KERN REGIONAL CENTER

Board of Directors Meeting Agenda

Tuesday, January 24, 2023

6:00 – 7:30 p.m.

General Business		
1. Call to Order and Introductions		Kevin Gosselin
2. Approval/Additions to Agenda	Action	Kevin Gosselin
3. Review and approve minutes of meeting held on November 29, 2022 (Attachment 1)	Action	Kevin Gosselin
4. Introduction of Ideyinka Glover, Esq., Clients' Rights Advocate for Office of Clients' Rights Advocacy (OCRA)	Info	Dr. Michi Gates
5. Nominations and voting for President and other Board vacancies	Action	Kevin Gosselin
6. Presentation – HCBS	Info	Leslie Reynaga, Community Services Specialist, KRC
7. GET Bus Presentation	Info	Jill Smith, Customer Service GET
8. Public Input	Info.	
New Business		
9. Approval of Final 2023 Performance Contract (Attachment 2)	Action	Enrique Roman
Reports		
10. Board President Report	Info.	Kevin Gosselin
11. Executive Director Report	Info.	Dr. Michi Gates
12. Financial Report a. POS Report for November 2022 (Attachment 3) b. Operations Report for November 2022 (Attachment 4)	Info	Tom Wolfgram
13. Vendor Advisory Committee Report	Info.	Tamerla Prince

Please click the link below to join the webinar:

https://us02web.zoom.us/j/84021966266?pwd=OEFEeEYxMmt0R2o3MS81clBFSGNYUT09

Webinar ID: 840 2196 6266 Passcode: 313526

Dial-In Number: (206) 337-9723

Next Board Meeting:

February 28, 2023, 6:00 – 7:30 PM

3200 N. Sillect Avenue Bakersfield, California 93308
(661) 327-8531 Fax (661) 324-5060 TDD (661) 327-1251
www.Kernrc.org

Kern Regional Center
Board of Directors Meeting
January 24, 2023
6:00 – 7:30 p.m.
Zoom Webinar

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

MINUTES

KRC BOARD MEMBERS PRESENT:
Oscar Axume, Treasurer
Kevin Gosselin, Vice President
Carlos Isidoro, Board Member
Ryan Jones, Board Member
Tracey Mensch, ARCA Delegate
Tamerla Prince, VAC Representative
Donald Tobias, Board Member
Mark Tolentino, Board Member
Martin Vasquez, Secretary
Simon Verdugo, Board Member

KRC BOARD MEMBERS ABSENT:
Ruth Watterson

KRC STAFF PRESENT:
Michi Gates, PhD, Executive Director, KRC
Kristine Khuu, Assistant Director of Client Services
Celia Pinal, Director of Client Services
Leslie Reynaga, Community Services Specialist
Enrique Roman, Director of Community Services
Tom Wolfgram, CFO

INTERPRETER: Nidya Madrigal Navia

GUESTS PRESENT:
Cindy Cox, Advocate for Donald Tobias
Adeyinka Glover, OCRA
John Noriega, Advocate for Simon Verdugo
Edwin Pineda, DDS
Jill Smith, Golden Empire Transit
Sandra Van Scotter
Mitzi Villalon
Shawn White

CALL TO ORDER

Mr. Kevin Gosselin chaired the KRC (Kern Regional Center) Board of Directors Meeting and called the meeting to order at 6:03 p.m.

APPROVAL OF AGENDA

The Board of Directors previously received tonight's agenda for review. No changes or additions were requested.

Mr. Gosselin asked for a motion to approve the agenda of January 24, 2023, as presented.

M/S/C: (Mensch, Prince)
Ayes: 10
Motion Carried

REVIEW OF MINUTES

The Board of Directors previously received the minutes of the November 29, 2022, Board Meeting for review. No additions or edits were requested. Mr. Gosselin asked for a motion to approve the minutes of November 29, 2022.

M/S/C: (Mensch, Axume)
Ayes: 10
Motion Carried

INTRODUCTION OF ADEYINKA GLOVER, CLIENTS' RIGHT ADVOCATE FOR OFFICE OF CLIENTS' RIGHT ADVOCACY (OCRA)
Dr. Michi Gates, Executive Director

Dr. Gates introduced our guest, Adeyinka Glover, the new Clients' Rights Advocate and attorney for the Office of Clients' Rights Advocacy (OCRA). Ms. Glover introduced herself to the Board and gave a brief synopsis of her history and experience. She is looking forward to working with everyone and becoming familiar with the Kern area and the Regional Center staff and clients. She explained that OCRA is a grantee of DDS, and through the grant, OCRA is available to help clients of the Regional Center by obtaining services, special education, in home supportive services, social security, and any other issue that is related to a person's disability. Yinka put her contact information in the chat message and the Executive Assistant will also send the contact information to the Board Members via e-mail.

NOMINATIONS AND VOTING FOR PRESIDENT AND OTHER BOARD VACANCIES

Two Board Members, Kevin Gosselin and Oscar Axume, have terms that are expiring in January 2023.

A motion was requested to approve Kevin Gosselin as a Board Member through January 25, 2024.

M/S/C: (Mensch, Isidoro)
Ayes: 9
Abstained: 1 (Gosselin)
Motion Carried

A motion was requested to approve Oscar Axume as a Board Member through January 25, 2024.

M/S/C: (Prince, Mensch)
Ayes: 9
Abstained: 1 (Axume)
Motion Carried

Congratulations to our Board President, Dr. Jasmeet Bains, on her recent win to the California State Assembly for the 35th District. We know she will do great things! This means that we now need to nominate and elect a new KRC Board President. Kevin Gosselin and Tracey Mensch are interested in stepping into this role. Oscar Axume nominated Kevin Gosselin to serve as President during his last year, and then he nominated Tracey Mensch to serve in the Vice President role. Ms. Mensch concurred with this and agreed to accept the nomination for Vice President. All members agreed.

A motion was requested to elect Kevin Gosselin as President of the KRC Board of Directors through the end of his term on January 25, 2024.

M/S/C: (Axume, Verdugo)
Ayes: 9
Abstained: 1 (Gosselin)
Motion Carried

A motion was requested to elect Tracey Mensch as the incoming Vice-President of the KRC Board of Directors.

M/S/C: (Axume, Vasquez)
Ayes: 9
Abstained: 1 (Mensch)
Motion Carried

At this point, Mr. Gosselin referred back to item 1 of the agenda, realizing that introductions had not been made, so he proceeded to ask Board Members and KRC Staff to introduce themselves to those in attendance.

PRESENTATION – HCBS
Leslie Reynaga, Community Services Specialist, KRC

Leslie Reynaga gave a presentation of the HCBS program. There is a lot of emphasis on this program presently as we strive to meet the HCBS Settings Rule compliance deadline in March 2024. The PowerPoint presentation is attached to these minutes.

PRESENTATION – GOLDEN EMPIRE TRANSIT (GET)
Jill Smith, Customer Service at Golden Empire Transit

Tracey Mensch introduced Jill Smith, Customer Service Manager of Golden Empire Transit who gave a presentation of the GET transit system. Jill shared the services available to our ADA community. The PowerPoint presentation is attached to these minutes.

PUBLIC INPUT
No public questions or comments were presented at this meeting.

APPROVAL OF FINAL 2023-2024 PERFORMANCE CONTRACT
Enrique Roman, Director, Community Services

The 2023-2024 KRC preliminary performance contract was approved at the November board of directors meeting. Last week, the 2023-2024 final KRC performance contract was distributed to Board Members for review and Mr. Roman now comes before the Board of Directors to present the final contract for approval.

M/S/C: (Mensch, Prince)
Ayes: 10
Motion Carried

The 2023-2024 KRC performance contract will now be submitted to DDS.

BOARD PRESIDENT'S REPORT
Kevin Gosselin, President

Mr. Gosselin expressed his thanks for his election as president and wished everyone a Happy New Year. At this time, it would benefit us to add members to the KRC Board. He encouraged all board members to think of people they could invite to apply to the KRC Board and help us along this journey. One area of significance that we will be looking for is financial background as Mr. Axume will be taking a recess in 12 months. Dr. Gates adds that Hispanic/Latino ethnicity is specifically needed on the Board to represent the KRC community appropriately.

EXECUTIVE DIRECTOR REPORT
Dr. Michi Gates, Executive Director

Dr. Gates and Tracey Mensch were at the ARCA Board of Directors meeting held January 18-20, 2023. The Governor's budget was a large part of the discussion. The State is projecting a $22 billion shortfall. In spite of the shortfall, regional center systems received a lot of attention and several fund requests remained in place. ARCA has made great strides in regional centers becoming more visible to the legislature.

1. Burns & Associates provider rates increase stands and will go forward.
2. Since the Core Staffing Formula was used to calculate funds, there was a shortfall of how much money was needed to reduce caseload ratios for children ages 0-5 to 1:40. The proposed budget includes $102 million to correct that shortfall.

ARCA is, and will continue, working on:

1. Advocating for updates to the Core Staffing Formula, along with Lanterman Coalition.
2. Creating a system where provider rates will be updated as costs increase.
3. Permanent elimination of the Annual Family Program Fee and the Family Cost Participation Program.

KRC is involved in several projects.

1. **California Tribal Family Coalition** - One of the deliverables from the California Tribal Family Coalition was to provide a training to each of three centers, SDRC, FNRC and KRC and, if the training goes well, expand to other regional centers. The majority of KRC staff attended this training on January 12. It was an amazing session, presenting tribal background and history, and teaching staff to be more culturally sensitive to our tribal communities. We have had nothing but positive experiences with CTFC.
2. **Early Start Workforce** – This is a grant of $7 Million from the American Rescue Act with the goal of developing a workforce, specifically clinical, that is more culturally diverse. The focus would be to recruit students or graduates and, in return for there commitment, provide tuition reimbursement or funds toward student loans. We have agreed to participate in this project in collaboration with the Frank D. Lanterman Regional Center.
3. **Coordinated Family Services** - KRC is partnering with Frank D. Lanterman for this service, approved last year, as supportive living services for individuals (18 years or older) to continue living in the family home. This is keeping in line with a family's culture to have multi-generations living in the same household. A bidder's conference will take place soon to invite those interested, give them information, and then ask them to apply to be vendored for this important service. It is a broad service that would also be useful for individuals who have aging caregiver parents or grandparents, giving them a means to care for themselves when their parents/grandparents are no longer able to do so.

Dr. Gates spoke about the results received from DDS regarding the caseload ratios completed in October. There were eight categories of caseload ratios measured and, although we did not meet the ratio requirement for three of those categories, KRC was at or slightly below the statewide average in those categories. All regional centers are struggling to find the funds needed to meet the caseload ratios and the hiring situation has been challenging. KRC continues to hire service coordinators every month. We have developed a new position of Lead Service Coordinator to help onboard and train the many incoming service coordinators to ensure their success.

