

Board of Directors Meeting Agenda November 30, 2021

General Business		
1. Call to Order and Introductions	Action	President Bair
2. Approval/Additions to Agenda	Action	President Bair
3. Review and approve minutes of meeting held October 26, 2021 (Attachment 1)	Action	President Bair
4. Public Input	Info.	Et al
 New Board Member Applicants Tracey Mensch Carlos Isadoro 	Action	President Bair
6. Nomination and Election of Vice President Position	Action	President Bair
Reports		
7. Board President Report	Info.	President Bair
8. Financial Report a. POS Report through September 2021 (Attachment 2) b. OPS Report through September 2021 (Attachment 3)	Info.	Tom Wolfgra
9. Executive Director's Report	Info.	Dr. Gates
10. VAC Report	Info	Shawn White
 11. Staff Report a. Review/Approval of Updated Performance Contract Plan 2022 (Attachment 4) b. Employment First Policy (Attachment 5) c. Review/Approval of Socialization Leisure and Recreation Policy (Attachments 6 and 7) 	Action Action Action	Enrique Roma Enrique Roma Celia Pinal

Meeting Location and Time: Via Zoom Webinar on November 30, 2021 at 6:00 PM

 $\underline{https://us02web.zoom.us/j/83998595045?pwd} = \underline{MEZDbk1mdGFyTTZoQ1Y4bHhKdEJvZz09}$

Webinar ID: 839 9859 5045, Passcode: 611416 Dial-In Number: 1-669-219-2599

> Next Board of Directors Meeting: January 25, 2022 at 6:00 PM

Kern Regional Center (KRC)

3200 N. Sillect Avenue ∞ Bakersfield, CA 93308 ∞ 661-327-8531

Minutes of the Board of Directors Meeting

October 26, 2021, 6:00 – 7:30 p.m. Zoom Webinar

KRC BOARD MEMBERS PRESENT:

Oscar Axume, Board Member
Jasmeet Bains, MD, President
Kevin Gosselin, Treasurer
Ryan Jones, Board Member
NickoleRenee Mensch, Vice President
Donald Tobias, Board Member
Mark Tolentino. Board Member
Simon Verdugo, Board Member
Ruth Watterson, Board Member
Shawn White, VAC Representative

KRC BOARD MEMBERS ABSENT:

Martin Vasquez, Secretary

STAFF PRESENT:

Michi Gates, Executive Director
Joseph Grounds, Emergency Response Coordinator
Kristine Khuu, Assistant Director of Client Services
Kary Morris, Human Resources Manager
Celia Pinal, Director of Client Services
Enrique Roman, Director of Community Services
Tom Wolfgram, CFO

ATTENDEES PRESENT:

John Noriega, Facilitator for Simon Verdugo Edwin Pineda, DDS (Please see attached page for additional attendees)

INTERPRETER:

Nidya Madrigal Navia

BACK-UP INTERPRETER

Marisol Resendiz

CALL TO ORDER

Dr. Jasmeet Bains, President, called the meeting to order at 6:10 PM. A quorum was present.

APPROVAL/ADDITIONS TO AGENDA

One item was changed on the agenda. Item 10, Staff Report, read *Approval of 2022 Performance Contract/CRDP*. Mr. Roman would not be presenting CRDP, so "CRDP" was removed.

President Bains requested a motion to approve the agenda for today's Board of Directors meeting changing Item 10 to read, *Approval of 2022 Performance Contract*.

M/S/C (Mensch, White) Ayes = 10; Nays = 0; Abstained = 0 Motion Carried

The change will be reflected on the finalized agenda.



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REVIEW OF MINUTES OF MEETING HELD SEPTEMBER 28, 2021

All Board Members have reviewed the revisions made to the minutes of the meeting held on September 28, 2021.

President Bains requested a motion to accept the revised meeting minutes of September 28, 2021.

M/S/C: (Watterson/White) Ayes = 10; Nays = 0; Abstained = 0 Motion Carried

KRC BOARD OF DIRECTORS PRESIDENT REPORT

Dr. Jasmeet Bains, President Nothing to report currently.

FINANCIAL REPORT

Tom Wolfgram, Chief Financial Officer

Purchase of Services Report as of August 31, 2021

Total spent on services to clients: \$16,063,469. A copy of the POS Report (Attachment 2) is filed with these minutes as a matter of record.

Operations Report as of August 31, 2021

August Expenditures: \$1,655,921. A copy of the OPS Report (Attachment 3) is filed with these minutes as a matter of record.

EXECUTIVE DIRECTOR'S REPORT

Dr. Michi Gates

Dr. Gates provided updates on COVID-19 and the vaccine. COVID-19 infections among KRC individuals seemed to be declining but went back up the past week from 9 cases to 15. The majority of individuals continue to be those living in the family home. As of October 8th, 629 KRC individuals have been diagnosed with COVID-19 since data was first collected in March of last year. New cases among provider staff have decreased since this past surge with typically four or less new cases being reported per week.

