourn at 7:30 pm until next meeting, Wednesday, March 6, 2019, at 6:00 pm, VMRC Stockton.

ⁱ The Executive Committee is made up of the officers of the board and the standing committee chairs.



Finance Committee Meeting Minutes
Wednesday, February 6, 2019 5:30PM
VMRC Stockton Office - Cohen Board Room

Present: Elizabeth Victor-Martinez, Treasurer/Chair, Tom Bowe, President, Claire Lazaro, Vice President, Margaret Heinz, Secretary, and Connie Uychutin, CLASP Rep.

Absent: None

Staff: Claudia Reed (Chief Financial Officer) and Tony Anderson (Executive Director).

Meeting brought to order by the chair at 5:30 pm

Review and Approval of Meeting Agenda

Elizabeth Victor-Martinez moved to delete item 6 from the agenda accepted by unanimous consent

Review of January 2, 2019 Minutes

Minutes approved as submitted (Tom Bowe, Connie Uychutin (M/S/C)

Public Comment

No public comment

Fiscal Department Update

Claudia Reed reported:

- No contracts over \$250,000 are due for review this month.
- VMRC received notice we'll be receiving cash from the E2 soon.
- 50% of the year has been accounted for and currently the POS expenditures are slightly above the budget in a few key areas. If we end up over at the end of the year we'll have to move from prior years or from the state overall. We're currently at 49.3% of budget.
- We're spending more on services this year than last year over anticipated budget.
- In the OPS side of the budget the salary and wages are on track at 50%.
- Travel is slightly down so far this year.

Acceptance of CSR - Through December 2018

The CSR was accepted by unanimous consent.

PEP (POS Expenditure Projection)

Accepted by unanimous consent.

Meeting adjourned at 5:50 pm and next meeting is set for March 6, 2019, 5:30 pm VMRC Stockton Office.

Valley Mountain Regional Center Finance
Committee Meeting Minutes January 2,
2019

Present: Elizabeth Victor-Martinez, Treasurer Tom
Bowe ,President
Claire Lazaro, Vice President Margaret
Heinz, Secretary
Connie Uychutin, CLASP Representative Tony
Anderson, VMRC Executive Director
Melissa Stiles, VMRC General Ledger Manager

Guest: Chris Varela, Chair, Consumer Services Committee (On the Phone)

Committee actions noted in bold.

Elizabeth Victor-Martinez, Treasurer, brought the meeting to order at 5:32 pm,

1. Review and Approval of the Meeting Agenda: No

Restricted Donations Correction

Action was taken by unanimous consent without objection.

2. Review of December 5, 2018 Meeting Minutes:

Action was taken by unanimous consent without objection.

3. Public Comment:

There was no public comment this month.

4. Fiscal Department Update:

- Acceptance of Contract Status Report through November 2018:

The Contract Status Report shows total income year-to-date \$93,991,048. The total cash and account receivables due to the State as of the end of November is \$85,596,616.

The Contract Status Report shows POS expenditures for the Year-to-date total \$80,696,282, compared to last year's Year-to-date total, of \$74,519,186. The budget amount expended of \$195,298,849 equals 41.3% of the total budget.

Operations expenditures shows salaries and benefits Year-to-date total is \$10,777,582. The prior year-to-date expenditures were \$8,530,786. The budget amount expended of \$31,041,522 equals 45.0% of the total budget. Other general operating expenses including equipment, professional expenses, office expenses and travel and training, total \$13,541,587 compared to last year's total operating expenses, of \$11,246,204. The budget amount

expended of \$31,041,522 equals 43.6% of the total budget.

Action was taken by unanimous consent without objection.

5. Review of Contracts over \$250,000:

Action was taken by unanimous consent without objection to approve the following contract:

Vendor Name	Vendor #	Service Code	Vendor Category	Current Contract	Proposed Contract	Dollar Increase	% Rate Increase	Reasons for Increase
Baby Moves, Inc.	PV1747	116	Early Start Specialized Therapeutic Services	\$200,000	\$409,052	\$209,052	104.53%	104.53% - New program in 2018 consumers in program went from 8 to 63 over the years' time
Synergy Behavior Consultants, Inv. ESAIP	PV1740	48	Client/Parent Support Behavior Intervention Training	\$240,000	\$532,000	\$292,000	121.67%	121.67% New program in 2018 consumers went from 2 to 13
MV Transportation	H29297	875	Transportation	\$5,461,662	\$5,741,212	\$279,550	5.12%	5.12% Increase in number of consumers using service
UCP Stanislaus Central Connections Expanding Horizon	HV0493	55	Community Integration Training Program	\$224,361	\$392,000	\$167,639	74.72%	74.72% Program went from serving 14 to 23 consumers during last year

Contracts with no change from previous year:				
Vendor Name	Vendor #	Service Code	Vendor Category	Current Contract
Choice Harney Home K.G. Harney Creek, Inc.	HV0361	113	Specialized Residential Facility Habilitation	\$803,400
Victor Learning Center Alvarado	529365	515	Behavior Management Program	\$2,713,546
Victor Learning Center	HV0129	880	Transportation-Additional Component	\$584,878
Community Builders SLS	SV0004	896	Supported Living Services	\$748,938
Community Catalysts of California SLS	529325	896	Supported Living Services	\$1,800,929
UCP Stanislaus Central Connections	HV0493	55	Community Integration Training Program	\$345,967
UCP Stanislaus SEP-GP	HV0197	950	Supported Employment Group	\$275,000
UCP Stanislaus Expanding Horizons	H44541	510	Adult Development Center	\$393,086
UCP Stanislaus Focal Point	H06972	505	Activity Center	\$576,485

Contract Summary and Board Resolution

Valley Mountain Regional Center's Board of Directors reviewed the above contract on February 25, 2019 and passed the following resolution:

RESOLVED THAT in compliance with VMRC's BOD Contract Policy, the contracts listed below between VMRC and stated vendors were reviewed and approved by the VMRC BOD on February 25, 2019 and Board hereby authorized any Officer of the corporation to execute the Agreement without material changes but otherwise on such terms deemed satisfactory to such Officer.

Baby Moves, Inc.	\$ 409,052
Choice Harney Home K. G. Harney Creek, Inc.	\$ 803,400
Synergy Behavior Consultants, Inv. ESAIP	\$ 532,000
Victor Learning Center Alvarado	\$ 2,713,546
Victor Learning Center	\$ 584,878
Community Builders SLS	\$ 748,938
Community Catalysts of California SLS	\$ 1,800,829
MV Transportation	\$ 5,741,121
UCP Stanislaus Central Connections Expanding Horizon	\$ 392,000
UCP Stanislaus Central Connection	\$ 345,967
UCP Stanislaus SEP-GP	\$ 275,000
UCP Stanislaus Expanding Horizons	\$ 393,086
UCP Stanislaus Focal Point	\$ 576,485

VMRC Board of Directors hereby authorizes and designates any office of VMRC to finalize, execute and deliver the Contract on behalf of VMRC, in such form as VMRC's counsel may advise, and on such further terms and conditions as such Officer may approve. The final terms of the Contract shall be conclusively evidence by the execution of the Contract by such Officer. For purposes of this authorization, and "Officer" means VMRC's Executive Director, Chief Financial Officer and no one else.

Certification by Secretary: I certify that: (1) I am the Secretary of VMRC; (2) the foregoing Resolution is a complete and accurate copy of the Resolution duly adopted by VMRC's Board of Directors; (3) the Resolution is in full force and has not been revoked or changed in any way.

2/25/2019

Margaret Heinz, Board Secretary

Date

6. Executive Session:

7. Next Meeting:

The Finance and Personnel Committee will meet on Wednesday, February 6, 2019 at 5:30pm in the Stockton Office.

The meeting was adjourned at 6:09pm.

Revenue

	YTD
State Income Current Year	92,159,868
State Income Prior Year	17,733,532
Foster Grandparents/Senior Companio l	250,143
Interest Income	21,454
Other Income	53,622
Vendorization Training	8,449
ICF-SPA Income	2,650,167
ICF-SPA Fee	<u>39,753</u>
Total Income	\$ 112,916,987

Cash, Accounts Receivable and Due to State as of December 31,2018

Cash Balance	\$ 34,538,534
Poppellwell Fund	\$ 5,415
Accounts Receivable:	
Current Year	\$ 30,457,149
Prior Years	17,053,585
SPA	<u>2,631,684</u>
Total	\$ 50,142,419
Due to State	\$ 85,596,616

Valley Mountain Regional Center Contracts Current and Past Two Years

	OPS	OPS CPP	POS	POS CPP	FG/SC
Current Fiscal Year 2019 Contract Year E-1	30,383,851	264,832	195,176,054	122,798	451,782
Unspent	15,405,373	260,746	101,203,506	42,137	350,831
Last Fiscal Year 2018 Contract Year D-3	29,493,605	529,663	181,373,863	522,363	252,237
Unspent	528,255	9,210	1,225,435	92,938	218,849
Second Prior Fiscal Year 2017 Contract Year C-5	28,050,790	476,820	168,263,354	344,693	462,758
Unspent	(0)	(0)	2,123,730	157,804	9,987

POS EXPENDITURES

December 31, 2018

	Year to Date	Prior Year to Date	Changes to Budget	Budget	% of Total Budget
Community Care Facility	30,760,273	27,694,170		60,167,408	51.1%
ICF/SNF FACILITY	144,647	8,604		602,554	24.0%
Day Care	640,977	599,152		1,198,402	53.5%
Day Training	17,691,414	17,693,362		37,377,350	47.3%
Supported Employment	857,439	805,501		1,721,757	49.8%
Work Activity Program	261,444	275,091		580,174	45.1%
Non-Medical Services-Professional	300,944	256,598		586,448	51.3%
Non-Medical Services-Programs	11,000,543	10,480,053		23,097,726	47.6%
Home Care Services-Programs	576,189	276,706		1,005,686	57.3%
Transportation	1,231,014	1,074,830		2,467,131	49.9%
Transportation Contracts	8,233,310	8,107,385		17,323,149	47.5%
Prevention Services	6,811,127	6,048,453		13,527,861	50.3%
Other Authorized Services	9,308,926	8,762,714		18,885,039	49.3%
P&I Expense	22,378	23,232		51,695	43.3%
Hospital Care	230,000	230,000		538,049	42.7%
Medical Equipment	150,388	173,576		508,768	29.6%
Medical Care Professional Services	1,802,784	1,387,506		3,285,985	54.9%
Medical Care-Program Services	25,661	16,124		83,434	30.8%
Respite-in-Home	5,917,917	4,926,673		11,360,367	52.1%
Respite Out-of-Home	265,533	259,776		710,225	37.4%
Camps	27,545	15,600		96,846	28.4%
	96,260,453	89,115,105		195,176,054	49.3%
CPP	33,720	15,715		122,795	
Total Purchase of Service	96,294,173	89,130,821		195,298,849	49.3%

OPERATIONS EXPENDITURES

December 31, 2018

	Year to Date	Prior Year to Date	Changes to Budget	Budget	% of Total Budget
Salaries and Wages	8,852,787	8,261,125		17,788,385	49.8%
Temporary Help	2,090			15,000	13.9%
Fringe Benefits	3,089,038	2,975,152		6,068,945	50.9%
Contracted Employees	30,330	46,437		85,000	35.7%
Salaries and Benefits Total	11,974,244	11,822,715		23,957,331	50.0%

	Year to Date	Prior Year to Date	Changes to Budget	Budget	% of Total Budget
Facilities Rent	915,898	837,626		1,875,000	48.8%
Facilities Maintenance	319,513	376,757		516,000	61.9%
Information Technology	806,231	466,896		1,623,001	49.7%
General Office Expense	90,637	279,899		413,861	21.9%
Operating Expenses	215,113	205,288		414,300	51.9%
Equipment	73,710	209,349		230,000	32.0%
Professional Expenses	260,338	238,177		683,258	38.1%
Office Expenses	62,241	70,572		184,500	33.7%
Travel and Training Expenses	216,661	249,040		431,100	50.3%
Foster Grandparent/Senior Companion Expenses	214,179	217,229		451,782	47.4%
CPP Expense	9,546	132,320		264,832	3.6%
Total Operating Expenses	15,158,311	14,565,868		31,044,965	48.8%

Operating Expenses: Telephone, Utilities

Equipment: Equipment Purchases, Equipment Contract Leases

Professional Expenses: Accounting Fees, Advertising, ARCA Dues, Bank Fees, Consultants, Insurance, Interest, Legal Fees, Fees, Licenses and Miscellaneous

Office Expenses: Consumer Medical Record Fees, Postage and Shipping, Printing

Travel and Training Expenses: Board of Director Expense, Travel Admin, Travel Consumer Services

Number of Months Claimed:	6
Date of POS Payments Cut-Off:	January 18, 2019

REPORT DATE: February 10, 2019 = 1

VALLEY MOUNTAIN REGIONAL CENTER
POS EXPENDITURE PROJECTION (PEP) SUMMARY
2018-2019

Actual Expenditures through December 2018

	CURRENT MONTH		PRIOR MONTH		CHANGES	
	High Estimate	Low Estimate	High Estimate	Low Estimate	High Estimate	Low Estimate
NON-CPP EXPENDITURES						
Estimated Cost of Current Services	\$203,740,606	\$203,740,606	\$208,281,615	\$208,281,615	(4,541,008)	(4,541,008)
Estimated Growth	\$1,946,552	\$1,761,166	\$2,531,185	\$2,290,120	(584,633)	(528,954)
Other Items may include, but are not limited to:						
1. Adjustment for SSI CCF Rate					N/A	N/A
2. One time adjustment of base					N/A	N/A
3. Deduct estimated receipts from ICFs for SPA services.	-2,000,000	-2,000,000	-2,000,000	-2,000,000	0	0
4. SSI/SSP Restoration <Not Yet Paid>					N/A	N/A
5.					N/A	N/A
6.					N/A	N/A
7.					0	0
8.					0	0
9.					0	0
10.					0	0
TOTAL ESTIMATED EXPENDITURES	\$203,687,158	\$203,501,773	\$208,812,800	\$208,571,735	(5,125,642)	(5,069,962)

CPP POS EXPENDITURES

Estimated Cost of Current Services	\$549,892	\$549,892	\$271,808	\$271,808	278,084	278,084
Estimated Growth	\$0	\$0	\$0	\$0	0	0
Other Items: Additional estimated costs not included in the expenditures listed on row 27 and 28. (Current & Projected Costs)						
1.					0	0
2.					0	0
3.					0	0
4.					0	0
5.					0	0
TOTAL ESTIMATED EXPENDITURES	\$549,892	\$549,892	\$271,808	\$271,808	278,084	278,084

**Valley Mountain Regional Center
Finance Committee Meeting Minutes
January 2, 2019**

Present: Elizabeth Victor-Martinez, Treasurer
Tom Bowe , President
Claire Lazaro, Vice President
Margaret Heinz, Secretary
Connie Uychutin, CLASP Representative
Tony Anderson, VMRC Executive Director
Melissa Stiles, VMRC General Ledger Manager

Guest: Chris Varela, Chair, Consumer Services Committee (On the Phone)

Committee actions noted in bold.

Elizabeth Victor-Martinez, Treasurer, brought the meeting to order at 5:32 pm,

1. Review and Approval of the Meeting Agenda:

No Restricted Donations Correction

Action was taken by unanimous consent without objection.

2. Review of December 5, 2018 Meeting Minutes:

Action was taken by unanimous consent without objection.

3. Public Comment:

There was no public comment this month.

4. Fiscal Department Update:

- Acceptance of Contract Status Report through November 2018:

The Contract Status Report shows total income year-to-date \$93,991,048. The total cash and account receivables due to the State as of the end of November is \$85,596,616.

The Contract Status Report shows POS expenditures for the Year-to-date total \$80,696,282, compared to last year's Year-to-date total, of \$74,519,186. The budget amount expended of \$195,298,849 equals 41.3% of the total budget.

Operations expenditures shows salaries and benefits Year-to-date total is \$10,777,582. The prior year-to-date expenditures were \$8,530,786. The budget amount expended of \$31,041,522 equals 45.0% of the total budget. Other general operating expenses including equipment, professional expenses, office expenses and

travel and training, total \$13,541,587 compared to last year's total operating expenses, of \$11,246,204. The budget amount expended of \$31,041,522 equals 43.6% of the total budget.

