

**Learn the Basics, Learn the Process,
Apply What You Learn:**

Service Coordination Orientation and Training Curriculum



**Southern California
Training and Information Group
(1999)**

**Learn the Basics, Learn the Process,
Apply What You Learn:
Service Coordination
Orientation and Training
Curriculum**

Developed for the
**Southern California
Training and Information Group**

a Standing Committee of the
**Southern California
Conference of Regional Center Directors**

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1999

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Introduction



Introduction

Welcome to the Regional Center

As a new employee, you're probably wondering what you need to know to start your new job. You've got your job description and you know your responsibilities, but what is a *purchase of service*, a *vendor*, the *Department of Rehabilitation*? This orientation was developed to give you a sampling of the theory, information, and skills you will need to be a successful service coordinator.

While all twenty-one Regional Centers are not alike, the same laws and regulations apply to each. What you will find in this document are the general procedures that all Regional Centers use with a number of examples. In addition, your Regional Center will be adding its own policies, procedures, and forms to this guide as needed.

A Common Mission Statement for Regional Center Service Coordinators

In developing this orientation, the *Southern California Training and Information Group* (SCTIG) agreed on a common mission statement for Regional Center service coordinators. This statement provides a value-base for the work that all of you do, regardless of your Regional Center affiliation:

To support opportunities for individuals with developmental disabilities and their families to participate in community life through education, information, choice, advocacy and service.

Some Philosophical Principles for Regional Center Service Coordination

Additionally, the SCTIG suggested that the following guiding principles be considered when writing material for this orientation:

1. The needs of individuals and families are unique and changing, therefore, service coordination must be flexible.
2. Individuals and families should be encouraged to be as independent as possible with the support they need to be so.
3. Individuals and families should be encouraged to assume an active role in service coordination.
4. Service coordination is not a time-limited service. It is ongoing and provides individuals and families with the services and supports needed, when they are needed, and for as long as they are needed.

Introduction

Basic Information about the Orientation

You will find this orientation divided into three major parts (and binders) as well as a detailed index to the entire document:

Part 1 - Learn the Basics

A foundation of theory, information, laws, regulations, policies and procedures regarding the developmental disabilities service system in California.

Part 2 - Learn the Process

A compilation of the process skills needed to plan, coordinate, and monitor services and supports.

Part 3 - Apply What You Learn



As a service coordinator, you will be wearing many hats. Part 3 offers a series of field-based and simulated applications of the basic information and process skills you have learned. Each application highlights a different hat or role (e.g., Advocate, Planner).

Index

A comprehensive guide to all of the topics covered in the orientation and provided in the binder jacket of Parts 1, 2 and 3.

It's built in a way that allows for some flexibility in use. For example, you can:

- **Use it in a group training format** (*Tips for Facilitators* is provided under separate cover) with a facilitator (PowerPoint presentations and overheads are bundled with the *Tips for Facilitators*).
- **Use Parts 1 & 2 as a self-paced learning package for individuals** and then assign a mentor or supervisor to work together on Part 3.
- Work through it as group or individual learners in **linear fashion** from Part 1 through Part 3.
- Design a **customized package of selected modules** based on the prior experience and expertise of new service coordinators and their current information needs.

What You Will Find in Each Module

Each module contains a reading, a self-review of the material, suggested activities, additional resources, and references. You will find the information below at the beginning of each module.

Sample Cover Page for Each Module

Purpose, Outcomes, Methods, Time, and Materials

Purpose: Provides a general purpose statement for the module. For example, *the purpose of this module is to provide an overview of the Lanterman Act, its history and how it affects your job as a service coordinator.*

Objectives: Suggests the knowledge and skill you should have upon completion of the module. For example, *define a developmental disability and the four major categories of disability within that definition according to California law.*

Method: Suggests a format for group or individual paced learning. For example, *(1) discussion or self-directed review of the module outline as presented on PowerPoint or overheads; (2) read the information brief in each module; (3) complete the suggested activities; and (4) take the review to test your understanding of the material.*

Time: Suggests the approximate time to allow for each of the methods listed above.

Materials: Recommends the printed and electronic material needed as well as equipment.