KRC continues to contact individuals monthly to inquire about overall needs, ask about vaccine status and provide support to access vaccines as needed. Currently, 68% of KRC individuals 12 and older indicate they have received one or both shots or have declined the vaccine. 65% are fully vaccinated and 31% have declined to be vaccinated. Compared to statewide data the percentage of KRC individuals who are vaccinated is the same but our individuals are more likely to decline the vaccine.

As reported at our last meeting, all regional center employees are now required to be vaccinated unless they have a medical or religious exemption. KRC has notified our staff of the requirement. Provider staff are also required to be vaccinated. KRC participated in a provider meeting to discuss these requirements and to offer to partner in any way we can with respect to testing options and informational forums.

Dr. Gates is excited about the new initiatives being implemented and new positions being added.



DDS Rate Study, regional centers will need to implement the first rate changes in April and in July there will be outcome based rate adjustments. Rate changes will differ for each provider instead of by service code so it will be a huge lift but these rate adjustments are extremely important for our providers and the quality of the supports they provide to the individuals we serve.

KRC's Deaf Services Coordinator position is posted. This is not a case carrying position but will support our individuals who are deaf and hard of hearing with development of and access to needed resources.

KRC has two positions posted for Participant Choice Coordinators. These positions are also not case carrying. They will support individuals and staff with transitions to the Self-Determination program and also with access to participant choice services.

KRC will soon be posting four positions for Service Coordinators for 1:40 ratio caseloads for individuals who are non-white or non-English speaking and have low, less than \$2,000 or no POS. DDS is working on an implementation plan with a training curriculum and key milestones.

Provisional Eligibility for 3- and 4-year-olds will provide a the ability to support children who may not meet Lanterman eligibility criteria but can be more accurately assessed when they are older.

Social Recreation has been prohibited since the great recession but is now being restored. KRC has a very good policy in place, but a few revisions are being made to make services more accessible to individuals.. This revised policy will be brought to the Board in November. DDS has requested an outreach plan and any necessary policy revisions to be submitted by December 15th.

KRC does not have an Employment First Policy in place yet, however, a draft policy was brought to the Board in February 2021 for review. The policy will be brought back to the Board again in November for a second review and possible approval.

The Performance Improvement Program is a program designed to establish performance measures that result in a high-quality system for our clients. Dr. Gates is a member of a DDS workgroup tasked with discerning what these performance measures might be and ensuring that all plans developed are person-centered and outcome based.

Implicit Bias training will be required for all Regional Centers as one of the initiatives addressing disparity.

Dr. Gates introduced Joseph Grounds, KRC's new Emergency Response Coordinator. This is one of the new positions funded for regional center in the current budget. Mr. Grounds introduced himself and addressed the board.

KRC Audits are in process. The DDS Fiscal Audit continues. The DDS HCBS Review is in November and the DDS Family Home Agency Review is in December.

The DDS Self-Determination Focus Group, of which she is a member, will be meeting on Friday.

NickoleRenee Mensch is ending her term with the Board. She has completed 7 years with the KRC Board of Directors and has been an active, engaged member who has been incredibly valuable to KRC during her tenure. A wonderful documentary, that can be viewed on the KRC website, tells the story of her self-advocacy work. She has served as Vice-President, a Nominating Committee member, and an ARCA Board Delegate. Dr. Gates wished her the best and plans to continue to have interaction with her and benefit from her knowledge! Thank you, NickoleRenee. We hope you will be back after a year off!



VENDOR ADVISORY COMMITTEE

Shawn White, Vendor Advisory Committee Representative

The VAC Committee did not meet today, but a meeting was held on October 19 to discuss some of the concerns of the vendors surrounding the new vaccine mandate and how it might affect vendor staffing and other HR issues. Dr. Gates attended and offered a lot of information that was appreciated.

Because of the short month of November and the Holiday at the end of the month, it was decided to have the VAC meeting on November 16 at 10:00 AM.

CONTRACT PERFORMANCE OBJECTIVES

The Contract Performance Objectives Performance Report for 2020 was brought to the Board by NickoleRenee Mensch. The entire report is attached to these minutes (Attachment 4) as a matter of record and will also be posted on the Kern Regional Center website.

PUBLIC INPUT

(Rigo Lopez) Just wanted to say that Kern Regional Center and the Board all do a great job.

(Daniel Esparza) This is his first time doing this. He got on late and has been participating since the middle of the meeting. He was warmly welcomed by the Board. "NickoleRenee is a good worker and she will be missed." He loves everyone on the Board!

(Grace Huerta) The Performance Contract was difficult to see. She is a parent to an adult client of KRC and works with the Exceptional Family Center. She has a lot of contact with families. With the pandemic, it has been overwhelming for adult clients who have stayed in the home. She is very grateful for PathPoint and they are looking forward to having more adult day programs. Are there plans in the future to open more options for adult clients?

(Dr. Bains) We would love to get those services available if vendors are available to open.