The HCBS compliance March deadline quickly approaches. There is a large percentage of providers, statewide, who either are still in the process of becoming compliant or who have not submitted anything at all. DDS would like to see every regional center be ninety percent or above with compliance; presently, most are in the forty-to-fifty percentile. This is concerning. Providers not in compliance after the deadline will be put on a non-referral status. KRC will be required to reach out to those individuals attending or living in these settings to ensure they understand that they are being served by a vendor who is non-HCBS compliant and provide them with other options. Since vendors who do not meet the HCBS Final Rule will not qualify for federal funding, and 50% of payments are paid through federal funds, part of their payment for services might be withheld. It could also result in termination of their vendorization. KRC needs vendors to be successful and we are here to support them and to do everything possible to bring them into compliance.

> Mr. Tolentino asked the approximate number of clients who would be affected by "do not refer" or vendorization termination. Enrique Roman reports an approximate number of 200 or less. However, current progress points to successfully meeting the requirement before the deadline.

Daniel Savino from ARCA will be facilitating a legislative advocacy training in February for our Padres Unidos group. The purpose of the training is to teach them how to advocate with legislators to make their needs known. This is a positive and exciting event.

FINANCIAL REPORT
Tom Wolfgram, CFO

Purchase of Services Report as of November 30, 2022
Total spent for month ending November 30, 2022: $16,529,723
YTD: $89,825,358

So far, KRC has spent approximately $7 Million more for services than by this time last year. With an estimated $2 Million in unbilled services, this would bring us to $9 Million more purchased services then this time last year.

Operations Report as of November 30, 2022
Total expenses for month ending November 30, 2022: $1,882,953
YTD: $10,176,883

The Purchase of Services Report and the Operations Report ending November 30, 2022 are filed with these minutes.

Vendor Advisory Committee Report
Tamerla Prince, VAC Representative
The Vendor Advisory Committee held a meeting on January 24, 2023, at 10:00 a.m.

The VAC Committee and KRC are working very hard to help vendors be in compliance with HCBS. A new group called *Community of Practice* Boot Camp will begin on February 8. This has been published on Constant Contact. If anyone is interested, please contact Jeff Poplin or Irene.

Assembly Bill 2188, a new Cannabis Labor Law, was discussed at the VAC meeting. This bill classifies cannabis users as a protected class of employee. Bakersfield Drug Testing has been contacted for information and more research is being done to see how this might affect vendors and staff.

John Noriega gave a law enforcement presentation to educate law enforcement about recognizing autism. KRC's BCBA staff will assist John in the future with this effort.

The Vendor Advisory Committee agenda is attached to these minutes.

ADJOURNMENT

With nothing further to discuss, Mr. Gosselin adjourned the meeting at 8:18 p.m.

The next public meeting will take place on Tuesday, February 28, 2023, at 6:00 p.m.

Respectfully Submitted,

Darlene Pankey
Executive Assistant

Attachment 1

Kern Regional Center
Board of Directors Meeting
November 29, 2022
6:00 – 7:30 p.m.
Zoom Webinar

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

MINUTES

KRC BOARD MEMBERS PRESENT:
Oscar Axume, Treasurer, Meeting Chair
Carlos Isidoro, Board Member
Ryan Jones, Board Member
Tracey Mensch, ARCA Delegate
Tamerla Prince, VAC Representative
Donald Tobias, Board Member
Mark Tolentino, Board Member
Martin Vasquez, Secretary
Simon Verdugo, Board Member
Ruth Watterson, Board Member

KRC BOARD MEMBERS ABSENT:
Jasmeet Bains, President
Kevin Gosselin, Vice President

STAFF PRESENT:
Lulu Calvillo, PM, Early Start Program Manager
Michi Gates, PhD, Executive Director
Kristine Khuu, Assistant Director of Client Services
Nicola Perkins, PM, Early Start Program Manager
Celia Pinal, Director of Client Services
Enrique Roman, Director of Community Services
Tom Wolfgram, CFO

INTERPRETER: Nidya Madrigal Navia

GUESTS PRESENT:
Cindy Cox, Advocate for Donald Tobias
Jill Green
John Noriega, Advocate for Simon Verdugo
Edwin Pineda, DDS
Sandra Van Scotter
Mitzi Villalon

CALL TO ORDER

Mr. Oscar Axume, Treasurer, chaired the KRC (Kern Regional Center) Board of Directors Meeting. Mr. Axume called the meeting to order at 6:07 p.m. and introductions were made.

APPROVAL OF AGENDA

The Board of Directors previously received tonight's agenda for review. No changes or additions were requested.

Mr. Axume asked for a motion to approve the agenda of November 29, 2022 as presented.

M/S/C: (Mensch, Vasquez)
Ayes: 10
Motion Carried

KERN REGIONAL CENTER

REVIEW OF MINUTES

The Board of Directors previously received the minutes of the September 27, 2022 Board Meeting for review. No corrections were requested. Mr. Axume asked for a motion to approve the minutes of September 27, 2022.

M/S/C: (Mensch, Prince)
Ayes: 10
Motion Carried

PRESENTATION – INTAKE / EARLY-START PROGRAM (Attachment 2)
LuLu Calvillo and Nicola Perkins, Program Managers for Early Start Case Management Team

Kristine Khuu, Assistant Director of Client Services, introduced Lulu Calvillo and Nicola Perkins, Program Managers for the Early Start Case Management Team. Ms. Calvillo and Ms. Perkins presented the following information about the Intake / Early-Start Program:

- What is Early Start?
- Referral Process
- Eligibility
- Individualized Family Service Plan
- Transition Planning
- Family Resource Center

A video called *The Story of Max* was attempted, however, the audio malfunctioned. Dr. Gates let everyone know that the video is available for viewing on the DDS website as well as the KRC website. The video will also be sent to Board Members. A copy of the PowerPoint presentation is attached to these minutes as a matter of record.

Questions by Tracey Mensch: How many children are enrolled in Early Start presently and what is the most common diagnosis?

Answers by Kristine Khuu: There are 1,781 children under the age of 3 years presently enrolled and about 1,400 children who went through the evaluation process. Expressive and receptive language delay is the most common diagnosis. Some children exit Early Start at Age 3 due to the progress they make in the program.

PUBLIC INPUT
No public questions or comments were presented at this meeting.

APPROVAL OF PRELIMINARY 2023-2024 PERFORMANCE CONTRACT
Enrique Roman, Director, Case Management

The 2023-2024 Performance Contract was distributed to Board Members ahead of time for review. Mr. Roman now comes before the Board of Directors to present the Preliminary Contract for approval. Mr. Roman gave a brief overview and asked if there were any questions.

Question by Tamerla Prince: Ms. Prince asked two questions on behalf of the VAC Committee:
1. Who determines the measures in the plan? How is this monitored?
2. What are the steps for the contract to become final?

Enrique Roman: Most of the measures in the plan are provided by DDS. Various departments with KRC are involved in the monitoring.

The steps for the contract to become final are:

1. Draft the contract.
2. Present the Preliminary Contract to the Board of Directors for approval to present the plan to the community.
3. Present the Preliminary Contract to the community and our stakeholders.
4. Incorporate any feedback from the community and stakeholders and bring the contract back to the Board of Directors.
5. If approved by the Board of Directors, the contract is submitted to DDS.
6. If DDS approves, KRC begins the process of implementing the steps outlined in the contract.

Question by Tracey Mensch: How is feedback from the community obtained?

Enrique Roman: Once the Board of Directors approves the preliminary contract, there will be two community meetings held. An English language meeting will be held on December 12, 2022, at 6:00 p.m. and a Spanish language meeting will be held on December 13, 2022, at 6:00 p.m.

Additionally, there are a few focus group discussions planned. One of those will be done at the regularly scheduled Padres Unidos meeting. Another focus group discussion is planned for the VAC Committee. If time allows, Mr. Roman and Ms. Pinal will plan more focus groups.

Question by Tracey Mensch: Are families and clients part of these meetings?

Enrique Roman: Yes, the English and Spanish Community Meetings planned for December are intended for clients, caretakers, families, vendors, and other stakeholders.

Dr. Gates and Enrique Roman explained that, timewise, there is more urgency on the contract this year as KRC received the Preliminary Contract later than usual. The final plan was originally due back to DDS on December 15; however, KRC misread the date and thought the due date was in January 2023. Dr. Gates verbally spoke with DDS and came to an agreement to have the Preliminary Contract to them by December 15 and the Final Contract to them after the Board of Directors meeting on January 24, 2023.

With board members being satisfied with the explanation provided by Mr. Roman during this meeting and as explained in the cover letter to the Board of Directors, Mr. Axume asked for a motion to approve the 2023-2024 Preliminary Contract as presented.

M/S/C: (Mensch, Tolentino)
Ayes: 10
Motion Carried

ARCA REPORT

Tracey Mensch, ARCA Delegate Chair

An ARCA Strategic Planning Retreat was held in San Diego on October 20 and 21, 2022. Ms. Mensch and Dr. Gates both attended the retreat. ARCA's focus areas and aims for the next 3 years included goals for regional centers OPS funding; self-directed services implementation; flexibility of meeting the needs of diverse

communities; sustainable cost-based service rates; housing; employment; and HCBS Final Rule implementation. The PowerPoint of this presentation is attached to these minutes as a matter of record.

BOARD PRESIDENT'S REPORT

Mr. Axume wished everyone a Merry Christmas and Happy New Year. He is looking forward to 2023!

EXECUTIVE DIRECTOR REPORT

Dr. Michi Gates, Executive Director

Before beginning her presentation, Dr. Gates acknowledged Tracey Mensch on her recent appointment as Chair of the Statewide Consumer Advisory Committee under DDS. This is a huge honor! Ms. Mensch and the KRC Client's Right Advocate are planning to create a Consumer Advisory Board Subcommittee that, per our bylaws, can be part of the current KRC Board of Directors. Dr. Gates is anxious to have this committee work with the Board of Directors and have a larger voice for Kern Regional Center going forward.

KRC and ARCA have been taking part in a voluntary program with DDS to discuss how to measure the performance goals identified in the Performance Measures Plan. Now that the Performance Measures have been set up, DDS and various regional center staff are collaborating on how we actually measure them. They will send the regional centers guidance on each performance measure, what the expectations are and how to implement them.

We are still in the regular monthly process of recruiting and hiring service coordinators and additional program managers. We would like to reduce the size of our units so that program managers can better support their service coordinators. The hiring environment is still a challenge, but we are making progress. New service coordinators go through a learning curve during the first year, so we ask the community to be patient as they learn. We are very grateful to have our new service coordinators.