Additionally, each cover page for Part 3 modules includes suggestions about which modules in Part 1 & 2 should be reviewed prior to completing the field-based or simulated application activity.

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Part I

Learn the Basics



(Pages I-430)

Part I - Learn the Basics

A foundation of theory, information, laws, regulations, policies and procedures regarding the developmental disabilities service system in California.

What You Will Find in Each Module

Each module contains a reading, suggested activities, additional resources, references, and a self-review of the material. You will find the information below at the beginning of each module.

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Objectives: Suggests the knowledge and skill you should have upon completion of the module. For example, *define a developmental disability and the four major categories of disability within that definition according to California law.*

Method: Suggests a format for group or individual paced learning. For example, *(1) discussion or self-directed review of the module outline as presented on PowerPoint or overheads; (2) read the information brief in each module; (3) complete the suggested activities; and (4) take the review to test your understanding of the material.*

Time: Suggests the approximate time to allow for each of the methods listed above.

Materials: Recommends the printed and electronic material needed as well as equipment.

Learn the Basics:

Overview of Developmental Disabilities, Laws and



Learn the Basics:

Lanternman Act

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to provide an overview of the Lanterman Developmental Disabilities Services Act, its history and the major sections which affect your job as a service coordinator.

Objectives: Upon completion of this module, you should be able to:

- (1) Provide a brief description of the history of developmental services in California.
- (2) Define a developmental disability and the four major categories of disability within that definition according to California law.
- (3) Describe the basic Regional Center responsibilities listed within the Lanterman Act.
- (4) Describe the difference between a vendored and a generic service agency and state under what conditions vendored services may be purchased.

Method:

- (1) Group presentation and discussion or self-directed review of *Lanterman Act: The Service Rights of Californians with Developmental Disabilities Overview* on PowerPoint, overheads or hard copy;
- (2) Self-directed reading of *Lanterman Act: The Service Rights of Californians with Developmental Disabilities Overview*;
- (3) Group discussion or self-directed completion of *Suggested Activities*; and,
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint Presentation or Overheads of Lanterman Act Overview</i>	15 minutes
<i>Lanterman Act: The Service Rights of Californians with Developmental Disabilities</i>	40 minutes
<i>Suggested Activities</i>	30 minutes
<i>Review</i>	20 minutes

Materials:

- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *Lanterman Act: The Service Rights of Californians with Developmental Disabilities*;
- *Learn the Basics - Lanterman Act*

Lanterman Act: The Service Rights of Californians with Developmental Disabilities

RELATIVE TO MEMORIALIZING FRANK LANTERMAN

WHEREAS, HE WAS THE ESSENCE OF STATESMANSHIP AND HUMANITARIANISM, AN UNWAIVERING ADVOCATE FOR THE PEOPLE, EARTH, WATER, AND AIR OF CALIFORNIA; AND

WHEREAS, HE WAS A MAKER OF MUSIC AND JOKES AS WELL AS OF LAWS; AND

WHEREAS, HE WAS A FREE MAN, BEHOLDEN TO NONE, FEARING NONE, ACTING ON HIS OWN VISION OF THE LASTING GOOD OVER THE EXPEDIENT GAIN; AND

WHEREAS, HE WAS BOTH A TEACHER AND A LEARNER, TOUGH AND SOFT, PROUD AND HUMBLE, CONSERVATIVE AND RADICAL, A UNIQUE, ORIGINAL, LOVABLE, IRASCIBLE, SURPRISING, GIFTED HUMAN BEING; AND

WHEREAS, HE SHARED AND ENJOYED HIMSELF WITH HIS STAFF AND CONSTITUENTS PERHAPS MORE THAN WITH GOVERNORS, PRESIDENTS AND OTHERS OF POWER AND WEALTH TAKING GIFTS OF LOVE FROM THE SICK AND DISABLED IN THE MOTHER'S MILK OF HIS POLITICS; AND