(Dr. Gates) The CRDP (Community Resource Development Plan) was created for developing resources, specifically for those in the community. If we can get input from the community outlining services that they would like to see, as well as unsolicited vendor requests, we can start the processes of getting services in place. Enrique Roman and Karina Proffer, KRC's Cultural Specialist, are also working on what kinds of resources can be developed for areas that don't have many resource options available.

(Enrique Roman) As California goes into the process of complying with HBCS, many site-based programs may "evolve" by changing some of the services that they offer. Types of services may change a bit, offering more and varied programs, and this is exciting.

(Grace Huerta) She noticed that we continue to see an increase in our Hispanic population which is very typical of Kern demographics. Very few of Exceptional Family Hispanic families fully understand the Self-Determination process. Do KRC's numbers reflect Hispanic participation in the Self-Determination Program?

(Dr. Gates) We are tracking the SDP Program on our online Learning Management System in both English and Spanish as well as other places. Anything that KRC can do to partner with Exceptional Families to increase participation will be firmly welcomed and supported. Another positive factor will be the Community Navigator position that should be coming to Exceptional Family Center. This position will be instrumental in communicating services available to our community.

(Kristine Khuu) There was more participation before the pandemic among the Hispanic population, but during the pandemic it decreased. Right now, Kristine estimates a Hispanic participation rate of approximately 15%.



(Celia Pinal) Katie Ramirez, with Ally, has been working with us and is very dedicated to the Hispanic population. She has stressed that the Hispanic understanding of SDP takes time and she works with them on the measures needed for good communication.

(Grace Huerta) Are IPPs and Quarterly Reviews good opportunities to explain SDP to the client and families?

(Celia Pinal) There is a one-sheet informational document that has been given to Program Managers and this handout will be handed out to the families during an IPP. Celia is collaborating on this effort with Ana Leheny and Jennifer Rimer, Assistant Directors in Client Services, who will be working on SDP. The Participant Choice Specialist will be involved in educating families with any participant choices and services available also and we look forward to that person coming on board.

STAFF REPORT

Approval of 2022 Performance Contract – Enrique Roman

Mr. Roman is asking the Board to approve the 2022 Performance Contract outcomes and activities. He explained that the contract is broken down into 2 sections: 1) Public Policy Performance Measures and 2) Compliance Measures. We develop the contract using measures set by DDS, but the community is asked for input and feedback on the development of activity used to meet these measures. We took this plan to the community in September and provided to the Board for their review. Mr. Roman asked for any questions or comments; there were none.

President Bains requested a motion to accept the 2022 Performance Contract and forward the contract to DDS.

M/S/C: (Mensch/Gosselin) Ayes = 10; Nays = 0; Abstained = 0 Motion Carried

The 2022 Performance Contract is attached to these minutes as a matter of record (Attachment 5) and will also be posted on the KRC website.

Some discussion took place about when the Board Meeting could take place in person. The Board felt that inperson meetings should be postponed through the Winter season and to revisit the question next Spring or when there is more of an indication of safety around COVID-19 spread.

ADJOURNMENT

With nothing further to discuss, President Jasmeet Bains adjourned the meeting at 7:05 PM.

The next public meeting will take place on Tuesday, November 30, 2021, at 6:00 p.m.

Minutes respectfully submitted by Darlene Pankey



KERN REGIONAL CENTER PURCHASE OF SERVICE FY 2021-2022 AS OF SEPTEMBER 30, 2021

	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021	January 2022 February 2022	-ebruary 2022	March 2022	April 2022	May 2022	.lune 2022	2021-2022 Total
OUT-OF-HOME												7707 0110	BO
Community Care Facility	4,176,890	4,238,354	4,184,439										12,599,683
ICF/SNF Facility	81,115	84,088	76,317										241,520
TOTAL OUT OF HOME	4,258,005	4,322,442	4,260,756	,	x				(1)	•			12.841.203
DAY PROGRAMS													
Day Care	52,100	53,336	48,635										
Day Training	2,449,868	2,504,580	2,444,683										154,071
Supported Employment	393,336	429,188	326,245										1 148 769
Work Activity Program	5,990	6,152	6,364										18,506
SUBTOTAL DAY PROGRAMS	2,901,294	2,993,256	2,825,927	•		,	,	100	ş				8,720,477
OTHER SERVICES													
Non Medical Services Prof	305,490	267,707	268,012										
Non Medical Services Prog	1,344,333	1,348,164	1,265,709										841,209
Home Care Services Prog	11,631	18,447	18,351										3,958,206
Transportation	445,168	444,449	442,251										45,429
Transportation Contracts	560,663	597,449	563,373										1 721 485
Prevention Services	561,744	578,204	568,044										1 707 992
Other Authorized Services	3,744,705	3,672,076	3,652,380										11,069,161
P & I Expense	8,941	8,803	8,267										26.011
Hospital Care													
Medical Equipment	6,250	6,455	11,653										24,358
Medical Services Prof	172,557	188,786	137,988										499,331
Medical Servces Prog	43,120	48,698	42,129										133,947
Kespite Care - In Home	1,788,782	1,753,319	1,048,426										4,590,527
Respire Care - Out of Home	31,379	18,980	15,734										66'093
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TOTAL OTHER SERVICES	9,024,763	8,951,537	8,042,317	TC.	٠	٠			п				26,018,617
TOTAL PURCHASE OF SERVICES =	16,184,062	16,267,235	15,129,000		i							i	47,580,297
COMMUNITY PLACEMENT PLAN Community Care Facility	218,621	195,877	196,039										610.537
ICF/SNF Facility Dav Training													
Non-Medical Services													e.
Non-Medical Services-Programs													ŗ
Transportation		86											
Other Authorized Services	1,425	1,813	1,901										5.139
Other Services													,
Medical Care - Prof	0 000	0.000	0										ı
TOTAL COMMINITY BLACEMENT BL	200 000	250,8	9,052		2								27,156
OMIMOINI T PLACEIMENI TI	229,098	206,828	206,992									ï	642,832
TOTAL PURCHASE OF SERVICE	16,413,160	16,474,063	15,335,992				91						48 223 129