We continue to have our monthly meeting with DDS to review provider progress to comply with the HCBS Setting Rule. The deadline for HCBS compliance is March 2023. Thank you to the Board of Directors for approving the grant project to Bakersfield ARC. The grant funds KRC to implement projects that will help further the HCBS Setting Rule. Jeffrey Popkin provided an excellent presentation at the VAC meeting giving us an update on their progress with the program. We hope that our vendors who are not yet in compliance will be compliant very soon by taking advantage of this program and the support provided by Bakersfield ARC. We want everyone to be successful and to realize the importance of meeting the compliance deadline of March 2023 as there will be no alternatives and no extensions. Those vendors who don't meet the compliance deadline will no longer receive the Federal Funding match (approximately half the cost of services). The State of California will not be able to pick up 100 percent of the cost for those providers, so, essentially, those providers will no longer be able to provide services. It is important that any provider who is having problems with compliance, contact KRC. Bakersfield ARC is standing by and ready to help. We are ready to help to ensure that everybody is successful.

Kern Regional Center and Frank D. Lanterman Regional Center had their first meeting with DDS as the first regional centers in the State to start a new program called Coordinated Family Services. The goal of Coordinated Family Services is to meet the needs of a diverse community by giving them different options, rather than just the standard menu of services that we've been providing for many years. It is supported living, but for those adults and families who are choosing to remain together in the family home as opposed to moving out into their own home or apartment. We have many individuals, especially in certain cultures, specifically our Latino community, where adults are more likely to continue living in their family home. Up to this point, we have had very limited supports that we could provide. The beauty of this service is that we can provide much more support to these individuals who are living with their families, and we are very excited about this.

The last hearing of the Little Hoover Commission was scheduled to be November 10, but they ran out of time at that hearing and were not able to have all the presenters speak. They have added another hearing that will take place on December 8 from 12:00 – 2:00 p.m. They will also take additional public comment at that hearing, so if anyone is interested in participating and would like to provide public comment, please go to the Little Hoover Commission website at lhc.ca.gov. Search under the Events tab and choose the Study on the Developmental Disability System. There you will find all the information needed to participate. If you want to make a comment, Dr. Gates suggests that you call the phone number indicated on the site early and stay in the queue because they will only hear a certain number of people. Your chances of getting on to provide input are greater the earlier you call in. You can also provide public input via email at littlehoovercommision@lhc.ca.gov.

Disability Voices United will be holding its annual Self Determination program conference, *Breaking Barriers*, this Friday, December 2. SDP is another service that provides flexibility for diverse communities and is such a wonderful and important outgrowth of the regional center system, really maximizing choice and independence and empowerment for our individuals. Those interested can sign on to the dvu.org website for more information.

The Budget Cycle for 2023-2024 will start as soon as Governor Newsom releases his January budget proposal. Dr. Gates is hoping that some of our Board Members may be interested in participating in the legislative activities this year. Tracey Mensch is going to participate by advocating for ARCA's goals that were identified this year; i.e., eliminating the annual family program fee and family cost participation program permanently; to have a mechanism for provider rates to go up with costs, and then to update and revise the Core Staffing Formula for regional centers so that we can actually get the funding we need to meet caseload ratios and provide better services. The Annual Grass Roots Day is on April 18 (where ARCA sets up scheduled appointments with legislators). Board Members who are interested in participating in that with us are very welcome to do so.

Dr. Gates has good news that the audio visual equipment for the Malibu Room has been received and is being set up. We will be learning how to utilize it to its full potential and integrating interpreter services. We are hoping that we can have an in-person meeting in January 2023. There is no meeting in December and our next meeting will be on January 24, 2023. Happy Holidays!

FINANCIAL REPORT
Tom Wolfgram, CFO

Purchase of Services Report as of September 30, 2022
Total spent for month ending September 30, 2022: $16,313,818
YTD: $52,200,454

KRC has spent approximately $4 Million more for services than by this time last year. Mr. Wolfgram estimates that there is approximately $2 Million that has not yet been billed, so this would bring us to approximately $6 Million more spent for services over last year. Out-of-Home Services shows $3 Million more spent than last year and Day Programs shows $1 Million more than the previous year.

Operations Report as of August 31, 2022
Total expenses for month ending September 30, 2022: $2,431,574
YTD: $6,117,680

The Purchase of Services Report and the Operations Report ending September 30, 2022 are filed with these minutes.

Vendor Advisory Committee Report

Tamerla Prince, VAC Representative

Ms. Prince and Mr. Roman will be meeting to strategize ways to strengthen communication and collaboration between the regional center, vendors, and service providers so that we can more effectively meet the needs of clients.

There are so many new service coordinators and staff at Kern Regional Center that VAC believes it would be beneficial to reinstate the Vendor Fair. VAC will be in discussion about how to make that happen as quickly and safely as possible. More updates to come.

The HCBS project with Bakersfield ARC is hosting webinars on November 30, December 1, December 14, and December 28. E-mails are going out to the community and providers to inform them of the webinars and provide technical assistance if needed.

VAC members noticed that Social Recreation Grant information was posted on some other regional center websites and wanted to know if it will be posted on the KRC website. Mr. Roman answered that the posting for our website is being finalized and will be on the website soon.

ADJOURNMENT

With nothing further to discuss, Mr. Axume adjourned the meeting at 7:35 p.m.

Board Education Session on Tuesday, January 24, 2023, at 5:30 p.m. via Zoom.
The next public meeting will take place on Tuesday, January 24, 2023, at 6:00 p.m.

Respectfully Submitted,

Darlene Pankey
Executive Assistant

Attachment 2

MEMORANDUM

TO: BOARD OF DIRECTORS, KERN REGIONAL CENTER

FROM: ENRIQUE ROMAN, DIRECTOR OF COMMUNITY SERVICES

SUBJECT: APPROVAL OF THE 2023/2024 PERFORMANCE CONTRACT

DATE: JANUARY 17, 2023

Board of Directors,

I come before you this evening to request approval of Kern Regional Center's (KRC) preliminary 2023/2024 Performance Contract.

The Department of Developmental Services (DDS) establishes contracts with regional centers that include specific, measurable, performance objectives. The annual performance contracts are designed to help consumers achieve quality of life, reach meaningful progress above current baselines, and develop services and supports to meet consumer's needs.

With your approval of the preliminary Performance Contract, KRC will submit the Board Approved draft performance contract to DDS for final approval.

Attached, is the preliminary 2023/2024 performance contract along with the community input from the two community meetings that were held and the input from the focus group held with the Padres Unidos group.

Respectfully,

Enrique Roman

Enrique Roman
Director of Community Services

Kern Regional Center

January 1, 2023 through June 30, 2024

Public Policy Performance Measures (Required)

Measures	*Statewide Average June 2021*	*KRC Baseline as of June 2021*	*Statewide Average July 2022*	*KRC Baseline as of July 2022*	*Activities Regional Center will Employ to Achieve Outcome*
1. Number and percent of Regional Center consumers in Developmental Centers (DC) *(lower is better)*	**0.07%** **255**	**0.10%** **11**	**0.06%** **233**	**0.08%** **9**	• KRC will 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 its Community Placement Plan (CPP)/Community Resouce Development Plan (CRDP), which identifies the current needs and services of individuals residing in developmental centers. • 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. • KRC will complete comprehensive assessment (initial/update) for consumers residing in the developmental centers who meet criteria for placement. • KRC will faciliate placement of consumers from the developmental center to appropriate community settings. • KRC will develop community resources that would serve individuals with complex needs.

Measures	*Statewide Average June 2021*	*KRC Baseline as of June 2021*	*Statewide Average July 2022*	*KRC Baseline as of July 2022*	*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)	**99.53% 182,139**	**99.62% 5,459**	**99.60% 196,913**	**99.69% 6,134**	• Continue to develop programs to serve children. • Provide information and referral to parents about Family Resource Center(s). • Provide enhanced training to service coordination staff on available service delivery options (Self-Determination, Participant Directed services, etc.) to allow clients/families more flexibility in creating support plans that would better fit their individual family circumstance.
3. Number and percent of adults residing in independent living *(higher is better)*	**9.76% 17,608**	**8.01% 409**	**9.48% 17,651**	**7.61% 404**	• Service coordinators will discuss and provide Independent Living Services (ILS) options with consumers and families using a person-centered process. • Provide enhanced training to service coordination staff on available service delivery options (Self-Determination, Participant Directed services, etc.) to allow clients more flexibility in creating support plans that would better fit their individual need.
4. Number and percent of adults residing in supported living *(higher is better)*	**5.18% 9,348**	**9.75% 498**	**5.02% 9,350**	**9.06% 481**	• Continue to provide information on Supported Living Service (SLS) options to consumers and families using a person-centered process. • Provide enhanced training to service coordination staff on available service delivery options (Self-Determination, Participant Directed services, etc.) to allow clients more flexibility in creating support plans that would better fit their individual need.
5. Number and percent of adults residing in Adult Family Home Agency (AFHA) homes *(higher is better)*	**0.89% 1,609**	**4.23% 216**	**0.82% 1,529**	**3.88% 206**	• Continue to work with FHA providers to comply with statutory monitoring requirements. • Increase AFHA avalability

Measures	*Statewide Average June 2021*	*KRC Baseline as of June 2021*	*Statewide Average June 2022*	*KRC Baseline as of July 2022*	*Activities Regional Center will Employ to Achieve Outcome*
6. Number and percent of adults residing in family homes (home of parent or guardian) *(higher is better)*	**66.36% 119,712**	**64.51% 3,294**	**67.43% 125,589**	**66.41% 3,527**	• Continue to provide services and support to maintain consumers in the family home. • Provide service coordination staff with ongoing training on available service delivery options (Self-Determination, Participant Directed services, etc.) to allow clients/families more flexibility in creating support plans that would better fit their individual family circumstance.
7. Number and percent of adults residing in home settings (independent or supported living, Adult Family Home Agency and Family homes) *(higher is better)*	**82.20% 148,277**	**86.51% 4,417**	**82.75% 154,119**	**86.95% 4,618**	• See #3 through #6 above.

Measures	*Statewide Average June 2021*	*KRC Baseline as of June 2021*	*Statewide Average July 2022*	*KRC Baseline as of July 2022*	*Activities Regional Center will Employ to Achieve Outcome*
8. Number and percent of minors living in facilities serving greater than 7 - (ICF, SNF,CCF). *(lower is better)*	**0.03% 66**	**0.00% 0**	**0.03% 54**	**0.00% 0**	• Continue to identify and track children at risk of institutional placement.
9. Number and percent of adults living in facilities serving greater than 7 - (ICF, SNF, CCF) *(lower is better)*	**1.84% 3,323**	**.96% 49**	**1.71% 3,188**	**0.75% 40**	• Continue to identify and track adults in large facilities. • With the assistance of clinical staff, case management will review the appropriateness of current placement and assess for placement options based on medical needs.

