



**Self-Determination Local Advisory  
Committee Minutes**  
**Online Meeting Through Zoom due to COVID-19**  
**November 10, 2021**  
**6:00pm – 8:00pm**

**Present:**

Sherry Johnson – SD-LAC Co-Chair  
 Terrence Payne – SD-LAC Co-Chair  
 Diana Ugalde – SD-LAC Member  
 Guadalupe Barrera – SD-LAC Member  
 Alberta Moore – SD-LAC Member  
 Armida Ochoa – SD-LAC Member  
 Sangita Prasad – FRC Representative  
 Bhumit Shah – OCRA Representative  
 Jason Francisco – DDS Representative  
 Naomi Hagel – SD Program Manager  
 Odulia Juarez – Program Manager  
 Adriana Colon – Program Manager

**Present:**

Erika Anguiano – Diversity Case Mgmt.  
 Specialist  
 Jenice Turner – Assistant Director  
 Ashton Green – Team Leader  
 Ted Bilboa – Chief of Case Mgmt.  
 Eduardo Kogan – Eng/Span Interpreter  
 Shelley Hash – Eng/Span Interpreter

**Absent:**

Sofia Cervantes – State Council  
 Alnita Dunn – SD-LAC Member  
 Antwan Jones – SD-LAC Member  
 Raul Muñoz – SD-LAC Member  
 Luz Hernandez – SD-LAC Member

**Public in attendance:**

Shelia J. Jones  
 Pia Hernandez  
 Santiago Hernandez  
 Sergio Barrios  
 Rocio Rodriguez  
 Timothy Howell  
 Luz Lopez  
 Sharron Dixon  
 Whitney Williams  
 Wendy Echeverria  
 Tamra Pauly  
 and more

Meeting Start Time: 6:02 pm

**I. Welcome/Introductions/Approval of Meeting Minutes**

- The Co-Chair welcomed the public. The explanation of the Spanish interpretation on Zoom followed. Introductions and roll-calling were brief.
- Ms. Moore made the motion to approve the minutes from July, and Ms. Johnson seconded it. Ms. Johnson made the motion to approve October's minutes; Ms. Moore seconded it. The Committee tabled the minutes from August until the next regular meeting.

**II SCLARC Update on Participants**

Phase	Total Number	Increase From Previous Month
Orientations completed	200	11
Person-Centered Plans completed	71	8
Budget Certified	54	8
Budget Certification in Progress	17	
Spending Plan Completed/Agreed Upon	45	10
Spending Plan in Progress	7	
Receiving services under SDP	42	6

Scheduled to begin services on 12/01/21	5	
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- SCLARC is excited to see that self-advocates and people not in the soft rollout are interested in SDP. Four of the participants scheduled for December are not part of the rollout.
- Two of the five participants scheduled for December are Hispanic, one prefers Spanish, and two self-identify as African-Americans and prefer English.
- SCLARC has four participants in their second year in SDP: their budget is in progress.
  - *Committee Inquiry*: Could it be possible to have a spreadsheet showing the participant numbers from other regional centers?
  - *Staff Response*: DDS is working on it. They have problems getting the data that it's easy to handle and in compliance with the rules.

### III Public Comment

- *Public Comment*: At the last meeting, I learned something new about code 334, which I incorporated into my daughter's spending plan. Thank you for giving us information about SDP.

### IV. Presentation and Question & Answer Session with Interim Self-Determination Program Ombudsperson Katie Hornberger, Esq.

- Ms. Hornberger has devoted her career working with people with intellectual and developmental disabilities. Her work history includes an early intervention teacher, ABA provider, and clients right advocate. Recently, she was the Executive Director for the Office of Clients' Rights.
- The Ombudsperson's role is about improving the Self-Determination Program to be a success.
- Although the Ombudsperson's office is at DDS, it is independent and autonomous. The law established the rights and duties for the office; the DDS Director appoints the Ombudsperson to a four-year term, which may be reappointed. This section of the law is WIC 4685.9 or AB 136.
- Calls to the office are always confidential, so the Ombudsperson needs permission to talk about the individual's situation.