KERN REGIONAL CENTER OPERATIONS FY 2021/2022 AS OF SEPTEMBER 30, 2021

	(1,788,122)	(2,051,602)		(777)	(486)	(943)	13,908 12,965	
IATOT	075	5,585,555		11,511	33,308	14,069	12,025 26,094	110110
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09/30/21	1,856,452 360,853	606,712,2		4,713	15,085	5,761	9,498	
08/31/21	1,321,905			3,427	10,820	4,188	8,388	
07/31/21	1,408,718 322,819		b.	3,371	7,404	4,120	8,207	
YEAR TO DATE	2,798,953 735,000 3,533,953			10,740	32,051	13,126 25,933	3,605,063	
PROPOSED EXPENDITURE	18,193,197 4,410,000 22,603,197			4M 69,809 127,864	197,673	85,320 155,596	240,916	
	OPERATIONS Salaries & Benefits Operating Expenses SUBTOTAL OPS	COMMUNITY PLACEMENT PLAN Salaries & Benefits Operating Expenses	SUBTOTAL CPP	FOSTER GRANDPARENT PROGRAM Salaries & Benefits Operating Expenses	SUBTOTAL FGP	Salaries & Benefits Operating Expenses	SUBTOTAL SCP 240,916 TOTAL OPERATIONS 23,041,786	ſ

Kern Regional Center Public Policy Performance Measures (Required)

Calendar Year(s) 2022

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Measures	Statewide Average June 2020	KRC Baseline as of June 2020	Statewide Average July 2021	KRC Baseline as of July 2021	Activities Regional Center will Employ to Achieve Outcome
1. Number and percent of Regional Center consumers in Developmental Centers (DC) (lower is better)	0.08% 266	0.10% 10	0.07% 255	0.11% 11	 KRC will design services and identify supports that are essential to meeting the consumer's needs prior to the consumer moving into the community. KRC will do outreach (i.e., partnership meeting with key holders such as Department of Mental Health) and give information to community providers interested in serving this specialized population. KRC will continue to implement the 2021-22 Community Placement Plan (CRDP), which identifies the current needs and services of individuals residing in developmental centers. The plan identifies specific ways of meeting those needs through residential service settings, day programs, supplemental supports, including transportation, 1-to-1 assistance, specialized medical, dental, residential placement, and any other identified need. KRC will deflect placements from the DC whenever possible consistent with consumers needs. KRC will inform families, developmental center staff and consumers about all choices available, and encourage them to evaluate all options. Complete comprehensive assessment (initial/update) for consumers residing in the developmental centers who meet criteria for placement. Move consumers from the developmental center to a community settings. Develop community homes that would serve individuals with complex medical and/or severe behaviors who require intensive services. Homes may be under a new licensing category, allowing consumers to be served
					who could not be served in a community setting by 12/30/2022.

PROPERTY OF STREET					
Measures	Statewide Average June 2020	KRC Baseline as of June 2020	Statewide Average July 2021	KRC Baseline as of July 2021	Activities Regional Center will Employ to Achieve Outcome
2. Number and percent of minors residing with families (own family, foster family, guardian) (higher is better)	99.48%	99.51% 5,042	99.53% 182,139	99.62% 5,459	 Continue to develop programs to serve children. Provide information and referral to parents about Family Resource Center(s).
3. Number and percent of adults residing in independent living (higher is better)	10.06%	8.17%	9.76%	8.01% 409	• Service coordinators will discuss and provide Independent Living S.01% 409 Services (ILS) options with consumers and families using a personcentered process.
4. Number and percent of adults residing in supported living (higher is better)	5.28%	10.08%	5.18%	9.75% 498	 Continue to provide information on Supported Living Service (SLS) options with consumers and families using a person-centered process.
5. Number and percent of adults residing in Adult Family Home Agency (AFHA) homes	0.93%	4.43%	0.89%	4.23% 216	 Develop plan to comply with statutory monitoring requirements. Increase AFHA avalability