Public Policy Performance Measures (Related to Employment)

Measures	*Statewide Average*	*KRC*	*Statewide Average*	*KRC*	*Activities Regional Center will Employ to Achieve Outcome*
1. Number and percentage of consumers, ages 16-64 with earned income. *(higher is better)*	**2019 17.17% 25,710**	**2019 14.03% 583**	**2020 (NCI In-Person Survey) 18.86% NCI 22,772**	**2020 (NCI In-Person Survey) 16.36% 587**	• Identify consumers ages 16-64 with earned income. • Maintain local partnership agreement between KRC, local educational agencies, and the Department of Rehabilitation. • Provide ongoing training to case magement staff and service providers on KRC's Employment First Policy and and other client employment initiatives.
2. Average annual wages for consumers ages 16-64 *(higher is better)*	**2019 $8,772**	**2019 $8,795**	**2020 $9,733**	**Average PIP/CIE Annual Income $10,224 (2020)**	• Track progress. • Continue to educate supportive employment providers on KRC's employment first policy and Competitive Integrated Emplyment policies. • Provide ongoing training to case magement staff and service providers on KRC's Employment First Policy and and other client employment initiatives.
3. Annual earnings of consumers ages 16-64 compared to people with all disabilities in CA *(higher is better)*	**2020 $25,900**	**TBD**	**2021 $26,794**	**TBD**	• Track progress. • Continue to educate supportive employment providers on KRC's Employment First Policy and Competitive Integrated Emplyment policies. • Maintain local partnership agreement between KRC, local educational agencies, and the Department of Rehabilitation. • Provide ongoing training to case magement staff and service providers on KRC's Employment First Policy and and other client employment initiatives.

4. Number of adults who were placed in competitive, integrated employment following participation in a Paid Internship Program. *(higher is better)*	**2019-20 8**	**2019-20 4**	**2020-21 6**	**2020-21 6**	• 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. • Provide ongoing training to case magement staff and service providers on KRC's Employment First Policy and and other client employment initiatives.
Measures	***Statewide Average***	***KRC Baseline***	***Statewide Average***	***KRC Baseline***	***Activities Regional Center will Employ to Achieve Outcome***
5. Percentage of adults who are placed in competitive, integrated employment following Participation in a Paid Internship Program *(higher is better)*	**2019-20 9%**	**2019-20 8%**	**2020-21 14%**	**2020-21 14%**	• Track progress. • Maintain local partnership agreement between KRC, local educational agencies, and the Department of Rehabilitation. • Provide ongoing training to case magement staff and service providers on KRC's Employment First Policy and and other client employment initiatives.

6. Average hourly or salaried wages and hours worked per week for adults who participated in a Paid Internship Program during the prior fiscal year. *(higher is better)*	**2019-20 $13.31/hr 16 hrs/wk**	**2019-20 $12.75/hr 18 hrs/wk**	**2020-21 $14.75/hr 17 hrs/wk**	**2020-21 $13.87/hr 15 hrs/wk**	• Track progress. • Data obtained from DDS annual Report • Provide ongoing training to case magement staff and service providers on KRC's Employment First Policy and and other client employment initiatives.

Measures	*Statewide Average*	*KRC Baseline*	*Statewide Average*	*KRC Baseline*	*Activities Regional Center will Employ to Achieve Outcome*
7. Average wages and hours worked for adults engaged in competitive, integrated employment, on behalf of whom incentive payments have been made. *(higher is better)*	**2019-20 $13.52/hr 21 hrs/wk**	**2019-20 $12.58/hr 20 hrs/wk**	**2020-21 $14.81/hr 23 hrs/wk**	**2020-21 $14.97/hr 30 hrs/wk**	• Track progress. • Data obtained from DDS annual Report. • Provide ongoing training to case magement staff and service providers on KRC's Employment First Policy and and other client employment initiatives.
8. Total number of $1000, $1250 and $1500 incentive payments made for the fiscal year *(higher is better)* ***Note: Effective 07/01/21 incentive payments have changed to $2,000, $2,500 and $3,000***	**2019-20 $1000 (34) $1250 (28) $1500 (22)**	**2019-20 $1000(4) $1250(6) $1500(0)**	**2020-21 $1000 (33) $1250 (19) $1500 (17)**	**2020-21 $1000(8) $1250(2) $1500(3)**	• Track progress. • Data obtained from DDS annual Report. • Provide ongoing training to case magement staff and service providers on KRC's Employment First Policy and and other client employment initiatives.
9. Percentage of adults who reported having integrated employment as a goal in their IPP *(higher is better)*	**2017-18 State Avg 29%**	**207-18 KRC Avg 31%**	**2020-21 State Avg 35%**	**TBD**	• KRC to develop a plan on how to track these objectives. • Provide service coordiantion staff with enhanced training on proper IPP development. • Obtain National Core Indicator (NCI) Survey. • NCI measure "community employment" versus "integrated employment.

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

Measures	*KRC FY 2019-20 % Utilized ALL AGES*	*KRC FY 2019-20 Age & Utilized*	*KRC FY 2020-21 % Utilized ALL AGES*	*KRC FY 2020-21 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** 63.7% - **Black/AA** 69% - **Native Hawaiian or Other Pacific Islander** 83.7% - **Hispanic** 66.8% - **Native American** 70.8% - **White** **69%**	**0 - 2** 61.4% - **3 - 21** 56.1% - **22 - ^** 68.6%	**Asian** 59.4% - **Black/AA** 63.9% - **Native Hawaiian or Other Pacific Islander** 71% - **Hispanic** 60.9% - **Native American** 38.2% - **White** 63.9%	**0 - 2** 56.3% - **3 - 21** 57.5% - **22 - ^** 63.4%	• KRC will utilized the DDS Disparity Grant(s) to implement a plan to address disparity for KRC consumers. • Conduct outreach and training through educational presentations about regional center services in venues serving families with young children 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 servcies 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. utlization. If utlization 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 to provide training to service coordination staff on different modalities of service delivery (Self-Determination, Participant Directed services, etc.) utilizing specialized staff (enhanced service coordinators, participant choice specilaists, Deaf and Hard of Hearing specialist, etc.).

Measures	*KRC FY 2019-20 Ethnicity All Ages*	*KRC FY 2019-20 All Ethnicities*	*KRC FY 2020-21 Ethnicity All Ages*	*KRC FY 2021-20 All Ethnicities*	*Activities Regional Center will Employ to Achieve Outcome*
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.	**Asian** 29.3% - **Black/AA 21.8%** - **Native Hawaiian or Other Pacific Islander** 14.3% - **Hispanic** 32.5% - **Native American** 32.1% - **Other** 30.4% - **White** 25.5%	**0 - 2** 5.9% - **3 - 21** 44.5% - **22 - ^** 17.7%	**Asian** 31.8% - **Black/AA** 24.9% - **Native Hawaiian or Other Pacific Islander** 0.0% - **Hispanic** 32.5% - **Native American** 23.8% - **Other** 30.4% - **White** 25.5%	**0 - 2** 9% - **3 - 21** 45.6% - **22 - ^** 18.7%	• 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 utlization of services and support and documentation of generic resources. • KRC to provide training to service coordination staff on different modalities of service delivery (Self-Determination, Participant Directed services, etc.) utilizing specialized staff (enhanced service coordinators, participant choice specilaists, Deaf and Hard of Hearing specialist, etc.).

Measures	*Yes/No*	*Activities Regional Center will Employ to Achieve Outcome*
1. Unqualified independent audit with no material finding(s).	**YES**	• Establish, apply and maintain good business practices and generally accepted accounting principles.
2. Substantial compliance with Department of Developmental Services fiscal audit	**YES**	• Establish, apply and maintain good business practices and generally accepted accounting principles.
3. Accuracy percent of POS fiscal projections (based on February SOAR)	**YES**	• Strive to improved accuracy of POS fiscal projections based on history and ongoing utilization review.
4. Operates within OPS budget	**YES**	• Develop plan to operate within the operational funds allocation.
5. Certified to participate in Waiver	**YES**	• Maintain compliance with Medicaid Waiver requireme
6. Compliance with Vendor Audit Requirements per contract, Article III, Section 10.	**YES**	• Maintain compliance with contract.

Measures	*Statewide Average June 2021*	*KRC Baseline as of June 2021*	*Statewide Average July 2022*	*KRC Baseline as of July 2022*	*Activities Regional Center will Employ to Achieve Outcome*
7. CDER/ESR Currency	**98.39%**	**98.35%**	**98.21%**	**97.81%**	• Continue to monitor timely completion of CDER/ESR.

Measures	*State Target*	*FFY 2018-19 Report*	*FFY 2020-21 Report*	*FFY 2021-22 Report*	*Activities Regional Center will Employ to Achieve Outcome*
8. Intake/assessment and IFSP time lines (0-2).	**100%**	**96%**	**94.30%**	**TBD**	• Implement to ensure timely completion of intake/assessment and IFSP. Maintain compliance with T17 requirements [R3].
Measures	*Statewide Average June 2021*	*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.	**98.27%**	**99.39%**	**95.05%**	**87.09%**	• Implement plan to ensure timely completion of intake/assessment in accordance with W&I section 4642 & 4643. • Complete a comprehensive review of the Intake Process to move towards meeting statutory requirements. • Recruit and develop sufficient clinical resources (psychologists) to provide thorough assessment for individuals applying for Lanterman services.

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))	**90%**	**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 workers 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 2019-20 Report*	*FFY 2020-21 Report*	*Activities Regional Center will Employ to Achieve Outcome*
11. An Initial IFSP Development Part C 45 day time line (Title 17 requirements).	**100%**	**76%**	**100%**	• Comply with all requirement of Title 17 for timely completion of individual program plans for infants and children receiving Early Intervention services. • 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

REGIONAL CENTER PERFORMANCE MEASURES

Review Performance Measureswill be reviewed with staff to understand expectations.

