

# SELF DETERMINATION

## AN ALTERNATIVE TO STANDARD REGIONAL CENTER SERVICES

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# About Me: Chris Wecks

- 10 years as an institutional advocate (Special Ed, Medi-Cal, IHSS, Regional Center)
- Trained by the State Council on Developmental Disabilities (SCDD) as an Independent Facilitator in the Self-Determination Program



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# Who are you? – a quick poll of live listeners

- Are you:
  - Regional Center Client (or loved one) *who is currently eligible or participating in Self-Determination's Pilot Program*
  - Regional Center Client (or loved one) *who is interested in Self-Determination*
  - Regional Center Worker
  - DDS
  - SCDD
  - FMS
  - Independent Facilitator
  - Other?

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# Definitions 1/2 (find at [bit.ly/SDdefinitions](http://bit.ly/SDdefinitions))

**Department of Developmental Services (DDS):** The agency in California that provides services and supports to individuals with developmental disabilities, One way they do this is through 21 nonprofit regional centers (DDS)

**Regional Center (RC):** 21 nonprofit private corporations that contract with the **DDS** to provide or coordinate services and supports for individuals with developmental disabilities. They have offices throughout California to provide a local resource to help find and access the many services available to individuals and their families. (DDS)

**Lanterman Act:** The Lanterman Act declares that persons with developmental disabilities have the same legal rights and responsibilities guaranteed to all other persons by federal and state constitutions and laws, and charges the regional center with advocacy for, and protection of, these rights. (Wikipedia)

**Vendorization:** The process by which a service provider becomes authorized to provide services to **RC** clients.

**Individualized Program Plan (IPP):** An action plan that talks about the assistance needed for the **RC** client to live the way they want to. It identifies goals, services, and supports so the client can be more independent and participate in the community.

**Person Centered Plan (PCP):** More comprehensive than an **IPP**, a **PCP** is a required component in the **SD** process. It is an open-ended process, culminating in a document that informs the **IPP** when going through the **SD** process.

# Definitions 2/2 ([bit.ly/SDdefinitions](http://bit.ly/SDdefinitions)):

**State Council on Developmental Disabilities (SCDD):** The State Council on Developmental Disabilities (SCDD) is established by state and federal law as an independent state agency to ensure that people with developmental disabilities and their families receive the services and supports they need.

**Self Determination (SD):** An alternative to traditional RC services through vendors, empowering RC clients of all ages to manage their own budgets, hire/fire their own staff, and find their own unique supports to meet their vision of their preferred future.

**Independent Facilitator (IF):** An individual trained with the SCDD to work alongside clients and families performing various aspects of the SD process, including PCP, IPP meetings, advocacy (Special-Ed, Medi-Cal, IHSS, etc.), services finding, and team management.

**Financial Management Service (FMS):** A required component of an SD client. This is the only vendored service a client has to have. The FMS is responsible for paying client service bills, and can serve as the client's service provider's employer of record.

**Medi-Cal:** California's public health insurance program serving low-income individuals, including families, seniors, persons with disabilities, children in foster care, pregnant women, and childless adults with incomes below 138% of federal poverty level. Approximately 13.3 million people were enrolled in Medi-Cal as of January 2018.

**In-Home Supportive Services (IHSS):** IHSS gives services to help you stay at home if you cannot take care of yourself because of your disability. The county decides how many hours you get for the services.

# Questions about these definitions?

## Up Next:

1. What Regional Centers are ***supposed*** to do
2. What Regional Centers ***often actually*** do
3. How SD can address this problem
  - Three hypothetical individuals who aren't getting what they really need until they start Self-Determination

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# Regional Centers: Theory v.s. Reality:

## In theory:

- ❑ The Lanterman Act establishes non-profit community-based Regional Centers and:
  - ❑ Accepts California's responsibility for and obligations to its citizens who are developmentally disabled\*
  - ❑ Provides for the establishment of an array of **services and supports** to meet the **needs and choices** of each person who is developmentally disabled throughout their life\*
- ❑ Sets forth the values of the system which include choice, inclusion, independence, respect, maintaining children in the family home, and support for persons with developmental disabilities to become valued members of their home community.

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# Regional Centers: Theory v.s. Reality:

## In theory:

1. Services and supports to meet the needs and choices of each person who is
2. Array of services and supports
3. ...choice, inclusion, independence, respect...

## In Reality:

1. Regional Centers are powerful arbiters of service delivery, telling clients/families what they can get, infantilizing them.
  2. “Array of services” has been reduced to a small set of services designed to assist a specific ‘type’ of disability. RCs Utilize a vendorization process that limits client access to providers of supports to those organizations that have overcome that bureaucratic obstacle
  3. Disability is emphasized, Choice and Inclusion are often missing
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# Regional Centers: Traditional v.s. S.D.