#### Role of the Ombudsperson

- Providing information about SDP and its mechanism
- Assisting consumers and their families solve issues in SDP – miss communication with the regional centers.
- Investigating complaints - it may be individual but may represent a systematic problem. In trying to solve it, the Ombudsperson needs input from people who have experience in different aspects. One approaches a problem from one's perspective and misses things. It's the reason that it's useful to get points of view from knowledgeable people. After hearing this input, the recommendation to make changes to the SDP will follow.
- Reporting to the Legislature – they would be interested in what kind of calls the office receives, recommendation changes about the program to DDS, and the Legislature.

#### Review Activities

- Attending stakeholder meetings to get information about the program – what is happening, what is good, bad, and how it's working
- Sharing information – what is working at other regional centers
- Resolving individual problems
- Investigating systematic matters
- Facilitating improvement of the SDP

### What the Ombudsperson doesn't do

- Deciding disputes – the Ombudsperson is not a judge to solve issues in between parties.
- Overturn a judicial decision or make recommendations to a court
- The Ombudsperson does not represent consumers/families in hearings.

### Measures of success

- To see if the Office is improving the SDP, one will see:
  - The number of people in SDP will increase.
  - The amount of time to enter the Program will decrease.
  - Recommending policy change at the regional centers and DDS will be faster, which will come from people liking SDP and easy access to it.
- All the Office's callers will receive a satisfaction survey. This feedback will be useful to improve the office techniques and reinforce its strengths.

### How to get assistance

- Call 1-877-658-9731
- Email [SDP.Ombudsperson@DDS.ca.gov](mailto:SDP.Ombudsperson@DDS.ca.gov)
- Visit the website at [dds.ca.gov/initiatives/sdp/office-of-the-self-determination-ombudsperson/](https://dds.ca.gov/initiatives/sdp/office-of-the-self-determination-ombudsperson/)  
Here, one can fill out the intake form, which has no required fields, but the services will be better if the user gives more information. This form is also to alert the ombudsperson of something.

- *Staff Comment:* The presentation will be on the SCLARC's website and included as part of the orientation.

- *Committee Inquiry:* May independent facilitators also fill out the intake form?

- *Presenter Response:* Yes, independent facilitators' input is interesting. They can compare working at one regional center versus another. I also need to hear from the regional centers. SDP needs to work for families, regional centers, FMS, and independent facilitators. Thus, we must overcome everyone's barriers.

- *Staff Inquiry:* What are some of the coolest and helpful things that other regional centers are doing to help people progress in the Program that we can shamelessly copy?

- *Presenter Response:* One of the things that I've seen being helpful is to decentralize decision-making. Empower people to take this role.

- For example, at other regional centers, they have one person review all the spending plans. Otherwise, if they have multiple people reviewing this task, the reviewing will be faster so the process.
- Another useful thing is having templates for the spending plans because it makes it easier to read and ask for specific information needed.
- In the pilot, participants' budgets went down over the years. They found other ways of doing things, which is a good thing. Overall, people should start planning their second year a quarter in advance. COVID-19 has been a barrier that prevented us from doing our desires to do.

- *Committee Inquiry:* What will be your target audience when you present the data you collect? Will DDS be influenced by your presentations when writing directives?

- *Presenter Response:* There are two things that can happen. 1) If I hear something that concerns me, I will alert DDS to write directives. And 2) other occasions, I will make recommendations to DDS or legislature to change the law.

- *Committee Inquiry:* How long does it take for DDS to write directives?

- *Presenter Response*: It depends on what it is. One of the things that delay the process is the interpretation of status and regulations. There are also underground regulations, which are rules that haven't gone through the regulatory process. DDS cannot issue directives without looking at these rules. In SDP, they have the statutory ability, but they must avoid underground regulations. Before releasing, they run directives and guidance through the legal department.

- *Committee Inquiry*: You were a strong advocate for Purchase of Services (POS) and against the disparity in traditional services. Unfortunately, we see these two issues in SDP. Will your office focus on these two subjects? Or is it too much of a systematic problem for the office?