Activities Regional Center will Employ to Achieve Outcome	 Continue to provide services and support to maintain consumers in the family home. 	• See #3 through #6 above.
KRC Baseline as of July 2021	64.51%	86.51%
Statewide Average June 2021	66.36%	82.22%
KRC Baseline as of June 2020	63.39% 3,151	86.06%
Statewide Average June 2020	64.98%	81.25%
Measures	6. Number and percent of adults residing in family homes (home of parent or guardian)	7. Number and percent of adults residing in home settings (independent or supported living, Adult Family Home Agency and Family homes) (higher is better)

Public Policy Performance Measures (Related to Employment)

Measures	Statewide Average	KRC	Statewide Average	KRC	Activities Regional Center will Employ to Achieve Outcome
 Number and percentage of consumers, ages 16-64 with earned income. (higher is better) 	2017-18 14.50% 23,265	2017-18 14.29% 650	2017-18 (NCI In- Person Survey) 18% NCI 15% CA	2017-18 (NCI In- Person Survey) 12%	 Identify consumers ages 16-64 with earned income. New Measures data is forthcoming from the Employment Development Department (EDD) & DDS. Establish local partnership agreement between KRC, local educational agencies, and the Department of Rehabilitation.
2. Average annual wages for consumers ages 16-64 (higher is better)	2017-18 8698	2017-18 8929	ТВD	Average PIP/CIE Annual Income \$10,053 (FY 1920)	 Track progress. New Measures data is forthcoming from the Employment Development Department (EDD).
3. Annual earnings of consumers ages 16-64 compared to people with all disabilities in CA (higher is better)	2017-18 14.5%	2017-18	TBD	TBD	 Track progress. New Measures data is forthcoming from the Employment Development Department (EDD). Establish local partnership agreement between KRC, local educational agencies, and the Department of Rehabilitation.
4. Number of adults who were placed in competitive, integrated employment following participation in a Paid Internship Program.	αn	2016- 17 7 2017-18 5	UD	2018-19 8 2019-20 4	 Provide training and information to staff, community, and local providers regarding the Paid Internship Program (PIP). Identify and track consumers participating in PIP. Partner with local businesses, Dept. of Rehab, and school to increase number of PIP participants.

Activities Regional Center will Employ to Achieve Outcome	 Track progress. New measures data if forthcoming Establish local partnership agreement between KRC, local educational agencies, and the Department of Rehabilitation. 	 Track progress. New measures data if forthcoming Data obtained from DDS annual Report
KRC Baseline	2019-20 4 hired out of 51 PIP (7.84%)	2019-20 \$12.00/hr 15.12 hrs/wk
Statewide Average	qn	TBD
KRC Baseline	αn	2017-18 \$11/hr 25 hrs/wk
Statewide Average	UD	TBD
	5. Percentage of adults who are placed in competitive, integrated employment following Participation in a Paid Internship Program (higher is better)	6. Average hourly or salaried wages and hours worked per week for adults who participated in a Paid during the prior fiscal year.

Public Policy Performance Measures (Related to Reducing Disparities and Improving Equity in Purchase of Services Expenditures)

Measures	KRC FY 2018-19 % Utilized ALL AGES	KRC FY 2018-19 Age & Utilized	KRC FY 2019-20 % Utilized ALL AGES	KRC FY 2019-20 Age & Utilized	Activities Regional Center will Employ to Achieve Outcome
Percent of total annual purchase of service expenditures by individual's ethnicity and age: * Birth to age two, inclusive. * Age three to 21, inclusive. * Twenty-two and older.	Asian 65.5% Black/AA 66.9% Hawaiian or Other Pacific Islander 78.5% Hispanic 61.5% Native American 61.1% Other 62.2% White	0 - 2 60.5% - 3 - 21 55.3% - 22 - ^	Asian 63.7% Black/AA 69% Native Hawaiian or Other Pacific Islander 83.7% Hispanic 66.8% Native American 70.8% White 66.4%	0 - 2 61.4% - 3 - 21 56.1% - 22 - ^	 KRC will utilized the DDS Disparity Grant to implement a plan to address disparity for birth to 8 years, and 8 years and over. Conduct outreach and training through educational presentations about regional center services in venues serving families with young children [birth to 8 years] in KRC's catchment area, utilizing Early Start networks. Enhanced training for staff to assess thoroughly the needs of the consumer and families, and to follow through with the referral process essential to access the correct service. Service Coordinator will monitor closely to review the utilization of services on a periodic basis and identify barriers in accessing servcies. KRC to observe vendor data trends for encumbrances vs. utilization and establish a trhrehold for appropriate enccumbrance vs. utilization. If utilization falls under standard, review the current practices that are inplace and make adjustment as needed. Service Coordinators to work closely with clients, families and vendors when services are not utilized.