Focus Area	Measure	Measure Description
Early Start	Child Find and Indentification	1. RC submits a Child Find Plan and will work with DDS to establish a reporting structure that will be used by all RCs to report on measures and the types of outreach/child find activities supported by RC staff or funding 2. Number of children identified* in proportion to the total number of 0-2 year-old children in the county, or zipcode, reported by lanuage, race and ethnicity.
	Timely Access to Early Start Services	Rate of Individual Family Service Plan (IFSPs) completed within the Federally required 45-day timeframe from receipt of referral.
Employment	Participation in Competitive Integrated Employment (CIE)	Number of consumers who participate in competitive integrated employment (CIE) for at least 30 days during the reporting period stratified by: * Students enrolled in or attending secondary education * Adults who are no longer enrolled in or attending secondary education
	Data Points and Reporting for CIE	RCs will work with DDS to establish datat points and reporting in SANDIS regarding interest in or actively participating in CIE.
Equity and Cultural Competency	Linguistic Diversity	1. Number of bilingual Service Coordinators (SCs) including intake staff and first line supervisors for each language. 2. Language distribution across people receiving RC services
	Language Access	Number of requests for translated IPP documents and length of time to complete request.

REGIONAL CENTER PERFORMANCE MEASURES

Focus Area	Measure	Measure Description
	Service Coordinator Competency in Cultural and Ethnic Diversity	Percentage of Service Coordinators (SCs) including intake staff and first line supervisors participating in training related to cultural and linguistic competency.
Individual and Family Experience and Satisfaction	Consumer/Family Satisfaction with Regional Center Services	RCs will work with DDS to establish annual feedback from individuals receiving RC services and Family members, with eight or more common components agreed upon across all 21 RCs
Person-Centered Services Planning	Service Plans Demonstrate Person-Centered Criteria	RCs commit to the development and use of a consistent person-centered service plan document.
	Service Coordinator Facilitation Skills	Number of caertified Person-Centered Plan Facilitation Trainers employed by the RC and qualified to deliver plan facilitation training.
Service Coordination and Regional Center Operations	Choice of Services within Regional Center	Number of vendors for each service type within the RC catchment area, reported by zip code
	Timely Service Authorizations	Number of days between annual individual program plan (IPP) review and service authorization, reported as an average and range.
	Service Coordinator Competency	1. Develop a set of Service Coordinators (SC) training standards and competencies approved by DDS for use statewide 2. Establish data elements for reporting on number of SCs who completed all requirements within the standards.
	Intake Process	RCs agree to develop and utilize a standard intake process that includes core elements articulated by DDS, focused on customer service.

STATEMENT OF ASSURANCES

This is to assure that **Kern Regional Center** Calendar Year 2023-24 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 2023-24 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)];

Signature of RC Director: _____

Michi A. Gates, Ph.D. Kern Regional Center Executive Director

Date: _____

Kern Regional Center

Performance Contract 2023-24

Focus Group – Padres Unidos

December 6, 2022

NOTES

Presenter: Enrique Roman

KRC Staff in Attendance:

- Celia Pinal – Director of Client Services
- Kristine Khuu – Assistant Director
- Yesenia Mackie – Assistant Director

Padres Unidos' Members in attendance (sign-in sheet attached):

- Griselda Cordero
- Ana Isabel Alonzo
- Maria Gamez
- Norma Tuiasosopo
- Grace Huerta
- Sergio Toro
- Araceli Gonzalez
- Nallely Solis
- Maria Solis
- Enriqueta Rivas
- Margarita Paz

KRC Performance Contract Focus Group meeting with Padres Unidos was held in-person and conducted in Spanish without the use of an interpreter.

- Focus Group discussion started at 10:00am on December 6, 2022

- Mr. Roman started the discussion with providing the group with an explanation for the purpose of the meeting and what KRC hoped to accomplish (i.e. discuss the performance contract measures and obtain feedback on the activities KRC will employ to achieve the outcomes). Mr. Roman acknowledged that most/all members of the group were not aware of the existence of the performance contract nor its importance or purpose.
- Mr. Roman informed the group of the DDS requirements for public comment/input.
- The group questioned KRC staff on what methods were used to notify the community of the two scheduled Community Meetings (December 12 and 13, respectively).
- KRC staff responded by stating that meeting notices were placed on KRC's website and notices were sent via KRC's social media platforms.

- The group suggested that perhaps KRC should also send out flyers via U.S. mail to clients and families. Discussion followed.
- Mr. Roman provided the group with information on how the performance contract was structured and information on how to read the document.
- The group stated that this was a lot of information to discuss in one meeting, given that the group was not familiar with the performance contract. Furthermore, most members of the group were not familiar with some of the concepts in the plan (i.e. what a developmental center was and the need to depopulate; what purchase of service was [encumbrance vs. utilization], etc.).
- The group expressed an interest in reviewing the two disparity/equity measures. Discussion followed.
- The group expressed their concern about their ability to provide meaningful feedback given the short timeline to submit to the Department.

- The focus group meeting ended at 12:00pm

Kern Regional Center

Performance Contract 2023-24

Community Meeting – English Language

December 12, 2022

NOTES

Presenter: Enrique Roman

KRC Staff in Attendance:

- Celia Pinal – Director of Client Services
- Kristine Khuu – Assistant Director

Stakeholder Attendance (sign-in sheet attached:

- Jeff Popkin – Bakersfield ARC
- Edwin Pineda – Department of Developmental Services
- Sandra Van Scotter

KRC Performance Contract Community meeting (#1) was held on December 12, 2022 virtually via Zoom and was conducted in English.

- Our discussion started at 6:00pm

- Mr. Roman started the discussion with providing the group with an explanation for the purpose of the meeting and what KRC hoped to accomplish (i.e. discuss the performance contract measures and obtain feedback on the activities KRC will employ to achieve the outcomes).
- Mr. Roman informed the group of the DDS requirements for public comment/input.
- Mr. Roman informed participants that meeting notices were placed on KRC's website and notices were sent via KRC's social media platforms.
- Mr. Roman asked the group if there were any questions before starting the discussion; none were noted.
- Mr. Roman presented the information to the group.
- One question was asked by Ms. Van Scotter at the end of the presentation concerning KRC's efforts to develop services out in the rural communities of Kern County (i.e. Ridgecrest). Mr. Roman informed the group of KRC's efforts to develop additional services in these areas via the CPP/CRD Plan. Short discussion followed.

- The Community meeting ended at approximately 7:00pm.

Kern Regional Center

Performance Contract 2023-24

Community Meeting – Spanish Language

December 13, 2022

NOTES

Presenter: Enrique Roman

KRC Staff in Attendance:

- Celia Pinal – Director of Client Services

Stakeholder Attendance (sign-in sheet attached):

- Nuvia Gonzalez – (Parent of child undergoing KRC intake process)
- Edwin Pineda – Department of Developmental Services

KRC Performance Contract Community meeting (#2) was held on December 13, 2022, virtually (via Zoom) and was conducted in Spanish without the use of an interpreter.

- Our discussion started at 6:00pm

- Mr. Roman initiated the discussion with providing the group with an explanation for the purpose of the meeting and what KRC hoped to accomplish (i.e. discuss the performance contract measures and obtain feedback on the activities KRC will employ to achieve the outcomes).
- Mr. Roman informed the group of the DDS requirements for public comment/input.
- Mr. Roman informed participants that meeting notices were placed on KRC's website and notices were sent via KRC's social media platforms.
- Mr. Roman asked the group if there were any questions before starting the discussion; none were noted.
- Mr. Roman presented the information to the group.

Note: Attendees did not ask any questions.

- The Community Meeting ended at approximately 7:00pm.

Attachment 3

KERN REGIONAL CENTER
PURCHASE OF SERVICE
FY 2022-2023
AS OF NOVEMBER 30, 2022

PURCHASE OF SERVICES	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	2022-2023 Total
OUT-OF-HOME													
Community Care Facility	5,163,074	5,245,417	5,219,489	5,232,646	5,195,811								26,056,437
ICF/SNF Facility	113,086	154,892	198,876	193,296	177,267								837,417
TOTAL OUT OF HOME	5,276,160	5,400,309	5,418,365	5,425,942	5,373,078	-	-	-	-	-	-	-	26,893,854
DAY PROGRAMS													
Day Care	51,627	53,088	47,191	46,782	45,475								244,163
Day Training	2,748,973	3,180,950	3,017,356	2,796,429	2,733,697								14,477,405
Supported Employment	416,697	472,591	430,905	403,511	417,318								2,141,022
Work Activity Program	8,562	9,740	10,097	8,755	7,685								44,839
SUBTOTAL DAY PROGRAMS	3,225,859	3,716,369	3,505,549	3,255,477	3,204,175	-	-	-	-	-	-	-	16,907,429
OTHER SERVICES													
Non Medical Services Prof	362,552	375,337	361,149	347,841	340,981								1,787,860
Non Medical Services Prog	1,280,054	1,495,538	1,466,773	1,565,752	1,492,231								7,300,348
Home Care Services Prog	8,882	13,492	15,260	12,853	2,223								52,710
Transportation	466,193	479,951	478,085	433,351	463,401								2,320,981
Transportation Contracts	511,214	524,684	645,610	458,015	513,152								2,652,675
Prevention Services	536,389	631,924	607,187	652,783	207,138								2,635,421
Other Authorized Services	3,515,994	3,666,338	3,567,724	3,636,241	3,484,896								17,871,193
P & I Expense	16,418	10,602	11,372	11,064	19,218								68,674
Hospital Care	7,500												7,500
Medical Equipment	1,965	9,562	1,912	1,524	1,192								16,155
Medical Services Prof	199,414	206,572	199,135	197,484	148,263								950,868
Medical Servces Prog	32,928	37,198	35,093	28,633	20,765								154,617
Respite Care - In Home	2,087,082	2,117,061	2,097,140	2,101,777	1,249,879								9,652,939
Respite Care - Out of Home	18,656	9,600	9,017	15,768	9,131								62,172
													-
													-
TOTAL OTHER SERVICES	9,045,241	9,577,859	9,495,457	9,463,086	7,952,470	-	-	-	-	-	-	-	45,534,113
TOTAL PURCHASE OF SERVICES	17,547,260	18,694,537	18,419,371	18,144,505	16,529,723	-	-	-	-	-	-	-	89,335,396
COMMUNITY PLACEMENT PLAN													
Community Care Facility	242,832	243,316											486,148
ICF/SNF Facility													-
Day Training													-
Non-Medical Services													-
Non-Medical Services-Programs		1,550											1,550
Transportation													
Other Authorized Services	951	1,313											2,264
Other Services													-
Medical Care - Prof													-
Community Care Facility													-
TOTAL COMMUNITY PLACEMENT PL	243,783	246,179	-	-	-	-	-	-	-	-	-	-	489,962
TOTAL PURCHASE OF SERVICE	17,791,043	18,940,716	18,419,371	18,144,505	16,529,723	-	-	-	-	-	-	-	89,825,358