WHEREAS, HE LEAVES BEHIND A LEGACY OF LEADERSHIP, A HISTORY OF LESSONS FOR PRESENT AND FUTURE POLITICIANS; AND

WHEREAS, HE FASHIONED PERMANENT PROGRESS FOR THE SICK IN BODY AND MIND, FOLLOWING IN HIS FATHER'S FOOTSTEPS; FRANK LANTERMAN WAS A HEALER ON A GRAND SCALE; NOW, THEREFORE, BE IT

RESOLVED BY THE JOINT RULES COMMITTEE OF THE SENATE AND THE ASSEMBLY, THAT THE MEMBERS EXPRESS PRIDE AND GRATITUDE FOR HAVING BEEN THE INSTRUMENT FOR HIS GOOD WORKS; AND BE IT FURTHER

RESOLVED, THAT THE LEGISLATURE WILL PURSUE AND PRESERVE FRANK LANTERMAN'S VISION OF HIS BELOVED STATE AND EMULATE HIS TENACITY FOR JUSTICE FOR ALL THE PEOPLE OF CALIFORNIA; AND BE IT FURTHER

RESOLVED, THAT A SUITABLY PREPARED COPY OF THIS RESOLUTION BE TRANSMITTED TO FRANK'S DEAR BROTHER, LLOYD, WHO WAS HIS FRIEND, PARTNER, AND COMPANION FOR ALL THE YEARS OF HIS LIFE; REST WELL., UNCLE FRANK, YOU HAVE DONE MUCH MORE THAN MOST, AND YOU HAVE DONE IT VERY WELL.

RESOLUTION No. 274
APPROVED By THE JOINT RULES COMMITTEE
SUBSCRIBED THIS 1ST DAY OF MAY, 1981

Lanterman Act

Introduction

If you did not read the resolution on the previous page, please take a few minutes to read it now.

This joint resolution of the California Senate and Assembly was written in memory of Assemblyman Frank D. Lanterman. As you can see from the text, Assemblyman Lanterman was a very well-regarded and highly respected individual. He served in the Assembly (R-La Canada) for twenty-eight years. As an long-time advocate for individuals with developmental disabilities and their families, he is considered to be the forefather of the service system for individuals with developmental disabilities and their families in California.

A Brief History of the Service System in California

The Eugenics Movement in America started out as a public health initiative. However, it soon evolved into a way to improve the races through selective human breeding. Even after the movement died, it affected policies towards people with mental retardation (see the definition of *developmental disability* for a brief discussion of both terms). That is, policy makers came to believe that people with mental retardation ought to be involuntarily sterilized and that they ought to be isolated from the rest of society.

So, the result was a growth in large, typically rural institutions from the 1920s through most of the 1940s. In the late 1940s, community alternatives

to institutions began to develop. In addition, parents of school-aged children with mental retardation started to organize (a movement which later became the ARC) and develop local day school and workshops for their sons and daughters who were denied access to public education and vocational services.

In the early 1960s, the civil rights movement and the election of President John F. Kennedy (who had a sister with mental retardation), helped to speed the change process. As mental retardation became a part of the national agenda, federal dollars were directed towards ways to provide community services for people with mental retardation.

In California, as in other states, large institutions dominated the service system for people with mental retardation through the mid-1960s. In fact, there was such a demand for building more institutions, the California Legislature started to take interest. A study of the situation revealed that there were real problems in institutional services and that the cost of building more would be very high.

This prompted the Legislature to seek an alternative. So, in 1966, funds were appropriated to establish two pilot Regional Centers (one in the North and one in the South). The primary focus at this time was to provide the services necessary to support individuals in their home communities who were in danger of being placed into state institutions. However, these first two Regional Centers were so successful, the Legislature set out to design a statewide system.