Action was taken by unanimous consent without objection.

5. Review of Contracts over \$250,000:

Action was taken by unanimous consent without objection to approve the following contract:

Vendor Name	Vendor #	Service Code	Vendor Category	Current Contract	Proposed Contract	Dollar Increase	% Rate Increase	Reasons for Increase
Baby Moves, Inc.	PV1747	116	Early Start Specialized Therapeutic Services	\$200,000	\$409,052	\$209,052	104.53%	104.53% - New program in 2018 consumers in program went from 8 to 63 over the years' time
Synergy Behavior Consultants, Inv. ESAIP	PV1740	48	Client/Parent Support Behavior Intervention Training	\$240,000	\$532,000	\$292,000	121.67%	121.67% New program in 2018 consumers went from 2 to 13
MV Transportation	H29297	875	Transportation	\$5,461,662	\$5,741,212	\$279,550	5.12%	5.12% Increase in number of consumers using service
UCP Stanislaus Central Connections Expanding Horizon	HV0493	55	Community Integration Training Program	\$224,361	\$392,000	\$167,639	74.72%	74.72% Program went from serving 14 to 23 consumers during last year

Contracts with no change from previous year:				
Vendor Name	Vendor #	Service Code	Vendor Category	Current Contract
Choice Harney Home K.G. Harney Creek, Inc.	HV0361	113	Specialized Residential Facility Habilitation	\$803,400
Victor Learning Center Alvarado	S29365	515	Behavior Management Program	\$2,713,546
Victor Learning Center	HV0129	880	Transportation-Additional Component	\$584,878
Community Builders SLS	SV0004	896	Supported Living Services	\$748,938
Community Catalysts of California SLS	S29325	896	Supported Living Services	\$1,800,929
UCP Stanislaus Central Connections	HV0493	55	Community Integration Training Program	\$345,967
UCP Stanislaus SEP-GP	HV0197	950	Supported Employment Group	\$275,000
UCP Stanislaus Expanding Horizons	H44541	510	Adult Development Center	\$393,086
UCP Stanislaus Focal Point	H06972	505	Activity Center	\$576,485

Vendor Name	Vendor #	Service Code	Vendor Category	Current Contract	Proposed Contract	Dollar Increase	% Rate Increase	Reasons for Increase
Service First of Northern CA SLS	S29440	896	Supported Living Service	\$ 750,000	\$ 1,312,654	\$ 562,654	75.02%	rate increase in 7/16 effected only 4 months last year but all 12 months this year; 26.6% increase in the number of consumers; 43.9% in the units provided to each consumer.

Contracts with no change from previous year:				
Vendor Name	Vendor #	Service Code	Vendor Category	Current Contract
Alternative Learning Center SLS Modesto	S29420	896	Supported Living Services	\$ 812,228
Kavere Services SBT Home	HV0250	113	Specialized Residential Facility (Habilitation)	\$ 543,486
Kavere Services Bridgeton	HV0317	113	Specialized Residential Facility (Habilitation)	\$ 988,996
Kavere Services Monique	HV0318	113	Specialized Residential Facility (Habilitation)	\$ 659,331
Kavere Services-Pinetown Crisis Step-Down	HV0473	113	Specialized Residential Facility (Habilitation)	\$ 817,418
Kavere Services-Princeton	HV0450	113	Specialized Residential Facility (Habilitation)	\$ 988,996
Kavere Services-Pine Brook	HV0413	113	Specialized Residential Facility (Habilitation)	\$ 818,160
Kesher House	HV0412	113	Specialized Residential Facility (Habilitation)	\$ 859,089
Service First of N. CA. Option Learning Center	HV0092	55	Community Integration Training Program	\$ 424,876
Villa Teresa Memory Care	HV0441	113	Specialized Residential Facility (Habilitation)	\$ 507,805

OPS Contracts		
Vendor Name	Contract Amount	Contracted Service

Nothing to report

Contract Summary and Board Resolution

Valley Mountain Regional Center's Board of Directors reviewed the above contract on February 25, 2019 and passed the following resolution:

RESOLVED THAT in compliance with VMRC's BOD Contract Policy, the contracts listed below between VMRC and stated vendors were reviewed and approved by the VMRC BOD on February 25, 2019 and Board hereby authorized any Officer of the corporation to execute the Agreement without material changes but otherwise on such terms deemed satisfactory to such Officer.

Baby Moves, Inc.	\$ 409,052
Choice Harney Home K. G. Harney Creek, Inc.	\$ 803,400
Synergy Behavior Consultants, Inv. ESAIP	\$ 532,000
Victor Learning Center Alvarado	\$ 2,713,546
Victor Learning Center	\$ 584,878
Community Builders SLS	\$ 748,938
Community Catalysts of California SLS	\$ 1,800,829
MV Transportation	\$ 5,741,121
UCP Stanislaus Central Connections Expanding Horizon	\$ 392,000
UCP Stanislaus Central Connection	\$ 345,967
UCP Stanislaus SEP-GP	\$ 275,000
UCP Stanislaus Expanding Horizons	\$ 393,086
UCP Stanislaus Focal Point	\$ 576,485

VMRC Board of Directors hereby authorizes and designates any office of VMRC to finalize, execute and deliver the Contract on behalf of VMRC, in such form as VMRC's counsel may advise, and on such further terms and conditions as such Officer may approve. The final terms of the Contract shall be conclusively evidence by the execution of the Contract by such Officer. For purposes of this authorization, and "Officer" means VMRC's Executive Director, Chief Financial Officer and no one else.

Certification by Secretary: I certify that: (1) I am the Secretary of VMRC: (2) the foregoing Resolution is a complete and accurate copy of the Resolution duly adopted by VMRC's Board of Directors; (3) the Resolution is in full force and has not been revoked or changed in any way.

Margaret Heinz, Board Secretary

2/25/2019
Date

6. Executive Session:

7. Next Meeting:

The Finance and Personnel Committee will meet on Wednesday, February 6, 2019 at 5:30pm in the Stockton Office.

The meeting was adjourned at 6:09pm.

Contract Summary and Board Resolution

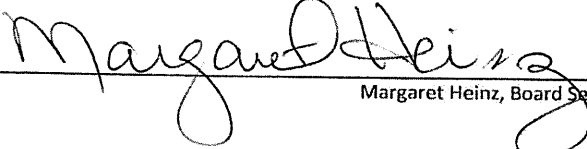
Valley Mountain Regional Center's Board of Directors reviewed the above contract on December 10, 2018 and passed the following resolution:

RESOLVED THAT in compliance with VMRC's BOD Contract Policy, the contracts listed below between VMRC and stated vendors were reviewed and approved by the VMRC BOD on _____ and Board hereby authorized any Officer of the corporation to execute the Agreement without material changes but otherwise on such terms deemed satisfactory to such Officer.

- | | |
|---|---------------|
| 1 Futures Explored | \$ 400,000.00 |
| 2 Creating Behavioral & Ed. Momentum CBEM | \$ 550,000.00 |

VMRC Board of Directors hereby authorizes and designates any office of VMRC to finalize, execute and deliver the Contract on behalf of VMRC, in such form as VMRC's counsel may advise, and on such further terms and conditions as such Officer may approve. The final terms of the Contract shall be conclusively evidence by the execution of the Contract by such Officer. For purposes of this authorization, and "Officer" means VMRC's Executive Director, Chief Financial Officer and no one else.

Certification by Secretary: I certify that: (1) I am the Secretary of VMRC; (2) the foregoing Resolution is a complete and accurate copy of the Resolution duly adopted by VMRC's Board of Directors; (3) the Resolution is in full force and has not been revoked or changed in any way.

	12/10/2018
Margaret Heinz, Board Secretary	Date

Executive Director's Board Report:
Board Meeting Monday February 25, 2019
6:00 pm to 8:00 pm
Valley Mountain Regional Center
Cohen Board Room
702 N. Aurora Street, Stockton

This Director's report includes a collection of the Weekly Directors Travels, relevant correspondence from the Department of Developmental Services (DDS), and the 2018 Year End Report from our Training and Development Work Group.

Our last meeting of the board was on December 10, 2018 and since then many exciting things have happened at Valley Mountain Regional Center (VMRC). A few recent highlights include the following:

- I was recently appointed by the Board of Supervisors in San Joaquin County to serve as a commissioner on the San Joaquin First5 Commission. This appointment will help us in partnering with our community to improve support to our area's children and families.
- We received a Community Development grant from DDS of \$111,000 (renewable over the next three years) to implement our oral health initiative which will provide us with a Dental Coordinator and an Assessment by Doctor Paul Glassman on the viability of creating a virtual dental program in our region.
- We received a Disparities grant from DDS of \$75,000 that will enable us to continue our Cultural Fair which will not only be at the Stockton office but will also include increased participation in local community cultural events in Amador, Calaveras, and Tuolumne Counties.
- We received A Community Placement Plan grant of \$500,000 to develop an Adult Enhanced Behavioral Support Home and another \$500,000 Community Development grant to develop a children's Enhance behavioral Support Home.
- We've been dedicating considerable effort towards planning for the retirement of our long time Clinical Director Mary Sheehan, RN who is a 40 year veteran at our regional center. In working closely with Mary, we have decided that we will recruit for an Assistant Director for clinical services in the new fiscal year who will manage the Early Start Program, Intake Services, and the coordinators of clinical services leaving the Director to supervise the licensed clinicians and the new Assistant Director. The position is an existing position not filled and will be budgeted in the 2019-20 budget year. We just recently announced the Clinical Director position recruitment and we've received several qualified applications.
- We have developed a new position for supporting the board administration that also includes significant increased responsibilities related to managing and leading the organization's communications and public and organizational engagement. Recruitment has just started but the approval is not final until after the board meeting.
- Our upcoming Managers Quarterly Meeting will feature Chris Littlefield talking about the "Art of Acknowledgement" which is an approach to authentic recognition of high performance and quality at work. This training will be followed up with an all staff session later in June or July.

There are many challenges and opportunities ahead for VMRC and our community as well as for the developmental services system as a whole. Below are just a few thoughts of things to think about for the next two months:

The Rate Study and Reform

Our provider community continues to be stretched to their limits and statewide the rate of program closures has begun to increase to alarming rates. As their costs continue to increase and the rates we pay them continue to erode in relative value our ability to access the quality services our consumers need gets even harder. DDS will be having several discussions throughout the state over the upcoming couple of months focused on the rates and hopefully some progress will be made in this area by the end of the current budget year but if not, things will continue to get worse. The turnover rate and continuous loss of quality direct support professionals from our community is the biggest threat to a sustainable service system for our consumers.

Self-Determination

Self-Determination is getting closer to starting up across the state and in our region we are looking forward to offering this approach to service delivery to those selected by DDS and eventually to anyone who wants to try it. While exciting and new, it is also vulnerable to mistakes because of inexperience for all involved and careful successful implementation will be essential for long term success.

Outreach to Communities with Language Barriers

We also continue to reach out through public forums to all parts of our community especially our Hispanic and Asian communities who experience language barriers and continue to try new ways of eliciting their feedback to improve our understanding in how best to support their families.

Improving Our Community Partnerships

We are currently engaged in several partnerships that help us leverage the strengths and resources of others in service to our consumers. In fact we are involved in over 120 internal and community committees all trying to advance or address some issue important to our mission. These include our upcoming Abilities Expo to bring resources and knowledge about adaptive equipment to our consumers with physical disabilities, Transition Fairs in the schools and at the regional center offices to help us get more information to students, teachers, and families about what kind of services they may want to access after high school. Working with our provider community to provide them with quality training and assist them as they develop professional development forums for each other. Partnering with other community initiatives in housing, mental health, and advocacy for our seniors and children, and so much more. Finally we are also helping to promote events such as the Brighter Side of Down syndrome and the Supported Decision-Making forum and other community events that benefit our consumers.

A handwritten signature in dark ink, appearing to read 'Tony Anderson', with a long horizontal flourish extending to the right.

Tony Anderson
Executive Director
Valley Mountain Regional Center

Director's Board Report

December 10, 2018

Weekly Updates: Directors Travels

Department of Developmental Services Correspondence:
October – December 2018



Directors Travels:

Week of December 17, 2018

Monday December 17, 2018

Coalition of Local Area Service Providers, chaired by Corinne Seaton of UCP, will be meeting today in the Cohen Board room. This is a special meeting of the coalition, usually CLASP meets on the fourth Monday of the month but this month they are having a holiday reception and short meeting.

I'll be meeting today with a small team of the senior leadership to discuss the Office of Inspector General's report "[Joint Report: Ensuring Beneficiary Health and Safety in Group Homes Through State Implementation of Comprehensive Compliance Oversight.](#)"

I'll be participating in our annual meeting with Disability Rights California, the agenda includes: Our joint Memorandum of Understanding regarding SIR's, denial of rights process, VMRC POS Meetings, and the [Office of Payee Review and Beneficiary Assistance](#) (OPRABA) program.

Tuesday December 18, 2018

The Senior Leadership Team (Directors and Assistant Directors) will meet to provide status reports from each department. Cindy Strawderman and Angie Shear will provide additional status reports.

Applied Self-Direction will be hosting a free webinar on the [Electronic Verification Visit \(EVV\) Blueprint](#) from 11-12:00 pm. During the webinar they will provide a more in-depth review of the Blueprint and will include time for questions from attendees.

Wednesday December 19, 2018

Monthly one on one supervision and status report meetings with Mary Sheehan (Clinical Director), Claudia Reed (Chief Financial Officer), Bud Mullanix (Director of Human Resources), and Tom Bowe (President of the Board of Directors).

The San Joaquin Behavioral Health board meeting will be from 6:00 - 8:00 pm at Behavioral Health Services, Conference Room B, 1212 N. California Street, Stockton.

Thursday December 20, 2018

The Senior Leadership will be meeting all day to review several proposed changed Valley Mountain Regional Center Administrative Policies and Procedures.

Friday December 21, 2018

The DDS Director's Stakeholders Group on Self-Determination will be meeting from 9-10 am.

I will attend the Lodi PCS Holiday Boutique which will be hosted from 9 am to 12:30 PM at 651 N Cherokee Ln. Suite E Lodi CA 95240.

Last week in review...

Last week the Board of Directors met so there was no need for a weekly Directors Report, which is intended to inform the board of updates and activities of Valley Mountain Regional Center. Below are a few highlights of that week:

Monday December 10, 2018

We held an All Staff Meeting highlighting many initiatives of VMRC and featuring activities from our social committee and a performance by the Stockton Chorale.

Nominating Committee, chaired by Claire Lazaro, Vice President, met to begin its vetting process.

The Board of Directors, chaired by Tom Bowe, President, met and featured presentations from Howard Training Center and Dr. Barbara Johnson, VMRC Psychologist.

Tuesday December 11, 2018

The department heads met and received an update from Anthony Hill, Legal Affairs, on a variety of pending appeals and legal cases.

I met with Barbara Johnson and Mary Sheehan regarding planning for next year's Mental Health Services Act grant to be held in San Joaquin County.

Wednesday December 12, 2018

I attended the Legislative meeting of the Association of Regional Center Agencies chaired by Eric Zigman of Golden Gate Regional Center to review legislation that passed and will impact our community but were not in our bill file. The committee also reviewed the new current bill file.

Attended the Workforce Development workgroup consisting of statewide groups organizing an event in support of the Direct Support Professional workforce.

Thursday December 13, 2018

Participated in the Training and Development Workgroup on the VMRC Onboarding process.

Participated in the Website Development workgroup focused on rolling out the new VMRC website by the first quarter of the new year.

Friday December 14, 2018

I hosted a meeting called Cafecito con el jefe "Coffee with the Boss" organized by Carlos Hernandez, VMRC Cultural Specialist, and discussed a variety of issues from families. It was a productive meeting.

I attended the memorial service of long term regional center Chief Counselor, Doug Cleveland of North Bay Regional Center. He was an important leader in the regional center system for almost 30 years.



Directors Travels:

Week of January 1, 2019

Directors Travels: Week of January 1, 2019

Monday January 1, 2019 - Tuesday January 2, 2019 (Holiday)

Wednesday January 2, 2019

The Valley Mountain Regional Center [Finance Committee](#), Chaired by Treasurer Elizabeth Victor-Martinez, will be meeting at 5:30 pm in the Cohen Board Room. The committee reviews contracts over \$250,000, reviews and discusses the budget status, and recommends acceptance or not for the upcoming board meeting.