Attachment 4

KERN REGIONAL CENTER
OPERATIONS
FY 2022/2023
AS OF NOVEMBER 30, 2022

	PROPOSED EXPENDITURE	YEAR TO DATE	07/31/22	08/31/22	09/30/22	10/31/22	11/30/22	12/31/22	01/31/23	02/28/23	03/31/23	04/30/23	05/31/23	06/30/23	TOTAL	(OVER)/UNDER
OPERATIONS																
Salaries & Benefits	20,378,826	8,621,811	1,427,790	1,567,602	2,011,650	1,261,290	1,116,049								7,384,381	1,237,430
Operating Expenses	4,768,000	2,017,231	306,691	363,842	403,645	530,362	629,596								2,234,135	(216,905)
SUBTOTAL OPS	25,146,826	10,639,042	1,734,481	1,931,444	2,415,295	1,791,651	1,745,645	-	-	-	-	-	-	-	9,618,517	1,020,525
COMMUNITY PLACEMENT PLAN																
Salaries & Benefits		-				266,852	63,808								330,659	(330,659)
Operating Expenses		-			30,170	56,416	47,670								134,256	(134,256)
SUBTOTAL CPP	-	-	-	-	30,170	323,268	111,478	-	-	-	-	-	-	-	464,916	(464,916)
FOSTER GRANDPARENT PROGRAM																
Salaries & Benefits	98,040	41,478	3,823	4,467	6,206	4,467	4,467								23,430	18,049
Operating Expenses	151,503	63,126	3,444	153	4,221	14,490	11,476								33,784	29,342
SUBTOTAL FGP	249,543	104,605	7,267	4,620	10,427	18,957	15,943	-	-	-	-	-	-	-	57,214	47,391
SENIOR COMMPANION PROGRAM																
Salaries & Benefits	65,360	27,652	2,557	2,978	4,137	2,978	2,978								15,628	12,024
Operating Expenses	101,002	42,084	2,565	194	2,921	8,019	6,910								20,608	21,476
SUBTOTAL SCP	166,362	69,736	5,122	3,172	7,058	10,997	9,888	-	-	-	-	-	-	-	36,236	33,500
TOTAL OPERATIONS	25,562,731	10,813,383	1,746,869	1,939,236	2,462,951	2,144,873	1,882,953	-	-	-	-	-	-	-	10,176,883	636,500

Home and Community-Based Services (HCBS)

Presented by:
Leslie Reynaga, HCBS Program Evaluator
Kern Regional Center
Lreynaga@kernrc.org – 661-852-3227

Change is a constant in our world.

Michigan. Governor (1969-1983: Milliken), Addresses and Special Messages

Agenda

- Brief overview of the HCBS Final Rule
- Purpose
- Person Centered Practices
- Final Rule Federal Requirements #1-10

All this may make more sense if you understand the history of how we got here..

Katie Beckett was born in 1978 and contracted viral encephalitis, which left her dependent on a tracheostomy and ventilator to breathe. The surgery and technology to save her life existed, but the framework to pay for things wasn't in place.

Children who are tracheostomy and ventilator dependent need 24 hour nursing care. Katie's parents were middle class people - they weren't rich enough to hire paid nurses on their own, but they made too much money for Katie to get Medicaid to pay for nurses at home. Under the old system, as long as Katie lived in the hospital, private insurance and Medicaid would pay for her care. But if Katie's parents brought her home, their income was too high for her to qualify for Medicaid. This is why we say that there is an "institutional bias" in Medicaid - because the entire system is built so that the most expensive care that is provided in hospitals and nursing homes is covered, but the most effective and least expensive care that is provided at home isn't. Katie lived in the hospital for the first **three years** of her life, because the rules of Medicaid kept her stuck there.

President Reagan signed off on a change in federal Medicaid rules in 1981 to allow for "waivers" to the family income rules to allow for Katie, and other kids like her, to keep their Medicaid eligibility based on their serious medical condition and not based on their parents income. He left the administration of those waivers to the states, so each state has to set up their own program and rules on what kids can continue to get Medicaid at home.

Some states do a good job, some states (intentionally) do a terrible job. Even though California's HCBS Waiver is a confusing mess sometimes, California is actually one of the best states to have a medically complex child or to be a medically complex adult. The state has been working to streamline and enhance the ability for many individuals to live with long-term care services in their homes and community. (6)

Key Points in History

LR4

Home and Community Based Services (HCBS) Waiver was added to section 1915(c) of the Social Security Act. (3)

LR5

California's Statewide Transition Plan (STP) was initially approved by CMS, identifies the framework and strategy for achieving and maintaining compliance with the Final Rule federal requirements for HCBS settings by 2023. (4)

1980s

2014

2018

In the HCBS Final Rules were released by the Centers of Medicare and Medicaid (CMS), as part of the Affordable Care Act. The rules ensure that home and community-based services programs funded through Medicaid – called Medi-Cal in California – provide eligible persons with disabilities full access to the benefits of community living and offer them long-term services and supports in the most integrated settings of their choosing. (4)

LR4 Medi-aid (Medi-cal) in California, through what is called the Wavier, helps pay for most of the services regional centers provide to individuals with developmental disabilities. In March 2014 new federal rules became effective describing how home and community-based services are provided.
Leslie Reynaga, 1/6/2022

LR5 Prior to the Final Rule, home and community-based (HCB) setting requirements were based on location, geography, or physical characteristics. The Final Rules define HCB settings as more process and outcome-oriented, guided by the individual's receiving services person-centered service plan by:
Leslie Reynaga, 4/13/2022

What is Home and Community Based Services?

HCBS essentially different kinds **of long term service and supports** for people with disabilities and older adults **to live and spend their days**; for example such as living in a licensed residential care facility and/or attend day program. (2)

The **HCBS Final Rule** explains what these settings **should be like and describes quality services** within its 10 Federal Requirements.

These services can be a combination of standard medical services and non-medical services.

Services can include, but are not limited to:

- case management (i.e. supports and service coordination)
- homemaker
- home health aide
- personal care
- adult day health services
- **habilitation (day program and residential care facilities)**
- **Employment and Work Activity Programs**
- and respite care (4)

What is the Final Rule About?

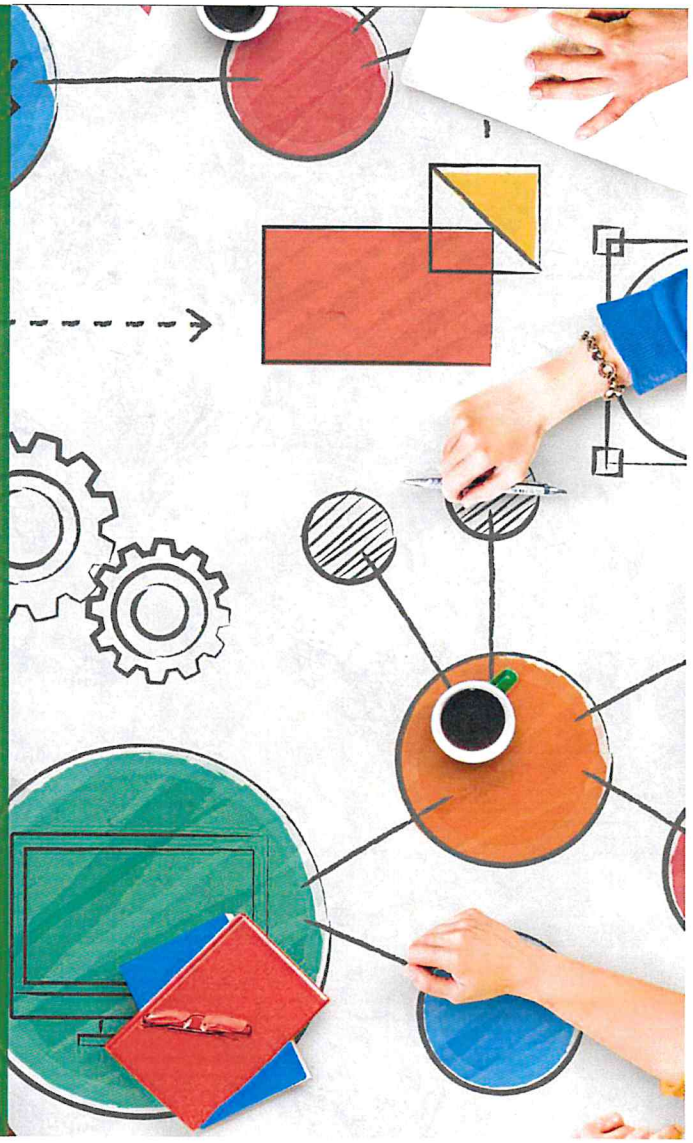
The Home and Community-Based Services (HCBS) Final Rule was developed to ensure that individuals have full access to the benefits of community living and the opportunity to receive services in the most appropriate integrated setting.

What is the Final Rule About? Continued

It The HCBS Final Rule focuses on the quality of individuals' experiences and not solely on the settings where the services are delivered this is described further **within its 10 federal requirements. .** (1)

The theme within the Final Rule promotes individuals to have an **active role** in the development of their plan,

- Encourages person-centered planning process, Which is a plan that reflects the individual's service and supports and what is important to/and for them. (1)



Coordinated Support for the Final Rule

The Centers of Medicare and Medicaid (CMS) and the Department of Developmental Services (DDS) and its collaborative partners have created a Statewide Transition Plan (STP) detailing steps toward compliance with the Final Rule by 2023. Some of these steps include provider self-assessments, virtual assessments, remediation, webinar trainings, and opportunities for compliance funding. (1)

Current Phase: Validation and Remediation

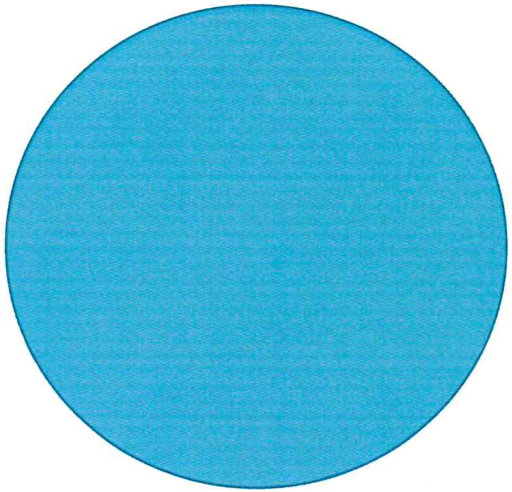
We have a grand total of 176 providers as of January 19, 2023

Compliant: 96

Incompliant:20

Submitted and under review: 46

Not submitted: 14



HCBS Final Rule Federal Requirements

Federal Requirement #1	**Access to the Community**
Federal Requirement #2	**Choice of Setting**
Federal Requirement #3	**Right to be Treated Well**
Federal Requirement #4	**Independence**
Federal Requirement #5	**Choice of Services and Supports**
Federal Requirement #6	**Residential Agreement**
Federal Requirement #7	**Privacy**
Federal Requirement #8	**Schedule and Access to Food**
Federal Requirement #9	**Right to Visitors**
Federal Requirement #10	**Accessibility**

Federal Requirements 6-9 are only applicable to residential services

Shared Responsibility

Additionally, a provider may not be solely responsible for the activities associated with each requirement, as some may be a shared responsibility with the regional center or another entity.