Paradigm Shifts in Developmental Disabilities Services*

	1960's-70's	1970's-80's	1980's-
Focus Questions	Community	Institutional	Deinstitu-
What is the model of service delivery?	Reform custodial, medical, problem-oriented	alization developmental, behavioral, normalization, Least Restrictive Environment	Membership no-readiness, inclusive, natural environments, individual & family supports
How are services organized?	a facility	a continuum of services	individual & family choices & options
What are the services called?	care	programs	supports
What is the planning model?	individual plan of care	individual program plan	person centered plan
Who controls the planning?	a professional	interdisciplinary team	the individual & family
Who is the person of concern?	the patient	the client	the citizen
What is the community orientation?	isolated	segregated	inclusive
What is the context of decision making?	institutional standards of professional practice	team consensus in community context	collaborative, personal circles of support

* Adapted from **Harbor Regional Center**

In 1969, the Lanterman Mental Retardation Act established the Regional Center system. In 1972, the Act was expanded to include people with cerebral palsy, epilepsy, autism, and other neurological problems, as well as people with mental retardation. In 1976,

additional changes were made and the legislation was renamed the *Lanterman Developmental Disabilities Services Act* (usually referred to as the Lanterman Act).

Lanterman Act

An Overview of the Lanterman Act

Introduction. The Lanterman Act sets out the rights and responsibilities of individuals with developmental disabilities, and creates the agencies, including Regional Centers, responsible for planning and coordinating services and supports for individuals with developmental disabilities and their families. In this section, you are provided with a brief overview of those sections which will help you most in your new job as a service coordinator.

A State Responsibility. Section 4501 of the Lanterman Act establishes that the *State of California accepts a responsibility for persons with developmental disabilities and an obligation to them which it must discharge.* As a result, the Lanterman Act establishes an entitlement to services and supports for persons with developmental disabilities, those at risk of developing a developmental disability, and their families.

Basic Rights. Individuals with developmental disabilities have the same rights as other citizens (unless restricted by conservatorship). In addition, Section 4502 states that people with developmental disabilities have the following service rights:

- A right to treatment and habilitation services and supports in the least restrictive environment. These services and supports should foster the developmental potential of the person and be directed toward the achievement of the most independent, productive, normal

life possible. Such services shall protect the personal liberty of the individual, and shall be provided with the least restrictive conditions necessary.

- A right to dignity, privacy, and humane care. To the maximum extent possible, treatment, services and supports shall be provided in natural community settings.
- A right to participate in an appropriate program of publicly supported education, regardless of degree of disability.
- A right to prompt medical care and treatment.
- A right to religious freedom and practice.
- A right to social interaction and participation in community activities.
- A right to physical exercise and recreational opportunities.
- A right to be free from harm, including unnecessary physical restraint or isolation, excessive medication, abuse, or neglect.
- A right to be free from hazardous procedures.
- A right to make choices in their own lives including, but not limited to: where and with whom they live; their relationships with people in their community; the way they spend their time, including

education, employment, and leisure; the pursuit of their personal future; and program planning and implementation.

- A right to have relationships, marry, be part of a family, and to parent if they so choose.

People with developmental disabilities who reside in a residential facility possess these additional rights:

- To wear their own clothes.
- To keep and use their own personal possessions, including toilet articles.
- To keep and be allowed to spend a reasonable sum of their own money for personal expenses and small purchases.
- To have access to individual storage space for private use.
- To see visitors each day.
- To have reasonable access to telephones, both to make and receive confidential calls.
- To have ready access to letter writing materials, including stamps, and to mail and receive unopened correspondence.
- To refuse electroconvulsive therapy.
- To refuse behavior modification techniques which cause pain or trauma.
- To refuse psychosurgery.

- To make choices in areas including, but not limited to: daily living routines, choice of companions, leisure and social activities, and program planning and implementation.

These lists of basic rights remained unchanged for some fifteen years. In the early 1990s, the right to choose and to have the information needed to make an informed choice was added. Choice has evolved into an important value in the developmental service system.

A Developmental Disability. As community services for people with mental retardation developed, it became apparent that there were large numbers of individuals who needed similar services, but who had other primary disabilities. In the early 1970s, the term *developmental disability* was accepted as a more accurate way to describe individuals who need services and supports to lead their everyday lives.

According to the Lanterman Act, a developmental disability is defined as a disability which originates before an individual attains age 18, continues or can be expected to continue indefinitely, and constitutes a substantial handicap for that individual. A substantial handicap



Lanterman Act

means a condition which results in major impairment of cognitive and/or social functioning, and represents a condition of sufficient impairment to require interdisciplinary planning and coordination of special or generic services to assist the individual in achieving maximum potential.