The Valley Mountain Regional Center [Executive Committee](#), chaired by President Tom Bowe, will be meeting from 6:00 pm in the Cohen Board Room.

Thursday January 3, 2019

The Senior Leadership Team (Directors and Assistant Directors) will be meeting to review administrative policies and procedures (APs) that have been amended by the subgroups of the Training and Development Workgroup. VMRC is currently in the process of reviewing and updating all the Aps and to eventually get into the schedule of review annually as originally required by policy.

Friday January 4, 2019

This weekend is the deadline for application for students to apply for [2019 Youth Leadership Forum for Students with Disabilities \(YLF\)](#). This year the "YLF program will be held July 15-19, 2019, at California State University, Sacramento. The YLF is a five-day residential self-advocacy and leadership development summer youth program held on a college campus. It is a great opportunity for students who have been identified as potential leaders to participate in leadership development. Please share this information with your network. Students must complete an application, write an essay, and provide letters of recommendation. Students will also be interviewed by a team in their local communities. This is a competitive process and not all students will be selected. We are targeting students who are sophomores and juniors during the 2018-19 school year. However, some seniors will be accepted as well. YLF applications must be completed electronically and emailed to ylf@dor.ca.gov. Again, the deadline to apply has been extended to January 6, 2019." If you have any questions, please contact me at (855) 894-3436 or Daniel.Gounder@dor.ca.gov.



Directors Travels:

Week of January 7, 2019

Directors Travels: Week of January 7, 2019

Monday January 7, 2019

The Legislature reconvenes for the 2019-2020 session and the governor will be inaugurated in Sacramento for the 2019-2022 term.

I'll be participating in Workgroup on Healthcare Coordination and Access with the Department of Developmental Services, the Department of Healthcare Services, and Regional Centers focused on Dental Services. We'll review the Legislative Analyst's Office report, [Improving Access to Dental Services for Individuals With Developmental Disabilities](#) and discuss the increased rates for certain behavioral health services for dental procedures.

The Consumer Services Committee chaired by Chris Valera and vice-chaired by Dena Pfeifer will be meeting at 4 pm in the Cohen Board Room: <https://www.vmrc.net/consumer-services-committee/>

I'll be attending an inaugural event in Sacramento hosted by Politico a nonpartisan news service opening an office in Sacramento.

Tuesday January 8, 2019

The Department Heads will be meeting in the morning to provide status reports and deliberate on policies impacting VMRC. This meeting will also include a status report by Anthony Hill the agency's Legal Affairs Advisor.

The Onboarding Training and Development Workgroup chaired by Enos Edmerson will be meeting today.

Wednesday January 9, 2019

The Coalition of Local Area Service Providers organizing committee for the upcoming conference on service innovations will be meeting in the Director's Conference Room.

Thursday January 10, 2019

The Governor will be revealing his budget for the 2019-2020 budget year.

The Red Cross will be at the Stockton office today to take blood donations from our staff.

I will be going out with one of our quality assurance staff to observe and learn more about how our staff works with our local providers and regulatory entities to ensure quality and safety in our community services.

I'll be meeting with representatives of SAC6 our regional self-advocacy council who provides advice to VMRC and supports other self-advocates in our area.

Our Social Media Team will be meeting to further our work in reputation management and to review the status of our social media engagement with our community.

Friday January 11, 2019

I'll be participating in a statewide organizing committee to host an event for the Direct Support Professionals in California.

The Website Development Committee will be meeting to review the photos for the website which will showcase our local consumers and providers and staff and volunteers.



Directors Travels:

Week of January 14, 2019

Directors Travels: Week of January 14, 2019

Monday January 14, 2019

We sent out the Year-End report of the Training and Development Workgroup. The announcement also included an application to join the initiative for year two and I'll follow this up with a feedback process on our InsidExchange.

I'll be meeting with the leadership of the Coalition of Local Area Service Providers to review provider input, provider development blue print topics, the upcoming conference update, and develop the agenda for the CLASP meeting.

The Website Development committee will be meeting to review photography for the website rollout.

The Self-Determination Advisory Committee chaired by our Vice President Claire Lazaro will be meeting in the Community Training Room from 2 pm to 4 pm.

Tuesday January 15, 2019

The department heads will be meeting to provide status reports and work on issues impacting the organization. This meeting will also include status reports from Cindy Strawderman on HIPAA issues, Angie Sheer on a variety of projects, and Dee Smith on facilities updates on our parking lot security.

Magellan Healthcare will be providing a training on "Coping with Grief" from 1:00 pm to 2:00 pm in our Modesto office. This is a training provided as a service from our Employee Assistance Program and is connected to our Compassionate Care effort at VMRC.

I'll be attending a briefing on the Governor's Proposed Budget provided by the Department of Developmental Services.

Wednesday January 16, 2019

Enos Edmerson and Wilma Murray will be meeting with our partners from education and rehabilitation to review the Local Partnership Agreement progress to increase the employment outcomes for our consumers in our region.

Magellan Healthcare will be providing a training on "Coping with Grief" from 1:30 pm to 2:30 pm in our Stockton office.

The Calaveras Oral Health Task Force will be meeting to review the Community Needs Assessment, Trisha Simmons will be representing VMRC.

I will be in monthly supervision meetings with each of my direct reports (the Clinical Director, Chief Financial Officer, Director of Consumer Services, and the Human Resources Director) receiving detailed personal status updates and preparing for my meeting with the board president Tom Bowe.

I'll be attending the Association of Regional Center Agencies (ARCA) meeting of the new directors of regional centers from 6- 9 pm in Sacramento.

The San Joaquin Behavioral Health Board will be meeting from 6:00-8:00 pm in the Behavioral Health Services Conference Room B, 1212 N. California Street in Stockton.

Thursday January 17, 2019

I'll be attending the Finance Committee of ARCA, chaired by George Steven, executive director of North Los Angeles Regional Center to review the finances of the developmental services system and the association. The meeting will include finance personnel from the Department of Developmental Services.

I'll be attending the Executive Directors committee meeting of ARCA chaired by Larry Landauer executive director of Orange County Regional Center. This meeting will include the Director of the Department of Developmental Services and other senior staff.

I'll be attending the Executive Committee meeting of ARCA chaired by the president, Larry DeBoer of Lanterman Regional Center.

I'll be giving a presentation at the ARCA board delegates meeting chaired by Tom Bowe, VMRC President, on our Valley Mountain Regional Center Social Media initiative.

Friday January 18, 2019

I'll be attending the ARCA Board of Directors meeting in Sacramento chaired by the president, Larry DeBoer of Lanterman Regional Center.

I will be meeting with Tom Bowe, VMRC President, to debrief on the ARCA meetings and to prepare for the February VMRC Board meeting.



Directors Travels:

Week of January 28, 2019

Directors Travels: Week of January 28, 2019

Monday January 28, 2019

The senior leadership will be reviewing the current status of the budget and make mid-year corrections if necessary to successfully stay within the budget. This group meets quarterly.

The Coalition of Local Area Service Providers (CLASP) chaired by Corinne Seaton of UCP San Joaquin, will be meeting from 10 am to 12 noon in the Cohen Board Room. The coalition will discuss or review VMRC staff updates, CLASP representative reports, SCDD updates, membership issues, and a feedback session with the VMRC Contractor Project2 regarding the provider portal. Learn more about [CLASP here](#).

The Board Legislative Committee chaired by Candace Bright will be meeting for their first review of the governor budget. Learn more about the [Legislative Committee here](#).

The CLASP Conference Organizing Committee will be meeting from 2-3:30 pm at VMRC. The committee is organizing a conference in October 2019.

The VMRC website implementation team will be meeting from 3:30 pm to 4:30 pm to review the latest status of the new website.

Tuesday January 29, 2019

The department heads will be meeting from 9 am to 12 noon to provide status reports and work on issues impacting the organization.

I'll be attending the planning meeting for the Stanislaus County Office of Education grant project to increase experience with art for children with special needs.

I'll be attending the Stanislaus County, Modesto City Leadership Group (CARE MDT) meeting that focuses on the needs of some of the most hard to serve clients served simultaneously by various community entities.

Wednesday January 30, 2019

I'll be meeting with a coalition of Spanish speaking parents of our consumers to review the parent survey and the VMRC feedback application to assess whether or not the language in the tools are accessible for people who speak Spanish. We'll also discuss the training development activities.

Nicole Weise, Assistant Director of Community Services QA/Crisis Services/Deflection, has organized a meeting with Olivia Balcao regarding service gaps which might put consumers at risk for institutionalization.

Thursday January 31, 2019

Together with Mayra Garcia and Bud Mullanix, Director of Human Resource we'll be meeting with representatives from LinkedIn regarding their online training programs that we've been reviewing for a few months.

I'll be meeting with some of the SAC6 leadership team as follow-up from our last advisory meeting with the self-advocates and their contract for advocacy services for the Valley Mountain Regional Center.

I'll be attending a collaboration meeting with providers in a project to develop promotional articles about our local developmental services and the achievements of our consumers in our region.

Friday February 1, 2019

I'll be attending a planning meeting with SCDD North Valley Hills Office, the Family Resource Network, Disability Rights California and others as we organize an event of Supported Decision-making.

I'll be participating in the review of photo of VMRC staff, volunteers and consumers and providers for our upcoming new website.

I'll be participating in the Crab Feed fund raiser for the Howard Training Center in Modesto, [learn more here](#).



Directors Travels:

Week of February 4, 2019

February 4, 2019

Monday February 4, 2019

I'll be attending the training and Development Work Group meeting on "Onboarding" chaired by Enos Edmerson. The committee will introduce new members and focus on the policies and procedures important for new employees to understand first.

The Department of Developmental Services, the Department of Health Care Services, and regional center health professionals will be meeting regarding our consumer's challenging health concerns, especially the oral health needs.

I'll be meeting Mayra Garcia and Bud Mullanix, HR Director, to discuss our analysis of the LinkedIn learning resource for management.

I'll be attending the training and Development Work Group meeting on "Technology" co-chaired by Gordon Hofer, IT Director, and Angie Sheer project manager. The committees will strategize the work to be done in phase two.

Tuesday February 5, 2019

I'll be facilitating the weekly meeting of the Senior Leadership (Directors and Assistant Directors) to discuss and/or make decisions on matters that impact all or part of the organization. This meeting will include status updates from our Katina Richison, Special Projects unit and Mara King on the Foster Grandparents and Senior Companion programs.

I'll be attending the Stanislaus County Office of Education eqALLS grant workgroup to advise on the project to increase exposure to art for students with disabilities in the Stanislaus area.

I'll be participating in a meeting with the Colonel of the Tracey Defense Depot, facilitated by Enos Edmerson, Employment Specialist. We'll focus on employment of people with developmental disabilities at the depot.

Wednesday February 6, 2019

I'll be participating with Mayra Garcia and Bud Mullanix in a meeting with the representatives from LinkedIn regarding their online training resource.

Sue Garcia a Grief Support Specialist from hospice will be presenting a one-hour presentation at 1:30 p.m. at the Modesto Valley Mountain Regional Center office in conference room 134.

I'll be meeting with Claudia Reed, Chief Financial Officer, to discuss operational issues.

The Valley Mountain Regional Center (VMRC) Finance committee, chair by Elizabeth Victor-Martinez, Treasurer, will be meeting from 5:30 pm to 6:30 pm in the Cohen Board Room. For details from this committee visit here: <https://www.vmrc.net/finance-committee/>

The VMRC Executive Committee, Chaired by Tom Bowe, President, will be meeting from 6:30 pm to 7:30 pm in the Cohen Board Room. For details from this committee visit here: <https://www.vmrc.net/executive-committee/>

Thursday February 7, 2019

I'll be meeting with a local community organizer, Karym Sanchez to discuss the latest developments in organizing the Hispanic Advocacy Community.

The American Association on Intellectual and Developmental Disabilities (AAIDD) will be hosting a webinar on "Teaching Authentic Cooking Skills to Adults with Intellectual and Developmental Disabilities: Active Engagement". The author, Janice Goldschmidt, will provide a quick overview of the book then launch into a demonstration of how to address the most common issues that arise. To register:

<https://register.gotowebinar.com/register/3593790434343700995>

Sue Garcia a Grief Support Specialist from hospice will be presenting a one-hour presentation at 1:30 p.m. at the Stockton VMRC office in the Cohen Board Room.

Friday February 8, 2019

Angela Njoroge, VMRC Nurse Manager, will be attending the Pelandale Specialty Care Center Ribbon Cutting.

I'll be attending the RAP (Recreation for All People) Valentine's Dance. SAC6 , the VMRC Self-Advocacy contractor, will be announcing the CHOICES Contest winners during that event.



Directors Travels:

Week of February 11, 2019

Monday February 11, 2019

Meeting with Mary Sheehan, Clinical Director, to review a few critical cases of consumers in the hospital.

I'll be meeting with the leadership of the Coalition of Local Area Service Providers (CLASP) to review regional issues impacting providers and to develop the agenda for the upcoming CLASP membership meeting.

I'll be meeting with Bud Mullanix, Director of Human Resources, to meet with employees regarding the efforts we've made so far to improve the safety and security at Valley Mountain Regional Center.

I'll be participating in the Training and Development Work Group on Regulations, chaired by Tumboura Hill. This committee has completed updates for several policies and procedures related to regulations.

I'll be participating in the Training and Development Work Group on Fiscal Services, chaired by Claudia Reed. This committee is actively working on a document and subsequent training session on "Frequency Asked Questions" regarding the budgeting process in the state.

Tuesday February 12, 2019 - Lincoln's Birthday Holiday (Office will be Closed).

Wednesday February 13, 2019

I'll be participating in the Training and Development Train the Trainers Work Group, chaired by Carrie Murthy. This committee is working on developing resources to help trainers provide interesting quality presentations.

I'll be participating in the Training and Development Work group on the Tools of the Trade. This committee has recently added several new committee members and will be reorganizing the leadership and assigning duties to all the new members.

I'll be meeting with Dena Hernandez, Manager of the State Council on Developmental Disabilities North Valley Hills Office to discuss a variety of projects that we are working on in collaboration (i.e., Self-Determination, Supported Decision Making, Self-Advocacy, and much more).

I'll be attending the monthly meeting with SAC6 Leadership to review their outcomes under contract for self-advocacy services in our region. We're currently discussing improvements in their administration including a new office site in the Stockton office.

Thursday February 14, 2019 – Valentine's Day

I'll be attending the annual mandatory training on HIPAA (Health Insurance Portability and Accountability Act) to review the laws and best practices to secure the sensitive health information of our consumers.

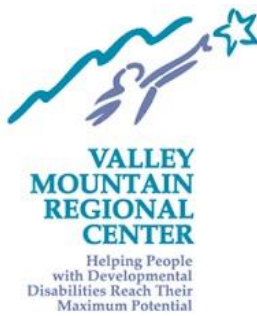
I'll be attending a meeting at Lodi Unified School District to discuss our Local Partnership Agreement with Kristin Wright, Director of Department of Education Division of Special Education, and Tanya Lieberman, Chief Consultant to the Assembly Education Committee.

I'll be attending the Association of Regional Center Agencies Legislative Committee, chaired by Eric Zigman, Director of the Golden Gate Regional Center, to review the bills that have been introduced in the legislature and our positions for the year.

Together with Cindy Mix, Director of Consumer Services, we will be meeting with a family who would like to discuss the services they receive at VMRC.

Friday February 15, 2019

I'll be attending the stakeholder meeting with the Department of Developmental Services and community advocates on Self-Determination to review the latest developments as we get closer to starting this statewide program.



Directors Travels:

Week of February 18, 2019

Monday February 18, 2019 - Presidents Day Holiday

Updated the website for the upcoming Board of Directors meeting for February 25, 2019

Tuesday February 19, 2019

The Senior Leadership (Directors and Assistant Directors) will be meeting to discuss and/or make decisions on matters that impact Valley Mountain Regional Center. This meeting will include status updates regarding our HIPAA Compliance and several projects such as our Mobility Project, Learning Management System, and others.

Cindy Mix, Director of Consumer Services, will be meeting with all the program managers to provide organizational updates and engage in case management continuous improvement.