KRC FY 2019-20 All Activities Regional Center will Employ to Achieve Outcome Ethnicity	 Through the Individual Program Plan (IPP) process KRC will assure that case management continues to be sufficient to meet the needs of the clients. Through the Individual Program Plan (IPP) process KRC will to include all services not funded by POS dollars. Hire additional case worker to reduce caseload ratio. Enhanced training for Service Coordinator in reviewing POS expenditures and utilization, follow up with family utilization of services and support and documentation of generic resources.
KRC FY 2019-20 All Ethnicity	0 - 2 5.9% - 3 - 21 44.5% - 17.7%
KRC FY 2019-20 Ethnicity All Ages	Asian 29.3% Black/AA 21.8% - Native Hawaiian or Other Pacific Islander 14.3% - Hispanic 32.5% - Native American 32.1% - Other 27.5% White 23.5%
KRC FY 2018-19 All Ethnicity	0 - 2 129 9.9% - 3 - 21 1,849 40.4% - 652 16.4%
KRC FY 2018-19 Ethnicity All Ages	Asian 25.2% Black/AA 19% Native American 20% Native American 20% Other 20% - Native American 20% - 0ther 20% - 0ther 23%
Measures	Number and percent of individuals receiving only case management services by age and ethnicity: * Birth to age two, inclusive. * Age three to 21, inclusive. * Twenty-two and older.

Compliance Measures 1UD = Under Development

	Me	Measures			Yes/No	Activities Regional Center will Employ to Achieve Outcome
1. Unqualified independent audit with no material finding(endent audit v	with no mate	rial finding(s).		YES	 Establish, apply and maintain good business practices and generally accepted accounting principles.
2. Substantial compliance with Department of Developmel fiscal audit	iance with De	partment of	Development	ntal Services	YES	 Establish, apply and maintain good business practices and generally accepted accounting principles.
3. Accuracy percent of POS fiscal projections (based on February SOAR)	of POS fiscal p	orojections (l	oased on Febr	uary SOAR)	YES	 Strive to improved accuracy of POS fiscal projections based on history and ongoing utilization review.
4. Operates within OPS budget	PS budget				YES	 Develop plan to operate within the operational funds allocation.
5. Certified to participate in Waiver	pate in Waive	ir			YES	 Maintain compliance with Medicaid Waiver requirements.
6. Compliance with Vendor Audit Requirements per contract, Article III, Section 10.	endor Audit R	lequirement	s per contract,	, Article	YES	 Maintain compliance with contract.
Measures	Statewide Average June 2020	KRC Baseline as of June 2020	Statewide Average July 2021	KRC Baseline as of July 2021	Activi	Activities Regional Center will Employ to Achieve Outcome
7. CDER/ESR Currency	98.34%	98.22%	%68:36	98.35%	• Continue to	 Continue to monitor timely completion of CDER/ESR.

Measures	State Target	FFY 2016- 17 Report	FFY 2018-19 Report	FFY 2021- 22 Report	Activities Regional Center will Employ to Achieve Outcome
8. Intake/assessment and IFSP time lines (0-2).	100%	%96	96.67%	TBD	 Implement to ensure timely completion of intake/assessment and IFSP. Maintain compliance with T17 requirements [R3].
Measures	Statewide Average June 2020	KRC Baseline as of June 2020	Statewide Average July 2021	KRC Baseline as of July 2021	Activities Regional Center will Employ to Achieve Outcome
9. Intake/assessment time lines for consumers ages 3 and above.	91.29%	87.78%	98.27%	%6E'66	 Implement plan to ensure timely completion of intake/assessment. Complete a comprehensive review of the Intake Process to move towards meeting statutory requirements.

Measures	Federal Revenue Audit Report 2017	Federal Revenue Audit Report 2019	Federal Revenue Audit Report 2021	Activities Regional Center will Employ to Achieve Outcome
10. IPP Development (WIC requirements(2.6.a))	%06	97%	TBD	 Comply with all requirement of WIC 4646.5(c)(3) for timely completion of individual program plans for consumers receiving services under the Lanterman Act. Hire additional case worker to reduce caseload ratio. Enhance training on IPP timelines, including familiarity with WIC codes for seasoned or senior Service Coordinators New Service Coordinators will be trained on all aspects of the IPP process, including timelines.
Measures	State Target	FFY 2018- 19 Report	FFY 2019-20 Report	Activities Regional Center will Employ to Achieve Outcome
11. An Initial IFSP Development Part C 45 day time line (Title 17 requirements).	100%	40%	76%	 Comply with all requirement of Title 17 for timely completion of individual program plans for infants and children receiving Early Intervention services [R5]. Service Coordinators will be trained on all aspect of the IFSP process, including time lines. A thorough documentation will be completed whenever there are issues with delays in completing assessment to account when there are exceptional family circumstances which impacts 45 days timeline. Develop additional resources in completing Early Start assessments for the growth in number of referrals for children under the age of 3 to KRC. Ensure to have adequate resources to complete assessment in a timely manner.

STATEMENT OF ASSURANCES

This is to assure that Kern Regional Center Calendar Year 2022 Performance Contract was developed in accordance with the requirements specified in Welfare and Institutions Code section 4629 and the Department of Developmental Services' (DDS) Year 2022 Performance Contract Guidelines.