- *Presenter Response*: The disparity is institutional racism, and we know where the impact lies on our developmental disability system. The question is why a group is not using a service. When we get the answer, we can find the solution by crafting the service. We need to ensure not to create institutional racism in SDP. Doing things differently for untypical budgets might be a solution.

#### Questions & Answers

- *Public Comment*: As an independent facilitator working with several regional centers, I love the spending plan template from Orange County. It's easy to use, and it comes with different computer programs. I encourage SCLARC to contact Orange County to get it. Second comment, a role of an independent facilitator is crucial and rewarding if both parents work full time. Lastly, there are service codes that I have never heard of in Orange County, but in Los Angeles, they are common. Therefore, I agree when talking about people not knowing about services out there.
- *Public Comment*: Implicit bias training needs to happen. Having a Ph.D. speaker talking and giving information about a theme to a community that is not affected does not work. The way of doing things needs to change because it's not just social injustice, but this impacts our children negatively. Parents could advocate for better services if they had the correct information.
- *Public Inquiry*: Regarding Nancy's comments at the Statewide Advisory Committee, I'd like to hear your thoughts on two things. 1) The social recreation directive is confusing. Is there any comment from you? 2) I hope the new orientation from the DDS would include implicit bias and diversity within the five modules. What are your thoughts on this subject?
- *Presenter Response*: 1) DDS tried to give the regional centers time to submit an outreach plan and updated POS policy. However, more instructions are in need, and better advocacy training for social recreation is needed. An example is a family that has a swimming pool but is afraid of their child drowning. It is not social recreation but a family health and safety issue; thus, it does not qualify for POS. A social recreation would be if the family lives in an apartment building with a pool where all the kids hang out, so swimming lessons will help the child integrate into the living environment. Training on how to identify and express the need would benefit not only families but everyone. It's an issue in traditional services too, some people have been alerted. 2) The creation of the new orientation needs more details.
- *Presenter Comment*: A concern is that we are relying too much on technology. It creates disparity for people who don't have the tools to access the material online.
- *Public Comment*: I enjoy all of your presentations across the board. As an IF, my input is using the service codes as a disparity metric is a bad idea because participants need the flexibility to move funds around and not worry about the 10% rule. Second, I want to mention that Chris Arroyo, from the State Council, does a great job on his presentation series on breaking down the

SD law, showing how to cross-reference and service codes definitions. My third point is that a list of things not covered in SDP is needed. Although the need for certain items or services is well-documented, they cannot be funded. Lastly, we need help and clarification on Medi-Cal denials. Medi-Cal says no, that's it.

- *Public Comment:* Some consumer services are reduced before the annualized budget; thus, the budget is lower.
- *Public Comment:* Sometimes the service codes seem to be a barrier because they don't give the flexibility to tailor services; thus, independent facilitators need to work extra to get the job done. The community needs flexibility and middle ground to work with regional centers to avoid disparity and implicit bias.
- *Presenter Response:* The service cores are fascinating because there is the paper version, a real-life version, and the intended version.
- *Committee Comment:* Hearing about the differences that there are among the regional centers makes me appreciate our regional center. Thank you for your input!
- *Committee Comment:* As an independent facilitator serving the Latino Community, I notice problems with the FMS. There are waiting lists to transition, issues implementing the spending plans, and the service providers not receiving payments. Secondly, some regional centers approve certain items and services, but others don't, no matter the individual's need and desire. How can we reach constancy at the FMS and regional centers?
- *Presenter Response:* The foundation of our system is the determination of individualized needs. Regarding what's not allowable versus what is fundable at another regional center, that would hopefully be clarified on the new spending plan orientation from DDS.

#### **IV. Agenda Items**

- The Committee agreed to skip the December meeting due to the holidays.
- Items for January meeting are:
  - Minutes approval
  - Deep update on the participants
  - Coaching companies update
  - FAQs from DDS brief update

#### **V. Meeting Adjournment**

- The meeting adjourned at 7:58 PM. The Committee thanked Katie Hornberger for her presentation and the public for their input. The next meeting is on January 12 from 6 PM to 8 PM.