I'll be attending the Stanislaus County Office of Education eqALLS grant workgroup to advise on the project to increase exposure to art for students with disabilities in the Stanislaus area.

Wednesday February 20, 2019

I'll be participating in a meeting with the Department of Developmental Services (DDS) to receive an update on the rate study process and roll out plan.

I'll be participating in a personnel meeting with Bud Mullanix, Director of Human Resources (HR) to discuss recommendations on a personnel process.

I'll be in individual monthly supervision meetings with Mary Sheehan, the Clinical Director, Claudia Reed, Chief Financial Officer, Bud Mullanix, Director of HR, and then Cindy Mix, the Director of Consumer Services. Each hour meeting provides an opportunity to check in on major initiatives of the key divisions of the organization.

I'll be meeting Tom Bowe, VMRC Board president, to provide monthly status updates and preparations for upcoming board of directors activities include next week's full board meeting.

The San Joaquin Behavioral Health Board will be meeting from 6:00-8:00 pm in the Behavioral Health Services Conference Room B, 1212 N. California Street in Stockton.

Thursday February 21, 2019

Tricia Simmons will be representing VMRC at the Calaveras County Oral Health Task Force meeting.

I'll be participating in the VMRC Social Media Team meeting. The team meets monthly to review our social media activity, and further our work on the "Reputation Management/Social Strategy" plan.

Friday February 22, 2019

I'll be meeting with Lani Schiff-Ross, Executive Director of First 5 San Joaquin as part of my orientation as a new commissioner for First 5 San Joaquin.

I'll be attending the Training and Development Work Group meeting on "Communications" chaired by Bud Mullanix, Director of HR. The committees will strategize the committee work to be done in phase two.

I'll be meeting with program managers, Karen Jensen and Liz Diaz, (two of our four certified Person-Centered Thinking trainers) in preparation for an upcoming board training on completing the one page profiles.

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 320, MS 3-9
SACRAMENTO, CA 95814
TTY (916) 654-2054 (For the Hearing Impaired)
(916) 654-1958



January 31, 2019

TO: TONY ANDERSON, EXECUTIVE DIRECTOR
VALLEY MOUNTAIN REGIONAL CENTER (VMRC)

SUBJECT: DISPARITY FUNDS PROGRAM AWARD TO PROMOTE EQUITY
AND REDUCE DISPARITIES IN THE PURCHASE OF SERVICES FOR
PERSONS WITH DEVELOPMENTAL DISABILITIES IN CALIFORNIA

Thank you for submitting your proposal to utilize available funding to reduce disparities in regional center purchase of services, as authorized by Assembly Bill (AB) 107, Chapter 18, Statutes of 2017. The Department of Developmental Services (Department) reviewed proposals based on the Department's Disparity Funds Program Guidelines issued on August 17, 2018, compliance with applicable statute and regulations, statewide and regional needs, and available resources.

The Department approves the following proposed project contingent upon the assurance that funding is used specifically for the designated purpose, and complies with applicable federal and state laws and regulations:

Proposed Project Title	Funding Requested	Deduction(s)	Project Award Amount	Explanation of Deduction(s)
Community Outreach	\$75,000	\$0	\$75,000	No deductions.

Total Approved Funding
\$75,000

“Building Partnerships, Supporting Choices”

Funding is not approved for the following proposed projects:

Proposed Project Title	Funding Requested
Cultural Awareness Staff Training	\$40,000
Cultural Integration Consultant	\$45,000
Multi-Cultural Team – Ongoing Service Coordination	\$399,000
Community Cultural Connections Center	\$75,000

Measuring and Reporting on Project Activities

Your Disparity Funds Program award is contingent on the Department's approval of the qualitative and quantitative measures used to evaluate implementation and outcomes. The Department will provide feedback about the measures within two weeks of the date of this correspondence regarding the measures described in your proposal. Feedback may contain questions or specific requirements for modifying your measures and/or data collection process. If the Department requests any changes to your measures, you will be asked to reply within 10 business days. During your project, the Department may, at any time, request copies of supporting documents, such as pre/posttests and focus group facilitation guides.

As specified in the Disparity Funds Program Guidelines, you must report to the Department on these measures every quarter. Specifically, data from at least one measure is required in each quarterly report to demonstrate progress on project implementation and outcomes. Projects *cannot* defer reporting data measures until completion. The first report, for the period from the start of your project through March 30, 2019, is due April 30, 2019. In addition, pursuant to AB 107, you must provide the Department with a final evaluation report of your project and its effectiveness in reducing regional center purchase of service disparities upon completion of your project. The quarterly reports and the final evaluation report will be in a format determined by the Department.

Tony Anderson, Executive Director
January 31, 2019
Page three

Funding and Claiming

The Disparity Funds Program award amount for new projects and/or to continue previously approved projects will be included in the next contract amendment. Please continue to use the state claim form to delineate funding expended to implement your regional center's projects.

Requesting Amendments of Proposals

Disparity Funds Program award recipients are required to provide the Department with a Change Request Form of any amendments to the approved project activity, including, but not limited to: deviation from the initial intent of the proposed activity, unexpected obstacles or delays in project implementation, or anticipated changes to the original requested funding amount. The Department will review your request(s) and work with you to identify necessary actions to address any modifications. The Department must approve any amendments to projects prior to implementation.

If you have any concerns or disagree with this decision, you may contact me at leeann.christian@dds.ca.gov. Other questions regarding this correspondence should be sent to disparityfundsprogram@dds.ca.gov or you may contact Lucy Tran-Ruelas, Regional Center Branch, at (916) 654-2297. The Department looks forward to assisting you in your efforts to promote equity in the purchase of services and supports for individuals with developmental disabilities.

Sincerely,

Original signed by

LEEANN CHRISTIAN
Deputy Director
Community Services Division

cc: See next page

Tony Anderson, Executive Director
January 31, 2019
Page four

cc: Cindy Mix, Valley Mountain Regional Center
Carlos Hernandez, Valley Mountain Regional Center
Association of Regional Center Agencies
Nancy Bargmann, Department of Developmental Services
John Doyle, Department of Developmental Services
Brian Winfield, Department of Developmental Services
Rapone Anderson, Department of Developmental Services
Sylvia Hoggatt, Department of Developmental Services

“Building Partnerships, Supporting Choices”

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 320, MS 3-9
SACRAMENTO, CA 95814
TTY (916) 654-2054 (For the Hearing Impaired)
(916) 654-1958



January 17, 2019

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: BEHAVIOR MODIFICATION REPORTS

California Code of Regulations, Title 17 section 50823 (enclosed), requires each regional center to prepare and submit a Behavior Modification Review Committee report to the Director of the Department of Developmental Services (Department) by February 15 of each year.

The Behavior Modification Review Committee report is required to include the following:

- Number and type of behavior modification treatment plans approved by the Committee; and,
- Source and type of license held by each facility in which approved treatment plans were implemented.

Please forward your center's 2018 Behavior Modification Review Committee report to the Department by February 15, 2019. If no plans were approved, please notify the Department of this as well.

If you have questions regarding this requirement, please contact Maria Pena, Assistant Chief, Regional Center Operations Section, at (916) 654-2205, or by email, at maria.pena@dds.ca.gov.

Sincerely,

Original signed by

LEEANN CHRISTIAN
Deputy Director
Community Services Division

Enclosure

cc: Regional Center Administrators
Regional Center Chief Counselors
Regional Center Community Services Directors
Brian Winfield, Department of Developmental Services
Patti Mericantante, Department of Developmental Services
Rapone Anderson, Department of Developmental Services

“Building Partnerships, Supporting Choices”

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 320, MS 3-8
SACRAMENTO, CA 95814
TDD 654-2054 (For the Hearing Impaired)
(916) 654-2300



January 28, 2019

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: 2019 INCREASE IN REIMBURSEMENT RATE FOR IN-HOME RESPITE
AGENCY WORKER TRAVEL COSTS

The mileage reimbursement rate for California state employees using their personal vehicle for authorized state business increased from \$.545/mile to \$.58/mile, effective January 1, 2019. The 2019 reimbursement rate can be found at the following link:
<https://www.calhr.ca.gov/employees/Pages/travel-personal-vehicle.aspx>.

This change affects in-home respite agency providers claiming worker travel costs as a supplemental cost in accordance with Welfare & Institutions Code, section 4690.2 (b)(6), "The rate for travel reimbursement methodology may include a supplemental amount of reimbursement for travel costs of respite workers using their private vehicles to and from and between respite sites. The supplemental amount shall be the minimum rate for travel reimbursement for state employees."

If you have any questions regarding the above change, please contact Ann Stigelmayer, Assistant Chief, Rates and Fiscal Support Section, at (916) 654-1608.

Sincerely,

Original signed by

GREG NABONG, Manager
Program Operations Branch

cc: Regional Center Administrators
Regional Center Chief Counselors
Regional Center Community Services Directors
Association of Regional Center Agencies
Brian Winfield, Chief Deputy Director, DDS
Patti Mericantante, Deputy Director, Administration, DDS

"Building Partnerships, Supporting Choices"

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 320, MS 3-9
SACRAMENTO, CA 95814
TTY (916) 654-2054 (For the Hearing Impaired)
(916) 654-1954



December 21, 2018

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: FINANCIAL MANAGEMENT SERVICES

Participants in the Self-Determination Program (SDP) will get support from a person or business to help them pay for services they need. This person or business is called a Financial Management Services provider. The purpose of this correspondence is to explain the roles and requirements for a Financial Management Services provider in the SDP.

What is a Financial Management Services provider?

A Financial Management Services, or FMS, provider plays a key role in supporting people who choose to get their regional center services through the SDP. Everyone in SDP must use an FMS provider to help:

- manage the individual budget and pay for services, including paying employees;
- assist with hiring employees;
- make sure providers are qualified to deliver services; and,
- help providers get a criminal background check, if needed.

The exact duties of the FMS depend on how a participant chooses to arrange for their services. See "Types of Financial Management Services" below for more details.

Why is an FMS required?

State law [Welfare & Institutions Code §4685.8(d)(3)(E)] requires that participants in the SDP use an FMS. An FMS provides support in many ways including, but not limited to, paying service providers, ensuring providers are qualified, ensuring all employer-related labor and tax laws are followed and reporting to the participant and regional center to help inform the budget. The FMS does not control the budget; the FMS supports participants in paying for the services they choose.

"Building Partnerships, Supporting Choices"

Types of FMS

Depending on how services are arranged by a participant, more than one of the models below may be used. For example, a participant may need to buy a device that helps them communicate. They may also need to hire an assistant to help support them at their job. In this example, the FMS would process the payment for the communication device as a “Bill Payer” while also assisting the participant in their role as either a sole or co-employer for the job assistant.

- **FMS as Bill Payer:** (also known as the Fiscal Agent model)
A participant may choose this model of FMS provider when goods or services are purchased from a business. The FMS providing services in this capacity writes checks and pays for goods and services listed in the IPP. No employer/employee relationship exists between the FMS, the service provider, or the participant. The business is responsible to provide the items or workers and the FMS provider writes the check for the goods or services provided. The business maintains the employer/employee relationship with any workers and therefore is responsible for all applicable employment laws and taxes and to obtain appropriate insurances (i.e., worker’s compensation).
- **Participant and FMS as Co-Employer:**
A participant may choose this model if they want to share some of the employer roles and responsibilities with an FMS. While the FMS provider in this model is the employer of record, the participant maintains the ability to hire and terminate employees with input from the FMS provider. The FMS provider maintains the primary employer liability and required insurances. The FMS also assists by verifying provider qualifications and processing payroll.
- **Participant as Sole Employer:** (also known as the Fiscal/Employer Agent)
A participant may choose this model if they want to be the direct employer of those providing services. The FMS providing services in this model assists the participant to abide by all applicable employment laws, verifies provider qualifications and processes payroll. The participant is required to obtain any necessary insurances related to employment (i.e., worker’s compensation).

Regional Center Executive Directors
December 21, 2018
Page three

Selecting a Financial Management Services Provider

All FMS providers are required to be vendored by a regional center (see enclosure for FMS provider requirements.) The regional center will identify FMS providers available in their area. The cost for FMS services are negotiated between the participant and the FMS provider, but may not exceed the maximum rates posted on the Department of Developmental Services' website at: <https://www.dds.ca.gov/SDP/docs/FMSRates.pdf>. The costs for these services are paid from the participant's individual budget; however, the individual budget cannot be increased to cover the cost of the FMS.

If there are any questions regarding this information, please contact sdp@dds.ca.gov.

Sincerely,

Original signed by:

JIM KNIGHT
Assistant Deputy Director
Community Services Division

Enclosure

cc: Regional Center Administrators
Regional Center Chief Counselors
Regional Center Community Services Directors
Association of Regional Center Agencies
State Council on Developmental Disabilities

Enclosure

Financial Management Services Provider Requirements

In order to provide Financial Management Services (FMS), an FMS provider must:

1. Be vendored by a regional center in accordance with general vendorization processes and requirements. Separate vendorization is not required in each regional center catchment area for FMS providers. However, when the FMS provides services in a catchment area other than the vendoring regional center, the FMS provider must submit to the user regional center copies of the vendorization documents approved by the vendoring regional center.
2. Meet the applicable requirements in Sections 58884, 58886, and 58887 of Title 17 of the California Code of Regulations (see below).
3. File a bond with the vendoring regional center, issued by a surety company to the State of California as principal, in an amount that is no less than 20 percent of the total of all individual budgets for participants served by the FMS. The bond shall be reviewed and/or renewed annually or more frequently as necessary to ensure that the minimum threshold is maintained. This requirement only applies if the total of all individual budgets for participants served by the FMS during a state fiscal year is expected to be five hundred thousand dollars (\$500,000) or more.
4. Invoice and receive payments from regional centers no more than two times per month, on regularly scheduled dates each month.
5. Make purchases/submit invoices for only those services and supports identified in the participant's individual program plan and individual budget.
6. Provide monthly statements to the participant and regional center that include:
 - a. The amount of funds allocated by budget category;
 - b. The amount spent in the previous 30 days; and,
 - c. The amount of funds remaining in the individual budget.
7. When applicable, assist in verifying that service providers meet requirements (e.g., license, certification, education, experience) for the service they will provide.
8. Verify individuals providing direct personal care to the participant obtain a background check and receive clearance prior to providing services.
9. Verify that providers are not "Excluded Individuals", defined as those that have been placed on either the U.S. Department of Health and Human Services Office of Inspectors' General (OIG) List of Excluded Individuals/Entities or the Department of Health Care Services (DHCS) Medi-Cal Suspended and Ineligible Provider List of persons, or individuals and entities that have been convicted of a criminal offense related to involvement in any program under Medicare, Medicaid or the Title XX services program, or meet the criteria included in Title 17, Section 54311(a)(6).
10. Verify the completion of the assessment process to ensure that services are provided in settings that meet the Home and Community-Based Services' settings requirements. This applies to services provided in settings:
 - a. That are designed primarily or exclusively for the provision of services to people with developmental disabilities, or
 - b. Where individuals with developmental disabilities are grouped or clustered for the purpose of providing services.

Enclosure

Financial Management Services Provider Requirements (continued)

11. Comply with all vendor requirements outlined in Section 54327 of Title 17, including reporting to the regional center any special incidents, as defined in this section that the FMS has knowledge of or that has been reported to the FMS by the participant, a service provider, or other person.
12. Agree to accept a monthly rate for each participant that does not exceed the rate schedule published on the Department's website at:
<https://www.dds.ca.gov/SDP/docs/FMSRates.pdf>.

Title 17, California Code of Regulations Applicable to Financial Management Service Providers in the Self-Determination Program

§58884. Definitions

(2) Co-Employer means the adult consumer or family member who manages employees that provide specified Participant-Directed Services and who works with the Financial Management Service Co-Employer. The Co-Employer makes recommendations to the Financial Management Services Co-Employer on who to hire to perform a specified Participant-Directed Service.

(3) Employer means the adult consumer or family member who hires and engages an employee or procures an entity to perform a specified Participant-Directed Service.

(4) Financial Management Service Co-Employer (FMS Co-Employer) means a vendored entity that functions with the Co-Employer to hire an employee pursuant to the Co-Employer's recommendation and pays the employee to perform the Participant-Directed Services.