Shannon, who wants to take art in order to further her passion, but needs a teacher to adapt traditional art implements and methods.

Jerome, who is interested in fitness but can't fully participate in traditional classes at his local gym

Claudia, who wants to be able to get coffee nearby, is overwhelmed and needs a social coach to train her how to interact with strangers on the bus system and at her local coffee shop.

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...Services and supports to meet the needs and choices of each person...



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# Regional Centers: Traditional v.s. S.D.

Shannon, art student

Adaptive Equipment  
Request?

Respite?

1:1 aide at class?

Jerome, fitness  
enthusiast

1:1 aide at class?

Alternative programs  
and camps?

Claudia, getting out in the  
community more

ABA therapy?

Communication  
board or device?

Respite for her  
family?

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# Regional Centers: Traditional v.s. S.D.

Shannon, art student

Adaptive Equipment  
Request?

Respite?

1:1 aide at class?



Hire art teacher and  
buy specialized art  
equipment

Jerome, fitness  
enthusiast

1:1 aide at class?

Alternative prog  
and camps?



Hire a personal  
trainer who can  
work with him in  
his home.

Claudia, getting out in the  
community more

ABA therapy?

Communication  
board or device?

Respite for her  
family?



Hire a social coach  
who can help her  
navigate her social  
environment and  
become more  
independent

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## **SD addresses the traditional model issues:**

- Individual is responsible for their own **PCP** which serves as the basis for the **IPP**, built around making their life plan a reality.
  - Individual is in charge of their own budget and spending plan.
  - Individual finds, hires & fires their own team to write and execute their plan, using their budget. Team members can be family members, friends, neighbors, Independent Facilitators, businesses or vendors. Vendor requirements disappear.
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# Questions so far?

## Up Next:

1. Why SD might **NOT** be a good idea for you
2. Requirements to participate in the SD program
3. How an Independent Facilitator can assist you
4. How to get started
5. Conclusion

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# Self-Determination is not for everyone

## Much more responsibility sits with the client/family

- ❑ PCP – must be appropriately written to meet IPP needs
  - ❑ No menu of goods and services
  - ❑ Must Hire/Fire team
  - ❑ Must manage a budget in conjunction with FMS
  - ❑ Must advocate for “Generic” services first (Medi-Cal, community services, IHSS, etc.)
  - ❑ Budget must be large enough to accommodate FMS service and other paid assistance (Independent Facilitators)
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# But, You're allowed to get help!

**A client on S.D. can have as many people on their team as they want**

- Family, Friends, other S.D. clients...or **Independent Facilitators**
    - **Independent Facilitator (IF):** Someone formally trained by the SCDD to provide Person Centered Planning Services
    - Some can also assist the client in services-finding, management, budget assistance, advocacy efforts, etc.
    - Paid for out of the Client's R.C. budget
  - The upside of moving forward: an individualized strengths and vision-based approach to life planning, supported by the Regional Center
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# The Independent Facilitator

- Someone formally trained by the SCDD to provide Person Centered Planning Services
- Someone who can help get services approved
- An Advocate for “Generic Services”
  - Special Ed, Medi-Cal, IHSS...even community services etc. can't be replaced
- A partner in independence - how can we move away from dependency and towards independent life choices
- A brain-stormer in life planning – how can your ideal life be designed?
- A scout for services – what services exist in the area?
- ~~Paid for out of SD budget.~~

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# Requirements of a SD client

## 1) Attend a **SD** class

## 2) Hire an **FMS**

- Only required “Vendor” with the Regional Center
- Handles payments, sends spending reports to R.C. and to client
- Background checks and qualifications checks on service providers
- 3 models: FMS as bill payer, Participant as sole employer, Participant as co-employer

## 3) Write a **PCP**

## 4) Advocate for **PCP** in **IPP** meeting

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# How to be a Self-Determination Client

Talk to your Services Coordinator

## **Become a Pilot Program Client:**

- Ask your case worker if your **RC** has room for you (lottery system – probably already locked in to applicants)
- Most clients won't be chosen for this...