Each individual and service provider is unique. As a result, there are many ways to align services in California to meet the federal requirements. Collecting input from individuals on their experience is necessary to ensure services are individualized and person-centered since there is not a singular template or service design that can be used to meet these requirements in all situations. (5)

Modified based on individualized need

there are some requirements within the HCBS Final Rule that can be modified based on an individualized need. However, all the following must be documented in the individual's program plan and/or service plan:

- **A specific** and individualized assessed **need.**
- **Positive interventions and supports** used prior to any modification(s).
- **Less intrusive methods** of meeting the need that have been tried but did not work.
- **Clear description of the condition(s)** that is directly proportionate to the specific assessed need.
- Review of regulations and data to measure the **ongoing effectiveness** of the modification(s).
- Established time limits **for periodic reviews** to determine if the modification(s) is still necessary or can be terminated.
- **Informed consent** of the individual.
- An assurance that interventions and supports **will cause no harm** to the individual

(5)

Requirement #1: Being part of the community

This means that the setting supports someone with a disability to have the same chances to be an active and included member of their neighborhood and community as someone without disabilities. People should have opportunities to:

- find competitive employment working alongside people without disabilities.
- participate in community life and activities.
- control resources

(2)

Requirement #2: Choice of Setting

This means that the setting supports a person with a disability to **choose where and how they live from among options** that include settings where people without disabilities live and spend their day.

This includes opportunity to explore options of services (residential, day, or employment services, or community settings (non disability specific)

- Tour to find the best match and choice

In Residential

- Having an option for a private room and or choice of roommate in shared settings.

(2)

Requirement #3: Having privacy, dignity, respect and freedom from coercion or restraint

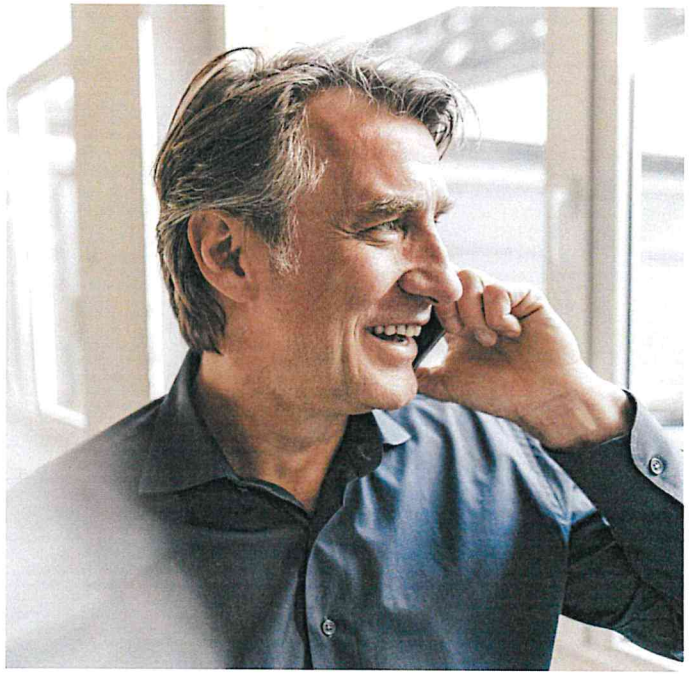
This means organizations would continue to be supportive in the commitment to protect and promote personal rights

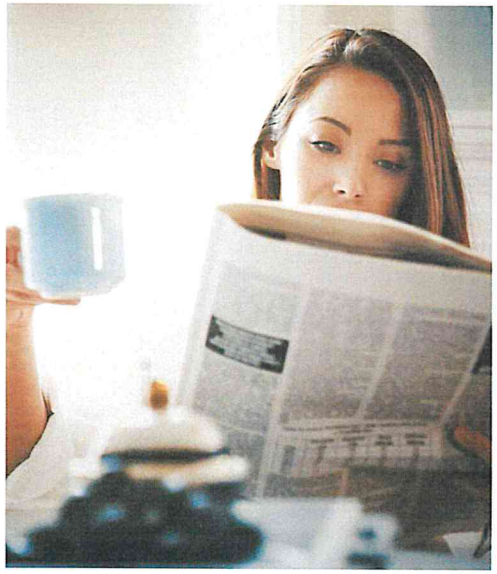
- Privacy to have phone calls, open mail, visit privately, being able to lock doors to one's room
- Interactions reflect concern for opinions, feelings, preferences
- To enhance dignity and respect

For example: respecting privacy when providing supports needed for dressing/hygiene, and/or when entering a residents room.

- Decision making supports are provided as needed

(2)





Requirement #4: Independence

Optimize individual initiative, autonomy and independence in making life choices

Including:

- decide how people spend their day
- set a personal schedule.
- choose where to go.

.

Supports and services are provided to the extent needed by the person

Decision making supports are provided to people as needed

(2)

Requirement #5: Choosing supports and who provides them

The provider setting supports people to **choose their services and who** provides them.

Choice means that a person can choose
what services and supports they need.
who provides those services and
where they are provided.

Like most things in life, choices are based on individual needs and preferences as well as the options and resources that are available.

Ex: Staffing, sharing grievances, requesting to modify services and retire)

(2)

Requirement # 6 Residential Agreements

Aka Residential Condition: Tenants' Rights

This means that a person with a disability has the same rights and protections from eviction as other tenants

(2)

Requirement #7 Respect and privacy

Aka Residential Condition

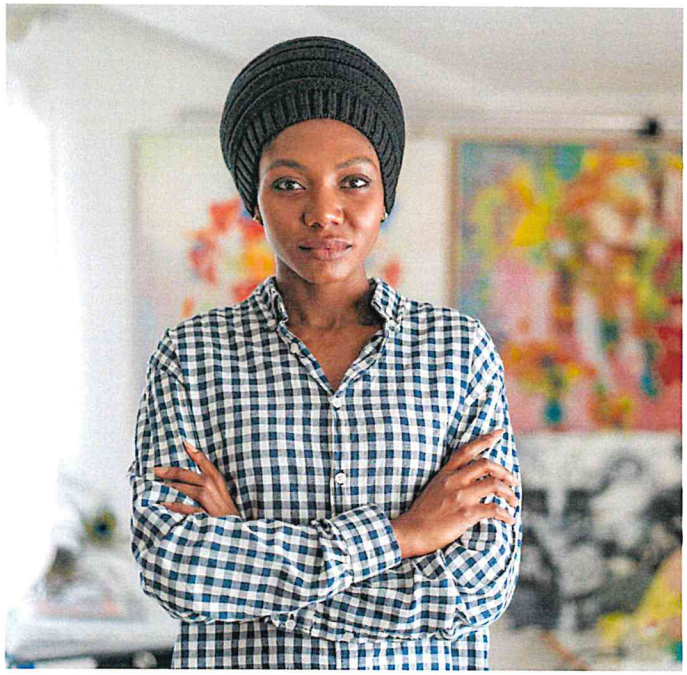
If people are living in a home owned or controlled by a service provider:

1. Offered the opportunity to have a lockable door.

2. To have their own private room or choose their roommate.

3.They can decorate where they live within the terms of a lease or other agreement.

(2)



Requirement #8 Schedules and access to food

AKA Residential Condition

The setting enables people to have the autonomy and independence in making life choices including control over their own schedules and routines

Food is available that is nutritious and meets each person dietary needs and preferences

(2)

Requirement #9 - Visitors

Residential Condition

People can have visitors of their choosing at any time.

(2)

Requirement #10 – Accessibility

Applies to all settings residential and non residential

The setting is to be physically accessible to the individual

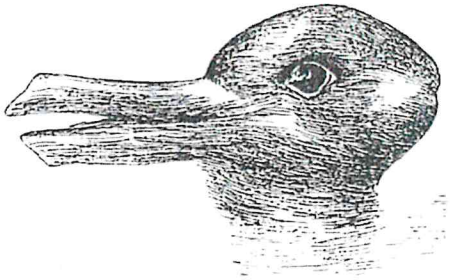
(2)

What does it mean?

If you are an **individual who receives services**, it means there will be a focus on choice in how you choose to spend the day and where to live and whom to live with, afforded personal rights and respect, access, and options of being involved in the community, a choosing from different services and service providers (1)

If you are a **service provider**, it means that you may need to reflect on how services are provided and make changes in how you operate in order to meet the new federal rules by modifying policies and program designs, where and how your service are delivered, and providing training to assure that your staff members understand the expectations of the rules. (1)

Paradigm shift



https://en.wikipedia.org/wiki/File:Duck-Rabbit_illusion.jpg

Outcomes

Connected to natural support networks

Participate in community life

Make choices of where and who and what they do

Informed decision making

Best possible physical and mental health

Exercise rights

Treated fairly

Free from abuse and neglect

experience continuity and security

Choose and realize their personal goals

Purpose of HCBS Final Rule

- Enhance the **quality** of **services**
- Provide protections to participants
  - -The rules are **rights afforded** to participants
  - -If there are modifications needed, they should be **tailored to each individual needs** and documented within their service plans.
- Assure **full access** to benefits of community living
  - - Receive services in the most **integrated setting**
  - - Receive services to the **same degree of access** as individuals not receiving HCBS or regional services

Exploring the Federal Requirements further

- For Providers and Regional Center staff the Self Assessment is a great tool for exploring the elements within each requirement

You may find a copy of the Self Assessment on DDS's website:

https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/assessment-information/

You may find a great HCBS guide on Tri-Counties Website:

Living Well In My Community - A Guide to Home and Community Based Service Standards and Person-Centered Practices - Tri Counties Regional Center (tri-counties.org)

Resources and Support

Visit DDS Website for information on Assessments, Statewide Transition Plan, Compliance funding and Training tools:

1. Home and Community-Based Services (HCBS) Final Rule - CA Department of Developmental Services

2. Living Well In My Community - A Guide to Home and Community Based Service Standards and Person-Centered Practices - Tri Counties Regional Center (tri-counties.org)

3. The HCBS Waiver Primer and Policy Manual (ca.gov) https://www.dds.ca.gov/wp-content/uploads/2019/02/HCBS_WaiverPrimerPolicy_20190212.pdf

4. Fact Sheet: Home and Community Based Setting Rule - CA Department of Developmental Services

5. https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/assessment-information/

6. HCBA Waiver (general information) (medicallycomplexchildrenofcalifornia.com)

Questions?