(5) Financial Management Service Fiscal/Employer Agent (FMS F/EA) means the vendored entity that functions as the adult consumer's agent or family member's agent in performing payroll duties according to IRS regulations, processing payments for the reimbursement of goods and services, and performing other employer responsibilities that are required by federal and state law. Under this arrangement, the adult consumer or family member is the employer.

§58886. General Requirements for Participant-Directed Services

(b) When an adult consumer or family member makes the decision to use Participant-Directed Services, the regional center shall:

(1) Provide information regarding their responsibilities and functions as either the Employer or Co-Employer;

(2) Provide information about the requirements regarding the use of an FMS Co-Employer or FMS F/EA;

Enclosure

Financial Management Services Provider Requirements (continued)

(3) Assist the adult consumer or family member to identify and choose an FMS Co-Employer or FMS F/EA as follows:

(A) An adult consumer or family member who chooses to be the Employer as described in Section 58884(a)(3) shall make use of a FMS F/EA vendor pursuant to Section 58884(a)(5);

(B) An adult consumer or family member who chooses to be a Co-Employer as described in Section 58884(a)(2) shall make use of a FMS Co-Employer pursuant to Section 58884(a)(4); and,

(C) Neither the adult consumer nor the family member shall be the FMS Co-Employer nor the FMS F/EA.

(c) The Employer or Co-Employer duties and authority over workers include, but are not limited to, the following:

(1) Recruits workers;

(2) Verifies worker qualifications;

(3) Specifies additional worker qualifications based on consumer needs and preferences;

(4) Determines worker duties;

(5) Schedules workers;

(6) Orients and instructs workers in duties;

(7) Supervises workers;

(8) Evaluates worker performance; and,

(9) Verifies time worked by employees and approves timesheets.

(d) The Employer or Co-Employer has the following additional responsibilities:

(1) The adult consumer or family member in the capacity as an Employer pursuant to (b)(3)(A) above, has independent authority to:

(A) Hire workers; and,

(B) Terminate workers.

(2) The adult consumer or family member in the capacity as Co-Employer pursuant to (b)(3)(B) above, has authority to make recommendations to the FMS Co-Employer for hiring and terminating workers.

(e) The regional center shall vendor the Employer and Co-Employer in accordance with vendor requirements contained in California Code of Regulations, Title 17, Sections 54310 and 54326.

§58887. Service Components for Participant-Directed Services

(a) The FMS F/EA, pursuant to (b) below, and the FMS Co-Employer, pursuant to (c) below, shall be vendored to provide the following services to support the adult consumer or family member with the employment of workers to carry out authorized Participant-Directed Services:

(1) Collect and process timesheets of workers providing Participant-Directed Services;

Enclosure

Financial Management Services Provider Requirements (continued)

(2) Assist the family member or adult consumer in verifying the worker's eligibility for employment as evidenced by a copy of the social security number or any document pursuant to California Code of Regulations, Title 17, Section 50604(d)(3), if individual worker is used;

(3) Process payroll, withholding, filing and payment of applicable federal, state and local employment related taxes and insurance for authorized Participant-Directed Services;

(4) Track, prepare and distribute monthly expenditure reports to the Employer or Co-Employer and the regional center;

(5) Maintain all source documentation related to the authorized service(s) and expenditures;

(6) Maintain a separate accounting of funds used for each adult consumer or family member Participant-Directed Service; and,

(7) Ensure payments do not exceed the amounts and rates authorized by the regional center subject to the limits of California Code of Regulations, Title 17, Section 58888.

(b) FMS F/EA–Service Code 490.

(1) A regional center shall classify an applicant as an FMS F/EA if the applicant meets vendor requirements described in California Code of Regulations, Title 17, Sections 54310 and 54326, and demonstrates the ability, skills, and knowledge to carry out both the responsibilities in (a) above and the following additional requirements of an FMS F/EA to assist an adult consumer or family member functioning as an Employer:

(A) For the purposes of processing payroll, apply for and obtain authorization under Section 3504 of the Internal Revenue Code to be an agent for each adult consumer or family member that the FMS F/EA represents;

(B) During the period from when the FMS F/EA makes application to the Secretary of the Internal Revenue Service (IRS) until receiving IRS approval, the FMS F/EA shall be responsible for applicable federal, state and local employment-related taxes and insurance; and,

(C) Process payments for reimbursements to entities providing goods and services in accordance with applicable IRS regulations.

(2) The FMS F/EA may process payroll for services provided by individual workers, and reimbursements for services provided by other entities.

(c) FMS Co-Employer–Service Code 491.

(1) A regional center shall classify an applicant as an FMS Co-Employer if the applicant meets vendorization requirements described in California Code of Regulations, Title 17, Section 54310 and demonstrates the ability, skills, and knowledge to carry out both the responsibilities in (a) above and the following additional requirements specific to assisting an adult consumer or family member functioning as a Co-Employer:

(A) Hiring of individual employees who have been selected by the adult consumer or family member to provide Participant-Directed Services;

Enclosure

Financial Management Services Provider Requirements (continued)

(B) Providing other employer-related supports to the Co-Employer as specified in the consumer's IPP.

(2) The FMS Co-Employer shall process payroll for services provided by the employees.

(d) The FMS Co-Employer and the FMS F/EA shall submit billings/invoices to the regional center for reimbursement for expenditures for authorized Participant-Directed Services and meet the requirements of California Code of Regulations, Title 17, Section 50604.

(e) The FMS Co-Employer and the FMS F/EA shall reimburse the worker(s) who provide(s) the authorized Participant-Directed Service(s).

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 320, MS 3-9
SACRAMENTO, CA 95814
TTY (916) 654-2054 (For the Hearing Impaired)
(916) 654-1954



December 21, 2018

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: INDEPENDENT FACILITATORS

Participants in the Self-Determination Program (SDP) may choose someone who helps them implement their program. That person is called an independent facilitator. The purpose of this correspondence is to describe the roles and requirements for paid independent facilitators in the SDP.

Roles of an Independent Facilitator

Independent facilitators, as defined in Welfare & Institutions (W&I) Code §4685.8(c)(2) (see enclosure), are people who are selected and directed by the participant and who are able to provide assistance in the following ways:

- Assisting the individual with making informed decisions regarding their individual budget;
- Locating, accessing and coordinating services and supports consistent with the participant's Individual Program Plan (IPP);
- Identifying immediate and long-term needs and developing options to meet those needs;
- Leading, participating, and/or advocating on behalf of participants in the person-centered planning process and development of the IPP; and,
- Obtaining identified services and supports.

Requirements of Paid Independent Facilitator(s)

An individual who serves as an independent facilitator is required to receive training, at his or her own cost, in:

- The principles of self-determination;
- The person-centered planning process; and,
- The other responsibilities described above under "Roles of an Independent Facilitator".

"Building Partnerships, Supporting Choices"

Participants and their financial management service providers will verify that the prospective independent facilitator has met the training requirements, outlined above.

The following individuals may not act as paid independent facilitators:

- A person who is providing other services to the participant pursuant to his or her IPP;
- A person employed by a person/agency providing services to the participant;
- The parent of a minor participant; or,
- The spouse of a participant.

Selecting an Independent Facilitator

If an SDP participant chooses to hire one or more independent facilitators, the costs for those services are negotiated between the independent facilitator and the participant, and are paid from the participant's individual budget. Participants decide what services they need from a facilitator and may choose to have more than one facilitator that fulfill different roles. The individual's budget shall not be increased to cover the cost of the independent facilitator(s).

If a participant chooses not to hire an independent facilitator, the participant may use his or her regional center service coordinator to provide the services identified under "Roles of an Independent Facilitator".

Participants should choose an independent facilitator with whom they feel comfortable, and one who understands their needs and knows their community. Although certification of independent facilitators is not required, some training providers may issue a certificate or something similar to those who complete training. This may help participants in verifying the extent of training received by the facilitator. Sample interview questions provided during SDP orientation may be used by participants to help in choosing an independent facilitator.

Regional Center Executive Directors
December 21, 2018
Page three

If there are any questions regarding this information, please contact sdp@dds.ca.gov.

Sincerely,

Original signed by:

JIM KNIGHT
Assistant Deputy Director
Community Services Division

Enclosure

cc: Regional Center Administrators
Regional Center Chief Counselors
Regional Center Community Services Directors
Association of Regional Center Agencies
State Council on Developmental Disabilities

Enclosure

Independent Facilitator from Welfare & Institutions (W&I) Code

§4685.8(c)(2) "Independent facilitator" means a person selected and directed by the participant who is not otherwise providing services to the participant pursuant to his or her IPP, and is not employed by a person providing services to the participant. The independent facilitator may assist the participant in making informed decisions about the individual budget, and in locating, accessing, and coordinating services and supports consistent with the participant's IPP. He or she is available to assist in identifying immediate and long-term needs, developing options to meet those needs, leading, participating, or advocating on behalf of the participant in the person-centered planning process and development of the IPP, and obtaining identified services and supports. The cost of the independent facilitator, if any, shall be paid by the participant out of his or her individual budget. An independent facilitator shall receive training in the principles of self-determination, the person-centered planning process, and the other responsibilities described in this paragraph at his or her own cost.

§4685.8(d)(3)(F) The participant may utilize the services of an independent facilitator of his or her own choosing for the purpose of providing services and functions as described in paragraph (2) of subdivision (c). If the participant elects not to use an independent facilitator, he or she may use his or her regional center service coordinator to provide the services and functions described in paragraph (2) of subdivision (c).

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 320, MS 3-8
SACRAMENTO, CA 95814
TTY (916) 654-2054 (For the Hearing Impaired)
(916) 654-1954



January 11, 2019

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: SELF-DETERMINATION PROGRAM: INDIVIDUAL BUDGET
DEVELOPMENT AND SPENDING PLAN

In alignment with the key principles of the Self-Determination Program (SDP), participants have the authority to control a certain amount of money to purchase needed services and supports. This amount of money is called an individual budget. The purpose of this correspondence is to provide the requirements for determining the amount of the individual budget and how this amount can be used. Applicable excerpts from the Welfare & Institutions (W&I) Code are enclosed (See Enclosure 1).

Definition of Terms

The following terms are used in this correspondence:

- **Individual budget** – This is the total amount of regional center funds available to the SDP participant each year.
- **Spending plan** – This plan details how the available funds will be used to purchase services and supports necessary to implement the Individual Program Plan (IPP).

Determining the individual budget amount

The individual budget amount is determined in one of the following ways.

1. **For participants who currently receive regional center services** – The individual budget amount is based on the prior 12 months of all regional center expenditures used to purchase services in the IPP. This amount shall be calculated with the most recent 12 months of data.

This amount can be adjusted only if both of the following occur:

“Building Partnerships, Supporting Choices”

- The IPP team determines an adjustment to this amount is necessary due to a change in the participant's needs, circumstances or resources, or the team identifies prior needs or resources unaddressed in the IPP that would have resulted in an increase or decrease in the amount of regional center expenditures. Examples of when an adjustment to the individual budget amount may be necessary include, but are not limited to, recent/pending change in living situation; services received previously that are no longer needed; services included in the IPP were not used due to illness or lack of provider availability, thus no costs were incurred.
- The regional center certifies the expenditures used to calculate the individual budget amount, including any adjustments, would have occurred regardless of the individual's participation in the SDP.

2. **For participants who are either newly eligible for regional center services or who do not have 12 months of regional center purchases**

The individual budget amount is calculated based on the following:

- As required by W&I Code section 4646, the IPP team identifies the services and supports needed by the participant.
- The regional center calculates the annual cost of providing the needed services and supports. This is done by using the average cost paid for each of the identified services and supports and how often the IPP team determines each service or support is needed. The average cost may be adjusted if the regional center determines the participant has unique needs that result in a higher or lower cost. Unique needs may include, but are not limited to, language preference, support for behavioral/medical needs and location of available services.
- The regional center certifies the individual budget amount would have been expended regardless of the individual's participation in the SDP.

The individual budget amount shall not be increased to fund either the independent facilitator or financial management services (FMS). The individual budget amount is calculated no more than once every 12 months unless, as described above, an adjustment is necessary due to a change in an individual's needs, circumstances, or resources and the regional center certifies the expenditures would have occurred regardless of the individual's participation in the SDP.

Spending plan

The IPP team must use a person-centered planning process to develop the IPP which identifies the type and amount of all the needed services and supports to achieve the planned outcomes and ensure the participant's health and safety. After the individual budget amount is determined, the participant must develop a plan to use the available funds to meet their goals and objectives as outlined in their IPP. The spending plan must be attached to the IPP.

The spending plan must identify the cost of each service and support that will be purchased with regional center funds. This includes the cost for FMS, which is a required service for all SDP participants. Participants may require support from others, such as the independent facilitator, to negotiate with providers to determine the cost for each service. In addition to wages, costs for employee benefits and payroll taxes must be included when determining the cost of each service. The total spending plan amount cannot exceed the individual budget amount.

SDP funds can only be used for services that:

- have been approved by the federal Centers for Medicare and Medicaid Services; and,
- are not available through other funding sources (e.g., Medi-Cal, In-Home Supportive Services, schools, etc.).

Spending plan changes

Each service in the spending plan falls into one of three larger budget categories (see Enclosure 2 for the list of services and budget categories as of January 2019). A participant may annually transfer up to 10 percent of the funds originally in any budget category to another budget category or categories without approval from the regional center or IPP team. Transfers exceeding 10 percent of the budget category require approval/agreement from the regional center or IPP team.

Regional Center Executive Directors

Page four

If there are questions about this information, or to request technical assistance, please send an email to sdp@dds.ca.gov.

Sincerely,

JIM KNIGHT
Assistant Deputy Director
Community Services Division

Enclosures

cc: Regional Center Administrators
Regional Center Chief Counselors
Regional Center Community Services Directors
Association of Regional Center Agencies
State Council on Developmental Disabilities

Enclosure 1

Individual Budget from Welfare & Institutions (W&I) Code

§4685.8(c)(3) “Individual budget” means the amount of regional center purchase of service funding available to the participant for the purchase of services and supports necessary to implement the IPP. The individual budget shall be determined using a fair, equitable, and transparent methodology.

§4685.8(c)(6) The Self-Determination Program shall only fund services and supports provided pursuant to this division that the federal Centers for Medicare and Medicaid Services determines are eligible for federal financial participation.

§4685.8(d)(3)(B) The participant shall utilize the services and supports available within the Self-Determination Program only when generic services and supports are not available.

§4685.8(n)(A)(ii)(II) Except as provided in paragraph (4), the IPP team shall determine the initial and any revised individual budget for the participant using the following methodology:

(A)(i) Except as specified in clause (ii), for a participant who is a current consumer of the regional center, his or her individual budget shall be the total amount of the most recently available 12 months of purchase of service expenditures for the participant.

(ii) An adjustment may be made to the amount specified in clause (i) if both of the following occur:

(I) The IPP team determines that an adjustment to this amount is necessary due to a change in the participant’s circumstances, needs, or resources that would result in an increase or decrease in purchase of service expenditures, or the IPP team identifies prior needs or resources that were unaddressed in the IPP, which would have resulted in an increase or decrease in purchase of service expenditures.

(II) The regional center certifies on the individual budget document that regional center expenditures for the individual budget, including any adjustment, would have occurred regardless of the individual’s participation in the Self-Determination Program.

§4685.8(o) Annually, participants may transfer up to 10 percent of the funds originally distributed to any budget category set forth in paragraph (3) of subdivision (n) to another budget category or categories. Transfers in excess of 10 percent of the original amount allocated to any budget category may be made upon the approval of the regional center or the participant’s IPP team.