## **All **RC** Clients are eligible by May, 2021, as phase-in program ends**

- Why you should care now?
    - Flood of participants – you'll be ignored
    - **IF** services won't meet upcoming need.
      - Lock in **IF** assistance
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# Conclusion

- **Self-Determination offers Regional Center Clients OF ALL AGES a unique opportunity to match their vision of their future to Regional Center Supported funds, products and services**
- **With this comes an increase in responsibility and input**
- **S.D. clients are free to build the team that they need**
- **Next steps: talk to your R.C. service coordinator about participating in the pilot program**
- **Sign up to receive updates: [AboundServices.com](http://AboundServices.com)**

## Questions?

- Christopher Wecks – Independent Facilitator and Advocate:  
[Chris@aboundservices.com](mailto:Chris@aboundservices.com) or go to [aboundservices.com](http://aboundservices.com)
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# Resources:

**Definitions for terms:**

**<http://bit.ly/SDdefinitions>**

**Stay up to date, waitlist for IF services**

**[AboundServices.com](http://AboundServices.com)**

**DDS website:**

**<https://www3.dds.ca.gov>**

**IF sign-up:**

**[Aboundservices.com](http://Aboundservices.com)**

**Self Determination Updates:**

**<https://scdd.ca.gov/ssdac/>**

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# Post-Conclusion references: 1/4

**An annual budget will be based on previous year's spending**

**E.g. client used \$10K in respite & \$20K in ABA services**

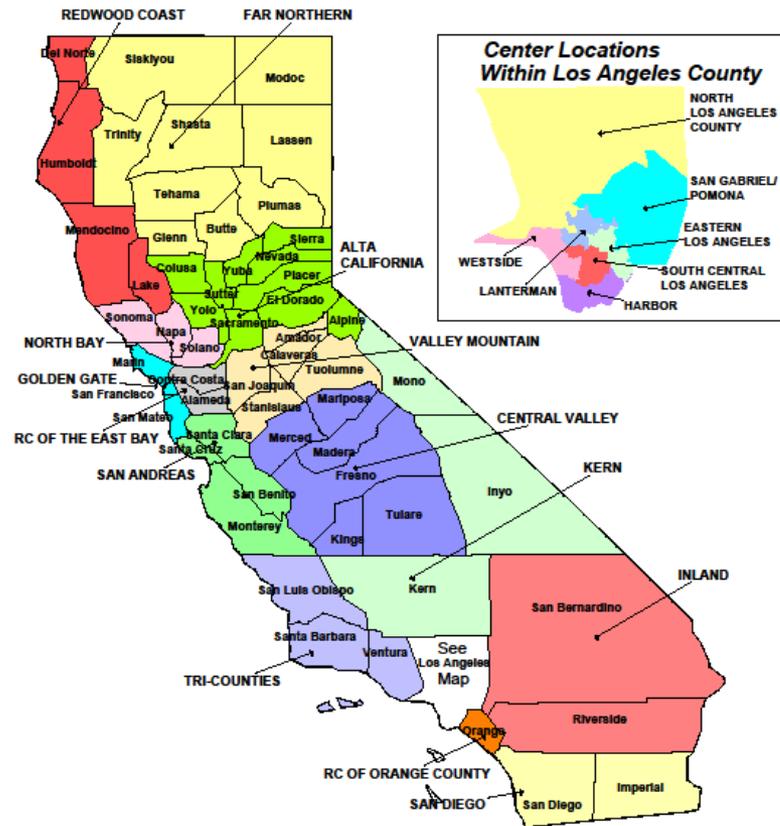
**Starting budget = 10K + 20K = \$30K**

**Unmet needs, New Needs, New Circumstances will change this**

# Post-Conclusion references: 2/4

## Department of Developmental Services Regional Centers

(Colors correspond to areas served by each Regional Center)



Updated: July 1, 2003

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# Qualifying as a Developmental Disability

To qualify an individual as having a developmental disability, an individual must have:

- **An Intellectual Disability:** characterized by significantly subaverage general intellectual functioning (i.e., an IQ of approximately 70 or below) with concurrent deficits or impairments in adaptive functioning.
- **Cerebral Palsy:** Has minimum two types of motor dysfunction: (1) nonprogressive lesion or disorder in the brain occurring during intrauterine life or the perinatal period and characterized by paralysis, spasticity, or abnormal control of movement or posture, such as poor coordination or lack of balance, which is manifest prior to two or three years of age, and (2) other significant motor dysfunction appearing prior to age 18.
- **Autism:** is a neurodevelopmental disorder with multiple causes or origins. It is defined as a syndrome causing gross and sustained impairment in social interaction and communication with restricted and stereotyped patterns of behavior, interests, and activities that appear prior to the age of three. Specific symptoms may include impaired awareness of others, lack of social or emotional reciprocity, failure to develop peer relationships appropriate to developmental level, delay or absence of spoken language and abnormal nonverbal communication, stereotyped and repetitive language, idiosyncratic language, impaired imaginative play, insistence on sameness (e.g., nonfunctional routines or rituals), and stereotyped and repetitive motor mannerisms.
- **Epilepsy** Epilepsy is defined as recurrent, unprovoked seizures. Other Developmental Disabilities –From the DDS website