Included in this definition of developmental disability are conditions such as mental retardation, cerebral palsy, epilepsy, and autism. Also included are disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation. This definition of developmental disability does not include other handicapping conditions that are solely physical, learning or psychiatric in nature.

Eligibility for Regional Center Services. The following are descriptions of eligible conditions:

Mental Retardation

Mental retardation is characterized by less than average intellectual functioning and significant limitations in at least two of the following adaptive functioning areas: communication, self-care, home living, social skills, use of community resources, self-direction, academic skills, work, leisure, health, and safety. Mental retardation is a condition, not a disease, nor is it a mental illness.

Intellectual functioning is defined by an intelligence quotient (I.Q.) obtained with a standardized test. Adaptive functioning refers to how well individuals manage the common life demands expected of someone of

similar age and circumstance.

Traditionally, mental retardation was classified using four degrees of severity which reflect the degree of intellectual impairment: mild mental retardation (55-70 intelligence quotient or IQ); moderate mental retardation (35-55); severe mental retardation (20-35); and profound mental retardation (below 20 IQ).

The American Association on Mental Retardation's (AAMR) new definition of mental retardation no longer labels individuals based on IQ level. It now looks at the intensity and pattern of changing supports needed by an individual over a lifetime. The four levels of supports are: *Intermittent Support* or support that is not needed on a continuous daily basis; *Limited Support* or support over a limited time span; *Extensive Support* or support needed on a daily basis, but not necessarily in all life areas; and *Pervasive Support* or constant support across all life areas.

Cerebral Palsy

Cerebral palsy is a condition caused by damage to the brain, usually occurring before, during, or shortly following birth. "Cerebral" refers to the brain, and "palsy" to a disorder of movement or posture. The resulting impairment can range from mild to severe. Some characteristics are: awkward or involuntary movements, poor balance, irregular walk, poor motor coordination, and speech disturbances. It is neither progressive nor communicable. It is also not "curable" in the accepted sense, although education, therapy and

applied technology can help persons with cerebral palsy lead productive lives. Cerebral palsy is not a disease and should never be referred to as such.

Autism

Autism is a developmental disorder that affects multiple aspects of the individual's functioning. The disorder is characterized by impairment in social interaction (withdrawal, failure to engage in interaction with peers or adults), delays in both verbal and nonverbal communication skills, deficits in cognitive skills, and impairment in the ability to engage in make-believe play. Individuals may engage in repetitive activities (for example, rocking, hand flapping, and lining up toys), or a limited repertoire of activities. The number of characteristics present and their severity vary greatly. Onset of this disorder is usually before 30 months of age.

Epilepsy

According to the Epilepsy Foundation of America, epilepsy is a physical condition that occurs when there is a sudden, brief change in how the brain works. When brain cells are not working properly, a person's consciousness, movement, or actions may be altered for a short time. These physical changes are called epileptic seizures. Epilepsy is therefore sometimes called a seizure disorder.

Other conditions related to mental retardation

This category includes other conditions closely related to mental retardation or requiring treatment similar to that required for individuals with mental retardation, but does not include other handicapping conditions that are solely physical or psychiatric in nature (**Note:** Please see ***Title 17 on Eligibility and Intake for Regional Center Services*** on page 16 of this module for an explanation of these exceptions.)

Developmental Delay

A developmental delay is defined as a significant difference between an infant's or toddler's current level of functioning and the expected level of development for his/her chronological age in one or more of the following developmental areas: cognitive; motor and physical (including vision and hearing); communication; social, or emotional. (See eligibility criteria for Early Start on the following page.)

Entitlement. The Lanterman Act states that individuals with developmental disabilities and their families have the right to receive services and supports which will enable them to make decisions and choices about how, and with whom, they want to live



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their lives; achieve the highest self-sufficiency possible; and lead productive, independent, and satisfying lives as part of the communities in which they live.

Regional Centers. In addition to the entitlement to services and supports, the Lanterman Act creates the *Regional Center* as the central coordinating agency in a community network. The Regional Center has the mandate to ensure that the individuals for whom it is responsible receive services and supports which will assist them in living productively in their communities.