Enclosure 2

Self-Determination Program Services by Budget Category

Budget Category	Services
Living Arrangement	<ul style="list-style-type: none"> √ Community Living Supports √ Financial Management Services √ Homemaker √ Housing Access Supports √ Live-In Caregiver √ Respite Services
Employment and Community Participation	<ul style="list-style-type: none"> √ Community Integration Supports √ Employment Supports √ Independent Facilitator √ Individual Training and Education √ Non-Medical Transportation √ Participant-Directed Goods and Services √ Prevocational Supports √ Technology √ Transition/Set Up and Expenses
Health and Safety	<ul style="list-style-type: none"> √ Acupuncture Services √ Behavioral Intervention Services √ Chiropractic Services √ Communication Support √ Crisis Intervention and Support √ Dental Services √ Environmental Accessibility Adaptations √ Family/Consumer Training √ Family Support Services √ Home Health Aide √ Lenses and Frames √ Massage Therapy √ Nutritional Consultation √ Occupational Therapy √ Optometric/Optician Services √ Personal Emergency Response Systems √ Physical Therapy √ Psychology Services √ Skilled Nursing √ Specialized Medical Equipment and Supplies √ Speech, Hearing and Language Services √ Training and Counseling Services for Unpaid Caregivers √ Vehicle Modifications and Adaptations

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 320, MS 3-8
SACRAMENTO, CA 95814
TTY (916) 654-2054 (For the Hearing Impaired)
(916) 654-1954



February 13, 2019

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: SELF-DETERMINATION PROGRAM: INITIAL PERSON-CENTERED
PLANNING SERVICES

For Self-Determination Program (SDP) participants, the individual program plan (IPP) must be developed utilizing a person-centered planning process and will include an individual budget [Welfare & Institutions Code §4685.8(k)]. The purpose of this correspondence is to provide information on how regional centers can purchase initial person-centered planning services to assist participants as they transition into the SDP.

A participant may request person-centered planning services, in addition to those provided by the regional center, to assist with the comprehensive planning to inform the development of the IPP. In this instance, regional centers can purchase initial person-centered planning services from:

- vendored providers of person-centered planning services; or
- non-vendored providers who demonstrate they have received training or certification in the person-centered planning/facilitation process. Payment to non-vendored providers are to be made as a "Purchase Reimbursement" (service code 024.)

If you have any questions regarding this correspondence, please contact sdp@dds.ca.gov.

Sincerely,

Original signed by:

JIM KNIGHT
Assistant Deputy Director
Community Services Division

cc: Regional Center Administrators
Regional Center Chief Counselors
Regional Center Community Services Directors
Association of Regional Center Agencies
State Council on Developmental Disabilities
Nancy Bargmann, Director, DDS
Brian Winfield, Chief Deputy Director, DDS
Patti Mericantante, Deputy Director, Administration, DDS

"Building Partnerships, Supporting Choices"

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 240, MS 2-13
SACRAMENTO, CA 95814
TTY (916) 654-2054 (For the Hearing Impaired)
(916) 654-1897



February 14, 2019

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: SELF-DETERMINATION PROGRAM: "TRAIN-THE-TRAINER" FOR
PARTICIPANT ORIENTATION SESSIONS

This correspondence supersedes the Department of Developmental Services' (Department) January 28, 2019, correspondence to Regional Center Executive Directors. The Department has added an additional date and location to the "train-the-trainer" series.

To prepare for the delivery of Self-Determination Program (SDP) Orientation presentations to SDP participants, the Department will conduct a series of "train-the-trainer" sessions for regional center staff and SDP local volunteer advisory committee members. The train-the-trainer session dates and locations are provided below. It is expected that Orientations for participants will begin within 60 days after these training sessions.

The train-the-trainer sessions will provide a foundation to assist with conducting the SDP Orientation sessions. This training includes information that must be incorporated in all Orientations, such as the principles of self-determination, the role of the financial management services provider and independent facilitator, person-centered planning and development of the individual budget. Prior to SDP Orientations, regional centers should work with their local volunteer advisory committees to determine if modifications to the materials are needed from the train-the-trainer sessions.

The train-the-trainer sessions are open to regional center staff and local volunteer advisory committee members. Training dates and locations:

- 1) Alta California Regional Center
2241 Harvard Street, Suite 100
Sacramento, CA 95815
Tuesday, February 19, 2019; 10:00AM – 5:00PM
- 2) San Gabriel/Pomona Regional Center
75 Rancho Camino Drive
Pomona, CA 91766
Monday, February 25, 2019; 9:00AM – 4:00PM

"Building Partnerships, Supporting Choices"

Regional Center Executive Directors
February 14, 2019
Page two

- 3) San Andreas Regional Center
6203 San Ignacio Avenue, Suite 200
San Jose, CA 95119
Friday, March 1, 2019; 9:00AM – 4:00PM
- 4) Central Valley Regional Center
5441 West Cypress Avenue
Visalia, CA 93277
Monday, March 4, 2019; 9:00AM – 4:00PM
- 5) South Central Los Angeles Regional Center
2500 S. Western Avenue
Los Angeles, CA 90018
Friday, March 8, 2019; 9:00AM – 4:00PM
- 6) Redwood Coast Regional Center *NEW*
1116 Airport Park Boulevard
Ukiah, CA 95482
Friday, March 15, 2019; 9:00AM – 4:00PM

Please R.S.V.P. to sdp@dds.ca.gov at least one week prior to the date of the training with the names and email addresses of attendees and the training location. Also, please include any requests for translation. The capacity at each location may require limitations on the number of attendees from each regional center and local volunteer advisory committee, if necessary.

If you have any questions, please email sdp@dds.ca.gov.

Sincerely,

Original signed by:

BRIAN WINFIELD
Chief Deputy Director

cc: Regional Center Administrators
Regional Center Chief Counselors
Regional Center Community Services Directors
Association of Regional Center Agencies
State Council on Developmental Disabilities
Nancy Bargmann, Department of Developmental Services
Patti Mericantante, Department of Developmental Services
Jim Knight, Department of Developmental Services

Valley Mountain Regional Center Training and Development Work Group

Year-End Report 2018

Work Group Chair

Tony Anderson, Executive Director



Sub-Work Group Chairs

Bud Mullanix

Gordon Hofer

Angie Sheer

Tam-me Jackson

Carrie Murthy

Katina Richison

Julie de Diego

Enos Edmerson

Tumboura Hill

Cindy Mix

Claudia Reed

Mary Sheehan

“Train people well enough so they can leave, treat them well enough so they don’t want to.”

Open Letter to Valley Mountain Regional Center Staff:

It is with great pride and excitement that I am able to announce to all the employees at Valley Mountain Regional Center that the Training and Development Work Group has just completed our first phase of work which culminated in the attached Year-End Report for 2018.

Our work-group has dedicated many hours of work to create the agency's Training and Development Plan that will serve as a blue print that we will use to create our continuous professional development infrastructure. Our goal is to design and implement a continuous high quality training program so that our employees are trained and inspired to always give their best in service to people with developmental disabilities and their families and to find new ways to meet the ever changing needs of our community.

Our first step towards this effort was to put out a call for volunteers of dedicated staff who are interested in helping to build an award winning training and staff development program. We then organized an initial group of 30 staff who applied to serve on this workgroup. We have organized our work into 11 sub-work groups focused on:

- 1. Technology/Information Management*
- 2. Training the Trainer*
- 3. On-Boarding*
- 4. Interpersonal/ Professional Communication*
- 5. Regulatory Compliance*
- 6. Community/Vendor Collaboration*
- 7. Tools/ Resources (Tools of the Trade)*
- 8. Management Development*
- 9. Case Management*
- 10. Fiscal*
- 11. Clinical.*

The full group first identified competencies related to each of the 11 above topics and over the span of the years' work these competencies were further fleshed out and expanded based on input from other employees and further research. As the sub-groups made progress and began to design trainings on specific policies and procedures (APs) it became clear to the full workgroup that many of policies and procedures needed to be updated and many would need trainings developed to fully implement these amended APs. The workgroup also realized that the learning Management System was not operational yet and contained content that had not been reviewed. We decided to review all the content in the LMS and remove any courses we felt we not adequate, out of date, inaccurate, or not functional. This year-end report will highlight these activities and some outcomes and provides a foundation for which to build upon a sustainable employment training and development plan for VMRC.

Thank You,

*Tony Anderson
Executive Director
Valley Mountain Regional Center*

Table of Contents

Interpersonal /Professional Communications Workgroup:	5
Competencies	5
Policies and Procedures	6
Technology Workgroup:	8
Competencies	8
Policies and Procedures	9
Onboarding Workgroup:	10
Competencies	10
Onboarding Timeline	11
Train the Trainers Workgroup:	14
Competencies	14
Policies and Procedures	15
Tools of the Trade Workgroup:	16
Competencies	16
Policies and Procedures	17
Regulatory Compliance Workgroup:	18
Competencies	18
Policies and Procedures	19
Management Development Workgroup:	21
Competencies	21
Policies and Procedures	22
Case Management Workgroup:	24
Competencies	24
Policies and Procedures	25
Collaborative Learning Workgroup:	27
Competencies	27
Fiscal Workgroup:	29
Competencies	29
Policies and Procedures	30
Clinical Services Workgroup:	31
Competencies	31

Policies and Procedures	32
Closing Statement:	34

Interpersonal /Professional Communications Workgroup:

Team Members

Bud Mullanix (Chair), Barbara Johnson, Kristin Smith and Chanthou Min

The objective of this team was to improve informal interpersonal communications within our organization and at levels of organization and across all disciplines. In addition the workgroup aims to improve the more formal professional communications skills of our employees with one another and with our partners in the community we serve and work with. Below we list the competencies we believe the organization should train on to achieve this objective and we highlight the policies in the organization that we amended to improve our interpersonal and professional communications. Next we've highlighted a few of the workgroup's achievements in 2018, listed our training products we created, and put together a list of audited course in our current online library of trainings that will soon become available to all staff.

Status and Deliverables

This workgroup has not only developed actual original training content to advance in this area but has also laid the foundation for designing a comprehensive training plan. Our team feels that our efforts in developing these procedures and trainings further added to the development of our management therefore enhancing the skills learned and developed to our staff, consumers and vendors. These are all skills needed not only at VMRC but in our business and personal dealings working with people in general.

Competencies in Interpersonal and Professional Communications Include:

- How to write emails/letters
- Email correspondence
- Team building
- Deep Listening
- How to run effective meetings
- Group Problem Solving Techniques
- Conflict management/resolution
- Strength Base Prospective
- Title 19 notes- what to document
- Respectful and Compassionate Conversations between Management and Staff
- Transcultural Prospective
- Communication at meetings with stakeholders- schools, day programs, etc.
- Using Social Media for strengthening our brand and communicating with our community
- Verbal and Non-Verbal Communication
- Avoiding conflict to sustain effective communication
- Conflicts to good communication: Culture, age, relationships.
- Communication styles
- The message and ways we communicate without words
- Wellness and the ability to self-regulate

Policies and Procedures Developed or Updated:

- Social Media Policy
- Cell Phone policy

Training Classes developed and delivered to all Managers:

- Team Building
- How to run an effective meeting
- Conflict Management and Resolution
- Communication and Collaboration
- How to Write Emails and Business Letters

Training Classes Audited in the Learning Management System

- Leadership Modules: Managing Conflict
- People First Language
- Teams That Work: Building Effective Teams
- Basic Everbridge Sending a Notification
- Leadership Modules: Enhancing Your Listening Skills
- Cultural Competence: Culture and Communication

Training objectives and accomplishments:

- Team building was designed to assist teams into working together, listening and sharing ideas in a positive fashion. To drive the point that multiple minds working together can accomplish much more than one person alone. In addition, how we all think, act, and share ideas differently.
- How to run an effective meeting was developed to assist the managers in planning and having more effective meetings with their teams and obtaining the more effectiveness in the time devoted. To obtain notes, to do lists, decisions made and follow up action items.
- Conflict Management and Resolution was designed to assist the managers in gaining further knowledge pertaining to conflicts that arise in a team and how best to resolve them. Various tools and techniques were taught to further their understanding and to assist them with resolution concepts.
- Communication and Collaboration was an extension of the team building training. Going further in to detail pertaining to listening, having a team communicate together effectively even during times of emotional discussions or disagreements.

Appendix of Attachments

- A. Social Media - Policy
- B. Cell Phone - Policy
- C. Team Building - Training
- D. How to Run an Effective Meeting - Training
- E. Conflict Management and Resolution - Training
- F. Communication and Collaboration - Training
- G. How to write emails and business letters - Training

Technology Workgroup:

Team Members

Gordon Hofer (Co-Chair), Angie Sheer (Co-Chair), Bud Mullanix (Chair), Barbara Johnson, and Chanthou Min

The objective of this workgroup is to focus on the technology we use at Valley Mountain Regional Center to ensure we are using it to its fullest benefit to all staff. We acknowledge that the workload over the years continues to increase but the technology that we use is supposed to help us be more efficient and effective at work. The workgroup on Information Management became known by the members as the "IT" workgroup and was co-chaired by Gordon Hofer our agency's Director of Information Technology and Angie Shear, agency Project Manager. The group was focused on creating learning opportunities for staff emphasizing short format resources that teach staff how to use the technology we all use in our daily work in the most efficient way. With this efficiency in mind, the workgroup audited coursework in the Learning Management System (LMS) and Policies and Procedures it felt was in line with this theme.

Status and Deliverables

One of the products of this group was delivered while working in discovery with the "Tools of the Trade" workgroup. That workgroup was reviewing San Diego Regional Center's search tool they use to find needed documents. The group liked the tool's ability to search more for documents at a deeper level as opposed to just the document title as was our practice. Another product in development is a training on the use of email including short lessons on short cuts, which we are currently testing with various teams in the organization.

Competencies in Interpersonal and Professional Communications Include:

- Information overload
 - Email Efficiency -
 - How to set preferences in Outlook
 - Tips and Tricks to get the Most out of Outlook
 - How to set up rules to manage email
 - Archiving
- Provide video/in person series training on Sandis functions
- Basic, intermediate, advanced IT Classes scheduled throughout the year
- Provide video training on basic functions computer system
- Where everything is
- How to do secure emails
- Who to contact for what resources/information
- Orientation to VMRC's IT Systems (Computers, Thin Clients, Phone...)
- Navigating the VMRC Website and FB for non-technical people
- Time Management using tech tools
- Instant Messaging

Policies and Procedures Developed or Updated:

- Cell Phones
- Network and Computer Use Policy
- Network Backup Procedures

Training Classes developed and delivered to all Managers:

- Team Building
- How to run an effective meeting
- Conflict Management and Resolution
- Communication and Collaboration
- How to Write Emails and Business Letters

Training Classes Audited in the Learning Management System

- Transitioning With Technology-Using Handheld Technology When
- E-Mail Security
- Outlook E-mail to Calendar

Appendix of Attachments

- Cell Phone – Policy
 - Short Cuts in Outlook – Training in Development
-

Onboarding Workgroup:

Team Members

Enos Edmerson Jr. (chair), Tony Anderson, Angelique Shear, Megan Riddle, Janelle VanDyk, Mary Jane Svendsen, and Jason Toepel

The objective of this team is to improve the onboarding process from the date of hire through the first nine months of employment. Our workgroup is working to establish a core set of trainings that will increase the onboarding process effectiveness in accordance with a specific timeline with milestones at one month, three months, six months, and 9 months. Below is listed what we have proposed to implement going forward with regards to the onboarding process. Included is a list of the Learning Management System trainings we have reviewed and Administrative and Procedures we have reviewed and made recommendations.

Status and Deliverables

This workgroup has recommended trainings that will be implemented during the initial employment orientation process. We have proposed a timeline to reference when a new employee should have received specific trainings. It is the intention that a consistent onboarding process received by all employees will improve the overall effectiveness of our organization and improve the quality of services for the individuals and families we serve.

Onboarding Current Process

- New Employee Orientation with Mary Jane
- Paperwork employee profiles and I9's
- Work Badges
- Informational videos for new hires
- Facility Tour
- Team Departments
- Schedules
- Organizing caseloads
- Working in team environment

Policy and Procedures Developed or Updated

- Employee Dress Code
- Access to Information
- Compensatory and Flex Time
- Burglary Alarm System – Modesto
- Burglary Alarm System – San Andreas
- Burglary Alarm System – Stockton

Policy and Procedures Under Review

- Access to Information in Accordance with SB 74
- Conference Room Scheduling

- Equipment Management Guidelines
- Facilities, Use of
- Gifts, Giving & Receiving
- Honoraria, Acceptance of
- Mailing Procedures
- Office / Cubicle Décor
- Personal Posting
- Recording Time Worked
- Rental Car
- Use of Personal Automobile on Agency Business

Training Classes developed and delivered

This is a year two committee focus and we did not develop or present any new content in 2018.