The performance contract was developed through a public process which included:

- Providing information, in an understandable form, to the community about regional center services and supports, including budget information and baseline data on services and supports and the regional center operations [WIC 4629 (c)(B)(i)];
- Conducting a public meeting where participants can provide input on performance objectives and using focus groups or surveys to collect information from the community [WIC 4629 (c)(B)(ii)];
- Providing at least ten calendar days advance public notice of the date of the public meeting (guidelines); and,
- Circulating a draft of the performance objectives to the community for input prior to presentation at a regional center board meeting where additional public input will be taken and considered before adoption of the objectives [WIC 4629 (c)(B)(iii)];

Date:

KERN REGIONAL CENTER

BOARD OF DIRECTORS

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TITLE:	EMPLOYMENT FIRST	POLICY NO.

DATE SUBMITTED: 02/23/2021

PURPOSE: To be consistent with the Lanterman Act, California Welfare and Institutions Code, Section 4629(c) and Section 4869(a) Employment First Policy.

POLICY: This Employment First Policy addresses that opportunities for integrated, competitive employment will be given the highest priority for working age individuals with developmental disabilities, regardless of the severity of their disabilities.

Competitive employment means work in the competitive labor market that is performed on a full-time and part-time basis in an integrated setting and for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are disabled.

Kern Regional Center will measure progress, and report outcomes, in implementing the Employment First Policy, which may include, but are not limited to measures addressing the following:

- 1. Establishment of local partnership agreements between regional centers, local educational agencies, and the Department of Rehabilitation districts [WIC 4629(c)(1)(A)(v)(I)].
- 2. Provide information to consumers regarding the Employment First Policy, opportunities for employment, and available supports to achieve integrated competitive employment by [WIC 4629(c)(1)(A)(v)(II)]:
 - a. Providing information, in an understandable form, to the community about regional center services and supports, including budget information and baseline data.
 - b. Conducting a public meeting where participants can provide input on employment performance objectives and using focus groups or surveys to collect information from the community.
 - c. Circulating a draft of the employment performance objectives to the community for input prior to presentation at a regional center board meeting.
 - d. Presentation for board input before adoption of the objectives.
- 3. Integrated competitive employment to be the first option considered by planning teams for working age individuals, but individuals may choose goals other than integrated competitive employment [WIC 4689(a)(3)].
- Consideration of postsecondary education, technical or vocational training, and internship
 programs may be considered as a means to achieve integrated competitive employment or career
 advancement [WIC 4689(a)(4)].

Approval Date: MM/DD/YYYY

Revision Date:

DEPARTMENT OF DEVELOPMENTAL SERVICES

1215 O Street, MS 8-30 Sacramento, CA 95814 TTY: 711 (833) 421-0061



October 7, 2021

TO:

REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT:

RESTORATION OF CAMPING, SOCIAL RECREATION AND OTHER SERVICES PER WELFARE AND INSTITUTIONS CODE SECTION

4648.5

Effective July 1, 2021, changes to Welfare and Institutions (W&I) Code section 4648.5 restores regional center authority to fund camping services and associated travel expenses; social recreation activities; educational services for children three to 17, inclusive, years of age; and nonmedical therapies, including, but not limited to, specialized recreation, art, dance, and music. Regional centers are advised to take proactive steps to inform their community of the changes to W&I Code section 4648.5.

The Department of Developmental Services (Department) requests that regional centers provide information to service coordinators and conduct outreach to consumers, families, providers and local community organizations to facilitate awareness about the availability of these services. Outreach and information sharing should extend to individuals and families who may not typically use these types of services or other regional center purchased services, but who may benefit from receiving these services. In developing outreach activities, regional centers must consider actions that will increase awareness and facilitate the sharing of information with non-English speaking individuals and communities of color. Service coordinators should discuss the availability of these restored services and related consumer needs during the Individual Program Plan meeting, consistent with W&I Code section 4646(a).

Each regional center must submit an outreach plan to the Department. Additionally, each regional center must revise its purchase of service (POS) policies, as necessary, to reflect restoration of funding for these services and promote compliance with this change in statute and submit them to the Department for review and approval. The outreach plan and revised POS policies are due to the Department by December 15, 2021.

Regional Center Executive Directors October 7, 2021 Page two

The Department will translate this correspondence into the identified threshold languages and will post the English and translated versions on our website. If you have questions about this correspondence, please contact your Primary Liaison or the Office of Community Operations at (833) 421-0061.

Sincerely,

Original Signed by:

ERICA REIMER SNELL Deputy Director Community Services Division

cc: Regional Center Administrators
Regional Center Directors of Consumer Services
Regional Center Community Services Directors
Association of Regional Center Agencies

Socialization, Leisure and Recreation Skills

Kern Regional Center Policy

Socialization, leisure and recreation services are those services and supports designed to enhance the development of appropriate socialization skills for children who may have social skill challenges that limit age-appropriate socialization opportunities or adults who may have difficulty developing friendships. Such services may include activities that involve sports, hobbies, music appreciation, arts, leisure, education, service club participation and the development of other leisure time skills.

Social skills are those abilities and behaviors needed to initiate, plan, explore and participate in meaningful, age appropriate social relationships and activities.