A Regional Center may accomplish this task by securing services and supports directly, or by assisting individuals and families to locate and access services and supports from other agencies. This model of service delivery recognizes that California's network of services and supports for persons with developmental disabilities is large and complex. Therefore, the Legislature designed the service delivery system to have one central coordinating agency that individuals and families can contact regarding all of their questions and needs.

Regional Center Responsibilities.

The Lanterman Act assigns the Regional Center the responsibility of providing various services and supports to individuals and their families. These include:

- *Outreach activities* to identify persons who may need Regional Center services.

- *Assessment and evaluation* to determine eligibility for Regional Center services.
- *Preventive and counseling services* for persons at high risk of having a baby with a developmental disability.
- *Early intervention services for infants and toddlers* who have a high risk of becoming developmentally delayed or disabled.
- *Development of an Individual Program Plan (IPP)*, through a person-centered planning process, which states the specific outcomes the individual is trying to achieve, and the services and supports required to meet those outcomes.
- *Service coordination* – coordination of services and supports to assist individuals in meeting the desired outcomes they have specified in their IPPs.
- *Development of innovative, cost-effective services and supports* that are flexible, individualized and promote community integration.
- *Assurance of the quality and effectiveness* of services and supports that are provided to the individual.
- *Advocacy* to protect an individual's civil, legal, and service rights.

In addition to the aforementioned responsibilities, the Lanterman Act requires that the Regional Centers be accountable for the monies received to provide services and supports for

The Lanterman Act on Eligibility and Intake for Regional Center Services

Eligibility and intake assessment for Regional Center services are governed by the Lanterman Developmental Disabilities Act (Welfare and Institutions Code sections 4512, 4642-4644) and the California Code of Regulations, title 17, chapter 3, subchapter 1, sections 54000 through 54010.

The Lanterman Developmental Disabilities Act, Section 4512 (a) defines a developmental disability as: "A disability which originated before an individual attains the age of 18, continues, or can be expected to continue indefinitely, and constitutes a substantial disability for that individual. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include mental retardation, cerebral palsy, epilepsy and autism. This term shall also include disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals, but shall not include conditions that are solely physical in nature."

Section 4642 of the Lanterman Act states that "any person believed to have a developmental disability, and any person believed to have a high risk of parenting a developmentally disabled infant, shall be eligible for initial intake and assessment services in the Regional Centers. In addition, any infant having a high risk of becoming developmentally disabled maybe eligible for initial intake and assessment services in the Regional Centers. For purposes of this section, "a high-risk infant" means a child less than 36 months of age, whose genetic, medical, or environmental history is predictive of a substantially greater risk for developmental disability than that for the general population."

This same section says that the initial intake shall be performed within 15 working days following request for assistance. Section 4643 states that if assessment is needed (to determine eligibility), it shall be performed within 120 days following an initial intake. The Regional Center must perform the assessment within 60 days following the initial intake where any delay would expose the client (applicant) to unnecessary risk to his or her health and safety or to significant further delay in mental or physical development, or the applicant would be at imminent risk of placement in a more restrictive environment. Assessment may include collection and review of available historical diagnostic data, provision or procurement of necessary tests and evaluations, and summarization of developmental levels and service needs.

Section 4643 also states that "in determining if an individual meets the definition of a developmental disability contained in subdivision (a) of Section 4512, the Regional Center may consider evaluations and tests, including, but not limited to, intelligence tests, adaptive functioning tests, neurological and neuropsychological tests, diagnostic tests performed by a physician, psychiatric tests, and other tests or evaluations that have been performed by, and are available from, other sources."

Lastly, the Lanterman Act in section 4643.5 says that "an individual who is determined eligible by any Regional Center to have a developmental disability shall remain eligible for services from Regional Centers unless a Regional Center, following a comprehensive assessment, concludes that the original determination that the individual has a developmental disability is clearly erroneous."

Title 17 on Eligibility and Intake for Regional Center Services

Title 17 (the State regulations which provide direction to Regional Centers on the implementation of the Lanterman Act) Section 54000 stipulates that, "a Developmental Disability means a disability that is attributable to mental retardation, cerebral palsy, epilepsy, autism, other conditions similar to mental retardation that require treatment similar to that required by mentally retarded individuals." The section goes on to say that "the developmental disability shall originate before age 18, be likely to continue indefinitely, and constitute a substantial handicap for the individual as defined in this article."