Onboarding Timeline

Training that needs to occur within the first month

- Departments of VMRC and what they do
- Sexual Harassment (short version)
- Wednesday's Touch
- Roles of SSC versus PM ***Maybe Donut Sort***
- Provide video training on purpose of the agency, expectations, goals
- Who to go to for what
- Clinical Information ID, Autism, People and populations ...
- within two weeks a training on expectation with all phone and e-mail communication (Rules and Best practice)
- HIPAA
- Learning & Development Plan discussions upon hiring
- Overview of ID System

Training that needs to occur within the first two months

- How to write documentation
- Introduction to vendors
- T19 training
- CDER training
- Rotations through other departments
- Medicaid Waiver Overview (LMS)
- Services VMRC provides
- terminology and acronyms
- history
- Medic-Alert

Training that needs to occur within the first three months

- Employee Evaluation protocol - teaching new employees what is expected in the evaluation process.
- Provide series of trainings designed to support SC's
- Agency Culture, Ethics, Wellness

- Review statements from Self-Advocates about what is important to the people we serve - ask SAC6 to do a training on self-advocacy
- Person Centered Thinking Training (Or the first possible opportunity it is in your direct office)
- SIR Training
- Medicaid Waiver Part 2 Group Training
- SANDIS Training

Training that needs to occur within the first six months

- Develop something like agency "YouTube" for training
- Medicaid Waiver Training Part 3 (Individual)
- Documentation Writing Training
- Mandated Reporter Training
- Conflict of Interest

Training that needs to occur within the first nine months

- POS Training includes AFPP, FCPP, others

Training Classes Audited in the Learning Management

Completed List

- Work Place Etiquette - Recommended to Hide
- Anti-Harassment for All Staff- Recommended to Hide
- SANDIS-Transportation Service Provider Portal- Recommend to Hide
- SANDIS-Service Coordinator Welcome Screen- SANDIS 7 rollout. Pending
- Defensive Driving - Recommend to Hide
- Be Red Cross Ready: Get a Kit. Make a Plan. Be Informed - Recommend to Hide.
- Workplace Security - Recommend to Hide
- Service Coordinator Orientation - Recommend to Hide and make our own for VMRC. .
- SANDIS-Transportation Service Provider Portal – Recommend Hide
- Outlook E-mail to Calendar
- We're Here to Speak for Justice – recommend assigning to staff
- Developmental Disabilities: 101 Unit 1 – we liked it but it references “mental retardation”
- Ergonomics – recommend hiding
- How Far We've Come – recommend deleting
- What is Collaboration and Why Do We Care – recommend hiding or deleting
- Workplace Etiquette – recommend deleting, and using our code of ethics, Human Resources should design a specific video for us that is up to date.
- Healthy Relationships – “Adobe Flash Warning”
- Introduction to the Regional Center System – the team liked this one but we felt it needed a disclaimer regarding the use of outdated language.

To Be Reviewed

- Anti-Harassment for All Staff
- New Staff Orientation

- Run. Hide. Fight. Surviving an Active Shooter Event
- E-Mail Security
- HIPAA-Privacy of Client Records
- HIPAA-Omnibus Rule 2013
- Privacy and Security Awareness

Training Objectives and accomplishments:

- Onboarding work group has proposed a timeline that specifies when new employees should receive specific trainings.
- Reviewed and made recommendations for LMS trainings and Administrative Procedures.

Appendix of Attachments

- Employee Dress Code - Policy
 - Compensatory and Flex Time – Policy
 - Burglary Alarm System – Modesto
 - Burglary Alarm System – San Andreas
 - Burglary Alarm System – Stockton
-

Train the Trainer Workgroup:

Team Members

Carrie Murthy (chair), Brandy Rogers, Tony Anderson, Shellie Margarite, and Kristin Wood.

Status and Deliverables

The purpose of this subcommittee is focus on topics that help people who provide trainings to improve their quality of instruction and to promote policies that support continuous learning at Valley Mountain Regional Center. This workgroup should be a resource to the other workgroups as they develop targeted training opportunities. One recommendation the workgroup has is to identify each training with a designation of what type of learning modality (i.e., Kinetics, Verbal, Audio, or Visual) is going to be used so the learners can assess the fitness of a training to their learning style. We recommend using the following test for self-assessments on learning modalities:

<http://www.educationplanner.org/students/self-assessments/learning-styles-quiz.shtml>

Policy and Procedures Developed or Updated

- Policy on conferences and workshop attendance
- We need to be able to develop certified trainers for certain topics:
 1. First Aid
 2. Person Centered Thinking
 3. Behavioral Responses (we should connect with a few of our in house expert and outside consultants to develop the training)
 4. Benefits Counseling
 5. Maybe even a trainer on sign language

Competencies in Learning to Improve Training Skills include:

- Designing and organizing professional trainings
- Toastmasters Public Speaking tips
 - Accepting Awards
 - Preparing a Speech
 - Presenting Awards
 - Delivering Technical Briefings
 - Introducing Speakers
 - Speaking to Diverse Audiences
 - Visual Aids and Props
 - Gestures and Body Language
 - Successful Speeches
- Effective TedTalks
 - Unleash the master within.
 - Tell three stories
 - Practice relentlessly
 - Deliver jaw dropping moments
 - Use humor without telling a joke
 - Stick to the 18 minute rule
 - Favor pictures over text

- Stay in your lane
- Teach your audience something new...

Policies and Procedures Developed or Updated:

- Conference & Workshop Attendance (draft).

Training Classes developed and delivered:

- No classes have been developed during the first year.

Training Classes Audited in the Learning Management System

- A Person Centered Approach to Handle Conflict Together - *Good but couldn't access the written materials; no access to the journal.*
- ADEPT 1-Lesson 06: Successful Teaching: Prerequisite Skills - Approved
- Leadership Modules: Enhancing Your Listening Skills
- ADEPT 1-Lesson 08: Successful Teaching: Setting the stage for – *Not recommended for case management. More for ABA tutor type 1:1 training with use of gestural prompts.*
- Cultural Competence: Dimensions of Culture
- Cultural Competence: Understanding Culture – not easy to enroll
- Leadership Style - *fun app that highlights styles of leadership doesn't go very deep but also not too time consuming.*
- Cultural Competence: Culture and Communication – *good.*

Appendix of Attachments

- Conference & Workshop Attendance (policy).

Tools of the Trade Workgroup

Team Members

Katina Richison (co-chair), Julie De Diego (co-chair), and Tony Anderson. Additional assistance provided by Gordon Hofer and John Joyner related to technology related tools.

Status and Deliverables

The purpose for this workgroup is to look for tools most used by employees at Valley Mountain Regional Center (VMRC) and assess whether or not the tools are being used properly and to the best efficiency possible. The co-chairs initially worked with Cindy Strawderman to review the forms process to see what could be done to address some of the complaints employees had related to the use and management of online forms. The workgroup identified the following tasks and recommendations that would help improve efficiency in using the forms:

- Streamline Forms Folder – Katina, Julie and Cindy S. will continue work on the feasibility.
- Update the policy on the Forms.
- Review contents of forms folder and determine next steps
- Create listing of forms that are located in the forms cabinet (not saved electronically) for staff accessibility. Convert any form electronically that can be converted, eliminate any form that can be eliminated.
- Master list and Forms index – how are lists saved i.e. alpha order/form number. The workgroup determined that the numbering system was no longer relevant becomes of today's technology.
- Review the VMRC search function and assess whether or not the San Diego Regional Center (SDRC) Wikipedia system would be a better system for us. After review and testing of the SDRC Wiki we determined that their system was far better than our system and we scheduled a meeting with Gordon Hofer (Director of IT) and John Joyner (IT Contractor). After that consultation we discovered our current search system on the InsidExchange had the capability to serve the same functions but that we had not made it available to the employees. After testing the new functions we made the tool available to all staff using the InsidExchange.

Competencies in Learning How to Use the Tools at VMRC include:

- Getting the most out of SANDIS - How it works including "work arounds"
- Re-design forms folder make user friendly
- Accessing generic resources
- Importance and value of data
- Streamline forms folder
- Develop videos on how to use forms
- CDER/Who does the different updates
- Inside Exchange 7
- Smarter Forms

- Instant Messaging Tools
- Generic Resources
- Lazer Fishe - Training for naming and filing etc. (A&Ps)...

Policies and Procedures Developed or Updated:

- Forms Standardization (drafted)...

Training Classes developed and delivered:

- The workgroup determined that its first training will be on SANDIS 7 to include new features they had difficulty with and eventually figured out and to include features that others had similar experiences with as they learned.

Training Classes Audited in the Learning Management System

- SANDIS-Transportation Multiple Service Requests
- Working with Files in the LMS
- SANDIS-Service Provider Portal - Super User
- Case Documentation - *pretty good, regional center made presentation. Gives general overview of the reports we do very basic.*
- SANDIS-Change of Residence (109)
- SANDIS-Manager View Title 19 ID notes
- SANDIS-Manager Welcome Screen
- SANDIS-Transportation Mobility Training
- SANDIS-Transportation-Contract
- SANDIS-Service Coordinator Welcome Screen
- SANDIS-Title 19 ID notes...

Appendix of Attachments

Regulatory Compliance Workgroup

Team Members

Tumboura Hill (Chair), Patricia Green, Megan Riddle, Jason Toepel, Tony Anderson, Chantou Min, and Antoinette Leonardo.

Status and Deliverables

Concerned that it may be difficult to attract people to trainings on regulations the workgroup initially proposed a day long training event to try and expose participants to as many rules and regulations as possible at once. However, after further discussions and feedback the group determined this to be too long and arduous for learners and agreed to provide several shorter and more focused offerings. We also felt it would be valuable to include the history of the regulations and why they came about to improve the learners experience and content retention.

Competencies in Learning about Our Laws and Regulatory Requirements include:

The workgroup began with conversations around searching for the Administrative Policies and Procedures known as “APs”. After initial research it was determined that all APs were out of date and that they had not been reviewed annually as is the policy of Valley Mountain regional Center. A decision was made early on to assign each of the workgroups a list of APs to at least review and as mentioned in the Tools of the Trade report the search tool was enhanced to improve not only the forms but also the updated APs. Then it was decided to host the new APs on the InsidExchange and to eliminated the older APs from the “P” Drive as each one was updated. Below is the list of other ideas and competencies for the Regulations Workgroup:

- We need a training on admission agreements /placement agreement
- Lanterman Act
- Title 22
- Title 17
- HCBS New Rules
- Lanterman - RC Responsibilities Review Class
- HIPAA - Requests for Information
- ongoing training on changes in regulations
- VMRC Administrative Procedures - 1 hour classes throughout the year focusing on one or two APs at a time
- Notice of Action
- Personnel Policies - Use technology - instant messaging to provide brief and creative reminders to employees related to policies
- Understanding -Interpreting T.22, T.17, and other regulatory documents such as VMRC Placement Agreement
- Lanterman Act Only Guidance on Specific Services
- Understanding the Governing Bodies, Fed, State, ARCA, CCL, DHS, DSS...
- Best practices
- 4514 Confidentiality, and 4655 Medical Consent
- Mandated Reporting Rules
- Alerts and SIRs

Policies and Procedures Developed or Updated:

- Abuse Reporting: Children (renamed) – *completed and approved*
- Abuse Reporting: Dependent Adults (renamed) – *completed and approved*
- Abuse Reporting: Financial (renamed) – *completed and approved*
- Abuse Reporting: Zero Tolerance (renamed) – *completed and approved*
- Consumers, Dangerous or Threatening
- Investigation Procedures
- Relocation of Consumers Residing in Licensed Facilities
- Residential Placement Procedures
- Conflict of Interest, Disclosure Requirements
- Public Disclosures
- Records Retention and Destruction
- Special Incident Reporting
- HIV Test Results, Confidentiality
- Protecting Privacy
- Whistleblower Policy
- Conflict of Interest, Standards for VMRC Employees
- Conflict of Interest, Submission of Waiver Requests
- Conflict of Interest, VMRC Board Members
- Securing Confidential Information & Data
- Securing Confidential Information & Data...

Training Classes developed and delivered:

The Quality Assurance unit developed and delivered a summer training session on Person Incidental Income, Technical Assistance, and Special Incident Reporting. The unit will be announcing and scheduling trainings for the beginning of 2019.

Training Classes Audited in the Learning Management System

The committee identified the below trainings in the LMS that we felt would be related to regulations and determined that Cindy Strawderman would be a good addition to this committee to help review all content related to HIPAA regulations. Additional courses to be review include:

- HIPAA-Privacy of Client Records
- Workplace Security
- Clear Desk Protecting Information
- Clients Rights (No Audio)
- Due Process and Fair Hearings
- Implementing the Coordinated Care Initiative
- Lanterman Developmental Service Act
- Physically Protecting Information
- HIPAA-Omnibus Rule 2013
- Introduction to the Regional Center System
- Privacy and Security Awareness
- Special Incident and Abuse Reporting

Appendix of Attachments

- Abuse Reporting: Children (renamed) – *completed and approved*
 - Abuse Reporting: Dependent Adults (renamed) – *completed and approved*
 - Abuse Reporting: Financial (renamed) – *completed and approved*
 - Abuse Reporting: Zero Tolerance (renamed) – *completed and approved*
-

Management Development Workgroup

Team Members

Bud Mullanix (chair), Shelli Margarite, Julie de Diego, and Tony Anderson

Status and Deliverables

The purpose of this workgroup is to develop a long term and short term strategy for delivering skill development and other content to managers within Valley Mountain Regional Center (VMRC). In addition the workgroup is focused on improving policies and procedures that are fair and equitable to all staff and that help to increase productivity and efficiency in our working environments.

Competencies in Management and leadership include:

Priority First Steps

- "Managers say the Darnest Things" a series of short videos illustrating things managers should not say to their employees because of legal issues or it's just not helpful.
- How to Effectively Work from Your Home Office
- How to management workers in the field and in their home offices
- Your role as Manager - Also how to help new managers transition into the management role from non-management positions.

Second Tier Training

- Brief classes scheduled throughout the year (10, 15, 30 and 60 minute formats)
- Working through toxic situations and with toxic people
- Employee Rights
- Offer training on soft skills to each team
- Provide management training to develop coaching & team building skills
- How to access employment records
- Performance Management - Evaluations (Bud has a committee working on redesigning this tool now. After complete we can create a training on how to best implement the new tool)
- Provide video trainings on problem solving/communication skills & time management
- Counseling/On the job support - how managers can support their staff
- Situational Leadership
- Provide video/in person training on dealing with difficult people i.e. parents, vendors, etc.
- Coaching for Performance and more - Managers are also leaders mentors and help develop others.
- Understanding the union working environment and the contract
- Steps in assisting people when they move to a different spot in the building (managing people and procedures)
- Emergency preparedness
- Helping staff deal with grief
- Active Shooter Training

- (This committee will interface with the AD Committee and the Safety Committee)
- Team Building for Managers with Managers

Policies and Procedures Developed or Updated:

- Administrative Procedures: Development, Distribution and Maintenance - *approved*
- Alternative Work Schedule - *drafted*
- Bomb Threat
- Separation Procedure
- Telecommuting - *drafted*
- Temporary Employees - Hiring and Monitoring

Training Classes developed and delivered:

Tony Anderson will deliver a series of problem solving sessions for managers in 2019. The sessions will be once a week for a month with the dual intention of teaching problem solving technics for groups and gathering solutions to real issues faced by managers at VMRC.

Training Classes Audited in the Learning Management System

- Bottom Dollar - *This is a well done training but it doesn't work on my desktop. I viewed it on my phone and it worked perfectly. It is definitely a one sided presentation of the issue.*
- Cultural and Linguistic Competence-Board of Directors - *Keep. This is a training for the board. It is professionally developed. Timely. Relevant.*
- Leadership 2017 – *cannot find this at all.*
- Leadership Modules: Leading by Motivating Others - *Good; references to personality profile assessments; test at the end*
- Leadership Modules: Leading Through Collaborative Communication - *excellent training -tony. Good; references to socializing to build a solid team and team building.*
- Leadership Modules: Time Management - *keep*
- Leadership Modules: Why Coach? - *No. Hide this the material is too old.*
- NVRA Training for County Elections Officials
- NVRA-Video
- NVRA-Video
- Organizational Change from Facility-Based to Community-Based - *Keep. It's still timely and important. Recommended for Case managers and Program Managers and others who work on Employment Issues.*
- Professional Leadership Development for Managers
- Relationships and Networking with Business
- Risk Management
- Teams That Work: Leading Effective Teams – *recommend deleting.*

Appendix of Attachments

Case Management Workgroup

Team Members

Cindy Mix (chair), EJ, Julie de Diego, Janelle Van Dyk, Tony Anderson, Brandy Rogers, and Justin Schrotenboer.