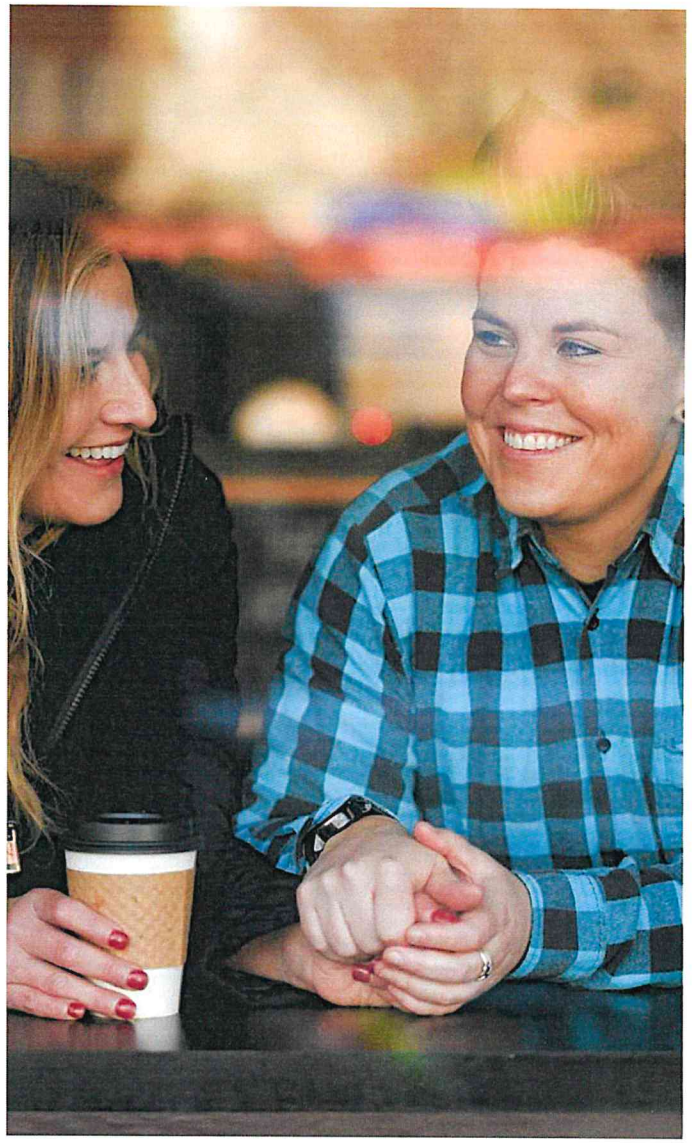
Leslie Reynaga

Home and Community-Based Services Program Evaluator

Lreynaga@kernrc.org

661-852-3227

Thank you!



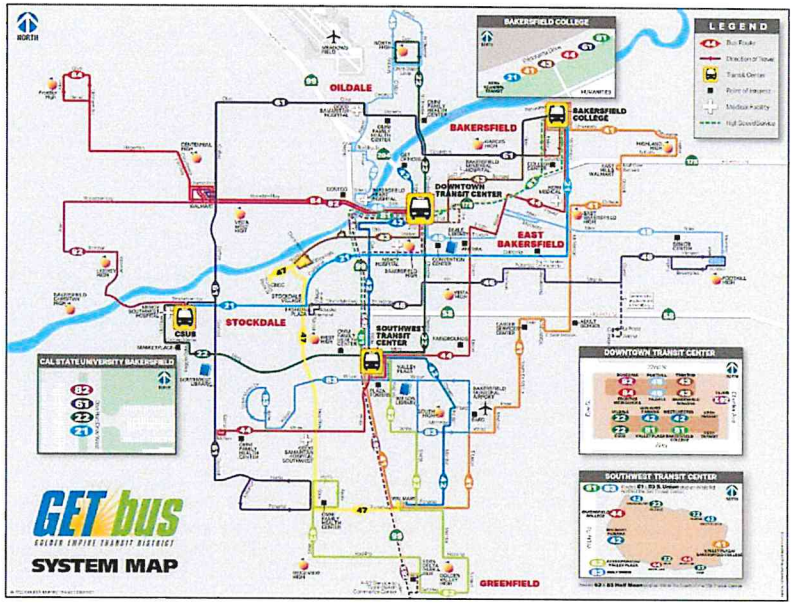
Golden Empire Transit District

SERVICES 2023

FIXED ROUTE

Serves the Metropolitan Bakersfield Area in addition, we operate the 92 Express Route that travels to IKEA and Tejon Ranch.

- Big Bus – 40 ft Accessible Vehicles
- Travels same route each day, servicing 1,000+ bus stops
- Available to the public – no eligibility requirements



ON-DEMAND

- PARATRANSIT
- NEMT
- CTSA

Curb-to-curb Small accessible buses/vans City wide

ON-DEMAND

- MICROTRANSIT

0 to 3 miles: $3
3+ to 7 miles: $5
7+ to 10 miles: $7
10+ to 12 miles: $10
12+ miles: $15

- MICROTRANSIT REDUCED FARE

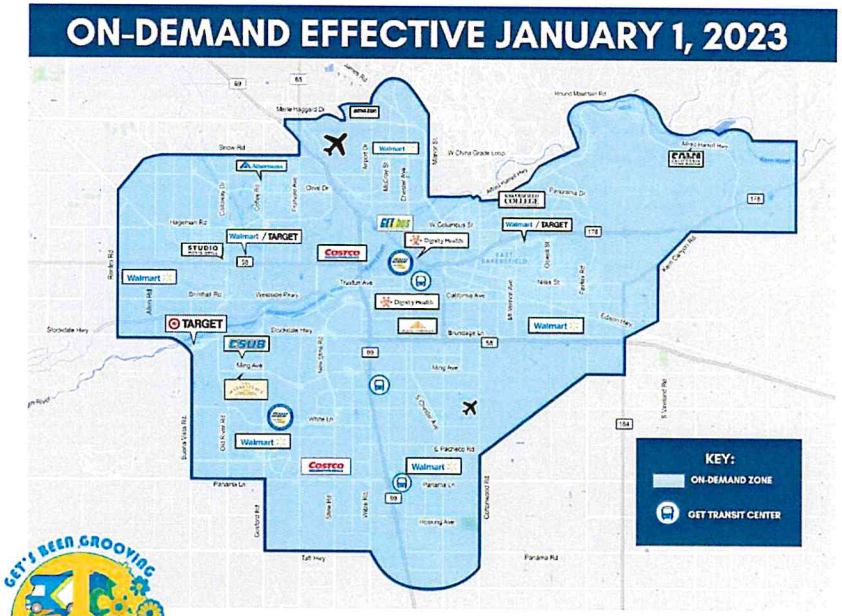
0 to 3 miles: $2
3+ to 7 miles: $3
7+ to 10 miles: $4
10+ to 12 miles: $5
12+ miles: $7

Microtransit Reduced Fare Eligibility
60+ years old and Income Qualification

Household size 1 – $18,754 or less
Household size 2 – $25,268 or less
Household size 3 – $31,781 or less
Household size 4 – $38,295 or less
Household size 5 – $44,809 or less
Household size 6 – $51,322 or less

ON-DEMAND

- EXPANSION OF MICROTRANSIT ZONE
- CHANGE IN FARE STRUCTURE
- COMMINGLING



ON-DEMAND
POWERED BY GET

GET'S BEEN GROOVING SINCE 1975

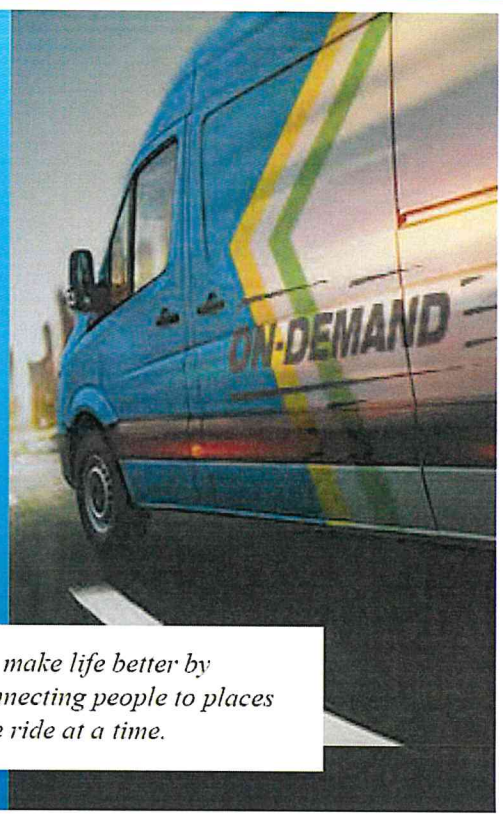
THANK YOU

GOLDEN EMPIRE
TRANSIT DISTRICT

ON-DEMAND

COMMINGLED DEMAND RESPONSE

Jill Smith – jsmith@getbus.org



We make life better by connecting people to places one ride at a time.

Vendor Advisory Committee
Agenda
January 24, 2023 Virtual Meeting

I.	**Welcome and Introduction**	Tamerla Prince
II.	**Approval of Minutes from November 29th, 2022**	Tamerla Prince
III.	**HCBS Update**	Jeff Popkin
IV.	**MHSA RFA Announcement**	Jeff Popkin
V.	**New Cannabis Labor Law**	Lisa Jo Gage
VI.	**Executive Director's Report** a. KRC/Statewide Updates	Dr. Michi Gates
VII.	**Community Services Department** a. "Overview and Compliance with Title 17, Section 56718 – Ensuring Required 30-day Notice is Provided to Clients When Terminating a Service Authorized in Client's IPP without Client Consent."	Enrique Roman
VIII.	**Case Management Update**	Celia Pinal
IX.	**Billing**	Francois Besnard
X.	**New Business** a. Future of VAC (how the members would like to operate.)	Tamerla Prince
XI.	**Sub-committees** **a. Law Enforcement [Noriega, Prince]** **b. Employment [Markovits, Popkin]** **c. Transportation [Devlin, Gabrillo, Jimenez, Moreno]**	Vendors
XII.	**Upcoming Dates/Events/Announcements** **a. KRC Board Meeting January 24th, 2023 at 6:00pm. Via Zoom** **b. VAC Next Meeting February 28th, 2023 at 10am. Via Zoom**	Tamerla Prince
XIII.	**VAC Member Open Discussion**	Vendors