Social skills challenges may include, but are not limited to: excessive shyness or passivity; limited responses to social approaches by others; inappropriate social interactions (e.g., teasing/bullying); excessive friendly advances toward others; socially unacceptable mannerisms, difficulty in developing friendships, and other behaviors (easily frustrated, resistive) that might interfere with appropriate social interaction with peers and others.

KRC recognizes that socialization, leisure and recreation activities are valuable and will support efforts to remove barriers and to facilitate our clients' full participation, along with other citizens, in a broad range of such community opportunities. In doing so we will pursue the goal of services to persons with developmental disabilities in the most inclusive setting and the maximum possible participation in typical socialization, leisure and recreational settings in the community. In communities where such opportunities are not available to persons with developmental disabilities, KRC will encourage publicly and privately funded socialization, leisure and recreational programs to adapt their services in order to accommodate our clients.

KRC also recognizes, however, that some individuals with developmental disabilities are precluded from participation in typical social activities by virtue of their behavior, physical condition or level of skill. Such children and adults often require sports that are absent from many typical social/recreation programs. Accordingly, KRC will purchase socialization, leisure and recreation services or supports under the following circumstances:

When the client is at least (3) years of age; and

When the client is at least (4) years of age; and

- When an Interdisciplinary Team has determined that the client has a social skill (challenge(s), as defined above, and such challenge(s) has been documented in the client's record; and
- An opportunity has been identified to achieve an improvement in the client's social, recreational and leisure life in the community or to develop friendships; and
- No socialization, leisure or recreational opportunity is otherwise available to the client. In making this determination, KRC, the client and the family must first make reasonable efforts to identify and use typical community socialization, leisure or recreation programs to meet the client's needs. Such reasonable efforts must include consideration of the provision of supports (natural or purchased) which will enable the client to participate in a typical social/recreational program. KRC will not purchase a segregated socialization program when there is a generic service which is willing (either with or without supports) to include the client in its activities; and
- The need for the purchased service is documented in the client's Individual Program Plan which also
 includes specific desired outcomes and plans to develop social skills or friendships with the overall goal
 of including the client in social/recreation activities with nondisabled peers; and

- The purchase of segregated socialization programming is for a reasonable time-limited period (the
 client's progress in achieving specific outcomes must be reviewed at intervals not to exceed six months
 and there must be evidence that progress is being made in order to continue the service; it is expected
 that the client will be included in typical community recreational programs, with supports if necessary,
 following the purchase of segregated socialization programming); and
- The socialization, leisure and recreation service to be purchased does not exceed twenty (20) hours per month and is provided by a single provider of service based on individual client need. (Typically, participation in socialization, leisure or recreation activities occurs once or twice weekly for two to three hours each time); and
- In determining the frequency/duration of socialization, leisure or recreation skill development for a child with a developmental disability, care is taken not to unduly interfere with the time that families spend together in social activities during weekends and vacations; and
- Social, leisure and recreation programs are not designed to be used as a child care services for working
 parents (see Guidelines on Child Care), or as an ongoing source of recreation and the purchase of these
 services for such purposes will not be authorized; and
- Social/recreational activities should not interfere with or occur during educational programming and or adult day programming; and
- KRC believes that participation by clients in a socialization, leisure or recreation program may also meet
 a family's need for respite. Accordingly, KRC will review the purchase of both respite and social, leisure
 and recreation services and make individual adjustments accordingly.
- Clients who live in community care and health care residential homes are entitled to receive social, leisure and recreation services as part of such residential programming; as a rule these services may not be purchased for clients who reside in such licensed homes. Campership not to exceed two weeks will be allowed.
- Clients who live in community care and health care residential homes are entitled to receive social, leisure and recreation services as part of such residential programming; as a rule these services may not be purchased for clients who reside in such licensed homes. (One weekly campership will be allowed.)
- Clients may choose to attend up to a two week campership as a socialization, leisure and recreational activity. For minor children, families will be asked to assume parental responsibilities. KRC's participation in providing for a camp purchase will be viewed as meeting respite, socialization, leisure or recreational objectives. Individual adjustment in purchased services will be reviewed accordingly.
- Clients may choose to attend a one-week campership as a socialization, leisure and recreational activity.
 For minor children, families will be asked to assume parental responsibilities. KRC's participation in providing for a camp purchase will be viewed as meeting respite, socialization, leisure or recreational objects. Individual adjustment in purchased services will be reviewed accordingly.

- KRC may purchase supported community integration programming at a 1:1 staff to client ratio to develop the client's ability to independently access the community through circles of supports.
- KRC may purchase short-term (six-month maximum) supported community integration programming at a 1:1 staff to client ratio to develop the client's ability to independently access the community through circles of supports.
- A reasonable time limited period (to be reviewed yearly) of 1:1 or 1:3 staff to client ratio may be utilized
 for social, leisure and recreational programming to increase positive behavioral, social and/or emotional
 skills for clients who are currently unable to access other resources.

Approved	 ••••

KRC Board of Directors