Status and Deliverables

One focus of the Case Management workgroup is to create a professional training track that mirrors the national competencies for Case Management Social Workers as identified by the National Association of Social Workers and to establish policies for sending Valley Mountain Regional Center Service Coordinators (VMRC SCs) to local, state, and national conferences for the association to enhance their professional skills and increase their investment as professionals in their chosen field.

Competencies in Case Management include:

- Person Centered Thinking as it relates to IPP development - Julie
- Home and Community Based Services - New Rules (A&Ps, and Trainings) - Tony
- conservatorship/supported decision-making, other alternatives (Brandy to check on the A&Ps and see if we have a position statement on conservatorship)

National Social Work: Case Management Standards

- National Social Work CM Standards: Practice Evaluation and Continuous Improvement
- National Social Work CM Standards: Cultural and Linguistic Competence
- National Social Work CM Standards: Ethics and Values (Cindy has a training she does on boundaries)
- National Social Work CM Standards: Record Keeping
- National Social Work CM Standards: Assessment (Person-Centered Planning)
- National Social Work CM Standards: Qualifications (staying current in the best practices of CM acquiring appropriate degrees and on-going certifications))
- National Social Work CM Standards: Workload Sustainability
- National Social Work CM Standards: Service Planning, Implementation, and Monitoring
- National Social Work CM Standards: Knowledge (current theory, research, policy, history, data,
- National Social Work CM Standards: Professional Development and Competence
- National Social Work CM Standards: Advocacy and Leadership (Self-Advocacy and Community Organizing/Development)
- National Social Work CM Standards: Interdisciplinary and Inter-organizational Organizing/Prioritizing/Organizational techniques/Prioritize
- Facilitating effective meetings
- Other departments to do rotations in case management
- Develop video/in person training series
- Documentation requirements

- In-service trainings for de-escalation techniques
- Figure out the 5 most important things and train heavily on those
- Provide consistent case management information in all three offices
- Advocacy
- Certify staff to teach on topics within their teams and outside their teams (A&Ps)
- Know your populations - advanced
- Diagnosis and typical support and other support likely for a diagnosis
- Training for After Hours Responders
- Determine training needs, for SSC/SC's
- Transition issues moving from Pediatric Care to Adult medicine and to aging services

Policies and Procedures Developed or Updated:

- Bed hold Funds, Payment
- Behavior Respite Services
- Case Currency Standards
- Reviews: Semi-Annual, Annual
- Respite Form – *reviewed no update needed.*
- Behavior Management Review Committee ...

Training Classes developed and delivered:

VMRC has dedicated a year of training focused on Person-Centered Thinking and Person-Centered Planning funded by a generous grant from the Department of Developmental Services as a first step in decreasing the disparities in service utilization across various stakeholders and consumers. The contract in the grant included introduction and training of these concept to the entire organization as a way to instill into the organizational culture a continuous improvement process. While it is not only important and mandatory for all Service Coordinators to use and be skilled in the use of Person-Centered Thinking, we felt it was also helpful for our whole organization to be able to “speak the same language” and use these same principles working with each other.

Training Classes Audited in the Learning Management System

- Able Act Program 2017 – *approved good webinar.*
- ADEPT 1-Lesson 02: Understanding Reinforcement– *approved*
- ADEPT 1-Lesson 05: Successful Teaching: Creating a Task Analyses – *approved*
- ADEPT 1-Lesson 07: Successful Teaching: Prompting and Chaining – *approved*
- ARCA-Recommendations for Substantial Disability - *This is a good webinar but there are a lot of interruptions in the beginning of the course and periodic technical problems. Way too long.*
- Behavior Theory
- Behavioral Strategies: 402 Unit 3 -
- Case Examples and Theoretical Models: Overview: 201 Unit 4 -
- Communicating in Challenging Situations When There are Exception
- Community College Accommodation and Technology Services
- Cross Systems Panel

- Cross-Systems Collaboration: 402 Unit 7 -
- Cultural Competence: A 3 Part Series for Service Coordinators
- Dual Diagnosis
- Dual Diagnosis Review: 401 Unit 2 -
- Dummy for SLS Revision – hide.
- Employment and Disability: The History
- Employment First
- Enhanced Case Management
- Forensic Interview
- Functions of Behavior-Why They Do It
- Generic Services: Financial Supports
- Getting Started: The "Plan"
- Intro - Cross-Systems Collaboration
- Introduction: Positive Behavior Strategies
- PART 1, Module 1: Growing Older: Implications for People with
- PART 2, Module 3: Aging in Place
- Person-Centered Career Practices
- Planning for Outcomes
- Safe Driving
- Self-Determination
- Self-Determination: What is it?
- Substances of Abuse
- Supported Decision Making
- Supported Decision Making: An Alternative to Conservatorships
- Supported Decision-Making: 5 Reasons to Re-Think Guardianship
- Supported Decision-Making: Protecting Rights; Ensuring Choices
- Supported Living Services
- Supporting Consumers in Real Work
- Supporting People with Disabilities as They Age
- Tailored Day Services
- The Scope of the Problem and Definitions
- What's Working
- Working with Latino Families
- Working with the Schools: Assisting Families in the IEP Process
- Working with the Schools: Transition IEP
- Thinking Ahead: My Choice, My Way, My Life at the End
- Supported Decision-Making: Overview ...

Appendix of Attachments

Collaborative Learning Workgroup

Team Members

Tam-me Jackson (Chair), Barbara Johnson, Tumboura Hill, Tony Anderson

Status and Deliverables

The charge of the workgroup on Collaborative learning is to assess and explore the training needs of various stakeholders of Valley Mountain Regional Center (VMRC) that are also developments needs for our employees and to recommend topics for joint trainings. To achieve this first phase of assessment this workgroup has decided to analyze the survey the Vendor community did that highlights their training priorities and build this into our plan for 2019. We analyze the survey done by Kinetic Flow to inform our approach with the families and staff and following these analyses we'll create a survey focused specifically on training needs of families and staff and consumers and anything we may be missing regarding providers. Finally we plan to do a review of the health decisions A&P and look at MOUs to assess training needs in the healthcare services, policies, and procedures arena.

Competencies in Collaborative Learning include:

We need a training with school teachers, service coordinators, parents and self-advocates and employment providers on WIOA and the Blue print for Employment of People with IDD. We need a training with providers, Service Coordinators, parents, self-advocates on Supported Decision-making and other alternatives to conservatorship (tie-in with HCBS New Rules). In September every year there is a DSP Appreciation Week. We should organize an event/training during that week to show appreciation of the DSPs in our community

- Health & Safety
- Develop an Advisory Body that is representative of the larger community, the vendor community and RC to advise on building collaborations and trainings
- Exploration of different vendors
- Collaborative training with vendors on autism intervention- especially adults
- Person-Center Planning/Thinking
- Self - Care
- Invite vendors to RC trainings and RC to vendor trainings
- Going out and touring the various vendors/services
- Early start vendors- training regarding evidenced based intervention
- Self-Determination
- Social Justice
- Ask Families and individuals served to help present trainings
- Using Social Media as engagement between VMRC and the community
- Employment issues with consumers and families
- More resources for accessing services in the counties
- Consumers getting sex education in schools or community
- a joint training on sexuality and safe relationship to include families, scs, consumers

- 1st responders trainings - teaching consumers, families, and SCs how to engage with first responders, families
- End of Life - Medical professionals, SCs, families, providers, consumers to learn about End of Life issues focused on preferred quality of life, medical decisions, learn to talk about this sensitive issue, also include conversation for people with fragile health conditions. learn better ways to listen to what people want during these moments of life. It should address grieving and acknowledgement of grief for all
- Substance Abuse issues
- Mental health 1st Aid - MH professionals, Consumers, families, SCs, others - We might want to get some of our folks (especially those with clinical licenses) the certification.
- Conservatorship - learn about conservatorship, the regional center's perspective, and alternatives such as supported decision making, etc.
- First Aid CPR can be jointly attended

Appendix of Attachments

Fiscal Workgroup

Team Members

Claudia Reed, Tumboura Hill, and Tony Anderson

Status and Deliverables

The purpose of this group is to design and deliver training to staff at Valley Mountain Regional Center (VMRC) to help understanding how the budget is determined.

Government Budgets are often referred to as the reflection and explanation of the priorities of society. This group will deliver content so that staff will know the federal, state, and local process for identifying these priorities for their own understanding and more importantly to be able to explain this community stakeholders when the questions arise.

Competencies in Fiscal Services include:

Currently the workgroup is working with DDS to get clarity on how the budget house determines the cuts and or increases for the state and the regional centers. We have created a "Frequently Asked" document and eventually will use this to provide an initial training and we are working on the following topics:

- Understanding the Core Staff Formula
- Diagram how everything is connected and show how the money flows. It could be helpful to each other more as they understand how the money is targeted to different functions in the regional center.
- A&Ps create a policy around efficient use of resources. Write up the rules for awarding the best cost effective idea for saving money.
- There may be opportunities to build community inside the regional center if we all get on board with some of the budget tightening measures (make a computer bank where people can go and work together where the adjustable desks can be placed,
- ABC's of RC budget
- State Budget - where the \$ comes from and our different reporting requirements and auditing standards
- Authorizations - How to set up a POS, and Submit POS.
- Training on fiscal procedures that is more detailed than what is given in orientation.
- What is UFS
- How to do vendorization
- POS Timelines and restrictions
- How CDERs and T.19 affects the budget
- POS Timelines and restrictions
- POS Exceptions
- Retro Rules
- Rollovers
- Vendor Audits
- Time Cards and Payroll

Policies and Procedures Developed or Updated:

- Contract Approval (above \$250,000)
- Inventory Control, Supplies & Equipment
- Mileage Reimbursement Policy
- Purchasing Procedures
- SSI Advance & POS Funding
- Travel Authorization & Reimbursement
- VMRC Property, Replacement of

Appendix of Attachments

Clinical Services Workgroup

Team Members

Kristin Wood, Carrie Murthy, Mary Sheehan, and Tony Anderson

Status and Deliverables

The purpose for the Clinical Services workgroup is to review services provided by our Clinical Services department and to improve the staff understanding of what these services are and how to use them, as well as increase the knowledge of the clinical needs of our consumers and families. The workgroup early on discussed the need to get more information from program manager on how best to deliver this information from these clinical trainings and Mary Sheehan, the Clinical Director agreed to address the program managers during their meeting to ask which works best, the Team Meeting or Quarterly meetings or random offerings, etc.? One huge priority from the experience of the Clinical Director and the Executive Director, as well as from significant feedback from staff and hospital professionals, is the need to have discussions with consumers and families about preferences regarding incapacitated care including end of life planning.

Competencies in Clinical Services include:

One policy and procedure item could include a process or standard for ensuring emergency contact information is current for each person. Additional items and topics include:

- In July - a training for OT Medicare, a training for vendors OT/PT/etc. cross over with the community collaboration workgroup.
- Topical Training throughout the year (like Dr. Popplewell use to do). Mary and Tony will review various webinars that touch on relevant clinical issues and coordinate "brown bag" lunchtime or "coffee klatch" morning sessions.
- Juanita and Mary can put something together to help Service Coordinators in these following areas:
 - What Clinics are available and how they are scheduled
 - DME Referral procedures and timelines
 - Legalities of DME/Home Modifications
 - Pass Through purchases
- Intervention strategies for consumers who have an autism diagnosis (Melissa CAPTAIN leaders can help put on a training in this area)
- End of Life issues - We really need a training on full life planning, how to broach the topic of end of life, logistics, etc. Other groups are also working on this topic.
- Hospital procedures - Doreen and Mary could put a training together to present. Doreen has agreed to do this with us.
- Set up Clinical Consultation Days throughout the month. Survey program Managers to see their opinions on the best way to deliver some of these topics. Direct to the individual units, quarterly meetings, etc. - Tony to survey them
- clinical tips and tricks
- Training from Katie at Disability Rights on insurance regulations for behavioral services and appeal procedures

- Procedures for behavioral services for consumers who are not covered by insurance - we need to delay any rollout of this topic until the rules have been decided by DDS.

Policies and Procedures Developed or Updated:

- Admissions/Discharges of Consumers
- Behavior Instructional Services
- Durable Medical Equipment, Environmental Modifications, Augmented Communication Devices
- Hepatitis B Protocol
- HIV Test Results, Confidentiality
- ICF Psychotherapeutic Medication Approval
- Medical, Dental and Surgical Treatment, Consent
- Medication Monitoring Protocols
- Psychological/Psychiatric Referrals

Training Classes developed and delivered:

Mary Sheehan contracted with the California Compassionate Care Coalition to provide about 80 of our staff to participate in a day long training focused on having discussions of incapacitated care preferences and end of life planning. The contract also includes a review of the policies and procedures we have in place that they could provide expert consultation. Our Human Resource Department also has scheduled for follow-up sessions from our Employee Assistance program explaining advance directives and other end of life care planning as the training emphasized that these conversations are almost impossible to have if the social workers have not explored this themselves on a person level. The organizing group will next organize a community training opportunity to have a community wide conversation.

Another very significant need identified by staff is that of understanding adaptive equipment and helping our community get a better understanding about what available, why it is used, and how to get it. Juanita Leach-Lazer has agreed to head up a planning committee that will deliver an agency Abilities Expo at VMRC for our staff and consumers and families and providers.

Training Classes Audited in the Learning Management System

- Thinking Ahead: My Choice, My Way, My Life at the End
- ADEPT 1-Lesson 03: Using Reinforcement Effectively
- Assessment Principles
- Bringing the Early Signs of Autism Spectrum Disorders into Focus
- Certificate of Excellence in Dual Diagnosis
- Challenges and Barriers in Differential Diagnosis: 201 Unit 1 -
- Challenges to Traditional Therapies
- Changing the Way You Think About Behavior
- Clinical Diagnosis: 201 Unit 0 - Intro -
- Clinical Diagnosis 402 Unit 2 -
- Common Conditions and Pharmacological Guidelines
- Common Diagnoses for the Dually Served: 201 Unit 3 -

- Diabetes
- Diagnosing Autism Spectrum Disorder: DSM-5
- DSM-5 Brief Overview
- Dual Diagnosis: 101 Unit 3 -
- Epilepsy Made Easy
- Excellence Review, Intro - Certificate of : 402 Unit 0 -
- Interventions and Strategies
- Intro - Therapy Overview
- Intro Behavioral Strategies
- Mental Health Disorders
- Mental Illness
- Most Common Theoretical Approached
- PART 1, Module 2: Alzheimer's and Other Dementias: Functional and
- PART 2, Module 1: Growing Older: Implications for People with
- PART 2, Module 2: Alzheimer's and Other Dementias: Functional and
- Psychopharmacology
- Psychopharmacology: 402 Unit 6 -
- Receiving Health Care and Medically Necessary Treatment from
- Referral to Treatment: 301.2 Unit 5 -
- Screening and Assessment
- Successful Teaching, Planning, and Preparation
- The "Other" Dual Diagnosis
- The Other Dual Diagnoses
- Therapeutic Interventions for Adolescents with Autism Spectrum
- Therapies Overview
- Understanding Dual Diagnosis 101 Unit 0 - Intro -
- Understanding Dual Diagnosis: 402 Unit 1 -
- Supported Decision-Making Overview
- Transitioning With Technology-Using Handheld Technology When

Appendix of Attachments

Closing Summary

A thoughtful and robust training and development plan communicates to the employees that Valley Mountain Regional Center is fully committed to them and shows our dedication to their continuous growth and development both personally and professionally. To accomplish our mission at VMRC which is to ensure consumers have the full array of choices to enrich their lives and to make sure our consumers and their families get quality services and supports, we must remain highly skilled and efficient in all our disciplines. This Year-End report 2018 is the foundation for which we plan to build the type of regional center most able to be responsive to our consumers and their families and meet our obligations to the tax players in our local communities, the state of California and the nation.