Section 54000 also states that Developmental Disabilities shall not include handicapping conditions that are:

1. "**Solely psychiatric disorders** when there is impaired intellectual or social functioning which originated as a result of the psychiatric disorder or treatment given for such a disorder. Such psychiatric disorders include psycho-social deprivation and/or psychosis, severe neurosis or personality disorders, even where social and intellectual functioning have become seriously impaired as an integral manifestation of the disorder."
2. "**Solely learning disabilities**. A learning disability is a condition which manifests as a significant discrepancy between estimated cognitive potential and actual level of educational performance and which is not a result of generalized mental retardation, educational or psycho-social deprivation, psychiatric disorder, or sensory loss."
3. "**Solely physical in nature**. These conditions include congenital anomalies or conditions acquired through disease, accident, or faulty development which are not associated with a neurological impairment that results in a need for treatment similar to that required for mental retardation."

Section 54010(b) stipulates that: "Eligibility for Regional Center services shall be contingent upon the determination, after intake and assessment, that the person has a developmental disability with substantial handicaps as defined in this article."

Section 54001 defines a substantial handicap as a condition which "results in major impairment of cognitive and/or social functioning. Moreover, a substantial handicap represents a condition of sufficient impairment to require interdisciplinary planning and coordination of special or generic services to assist the individual in achieving maximum potential." This same section says that "since an individual's cognitive and/or social functioning is multifaceted, the existence of a major impairment shall be determined through an assessment which shall address aspects of functioning including, but not limited to; communication skills, learning, self-care, mobility, self-direction, capacity for independent living and economic self-sufficiency.

Lastly, section 54010 says that "any individual deemed ineligible may appeal this decision accordance with Welfare and Institutions Code, sections 4700-472."

individuals. The Regional Center is required to:

- Live within a budget each year.
- Locate and/or develop innovative and cost-effective ways to achieve the desired outcomes for individuals.
- Secure services from qualified service providers, and only continue those services where there is reasonable progress and agreement.
- Take into account parental responsibility for minor individuals when making a decision about the purchase of a service or support (this is also known as *share of cost*).
- Fund only for those services and supports which are required for the individual that are above what a parent would provide for a child without a disability.
- Pursue all possible sources of funding before accessing Regional Center funds (Regional Centers are considered to be the *payer of last resort*).
- Ensure that the Regional Center does not pay for services and supports which should be provided by a generic agency such as the Department of Education, Medi-Cal and Social Security.
- Ensure that community service providers provide good quality services for a fair price (services must be *cost effective*).

Intake Services. Individuals may apply for services directly (or be referred by others) via telephone or letter. The request typically goes to an Intake Coordinator who conducts a basic screening to determine if further assessment and diagnostic services are appropriate.

The Intake Coordinator schedules an initial appointment which is held within 15 working days following the initial contact (or request for services). This appointment takes place at an individual's home or at the regional center. At that appointment, the individual and family are given an overview of the regional center and its services.

If necessary, the Intake Coordinator arranges for assessments to determine eligibility. For infants and toddlers between birth and three years of age, assessments regarding eligibility are performed within 45 days following the initial intake. For persons three years of age and older, assessments are performed within 120 days following initial intake. These assessments may be performed within 60 days, if a longer assessment period would expose the individual to unnecessary risk of significant further delay in mental or physical development, or risk of placement in a more restrictive living arrangement. Assessments may include - but are not limited to - psychological, medical or developmental evaluations.

For infants and toddlers between birth and three years of age, eligibility is determined within 45 days following initial intake. For persons three years and older, eligibility is determined within 120 days following the initial intake

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appointment. Eligibility determinations are made by a group of regional center professionals of differing disciplines, such as psychologist, physician, assessment specialist and regional manager. Eligibility for ongoing regional center services is established upon determination that the person has a developmental disability with a substantial handicap, or for infants from birth to three years of age, is at risk of having a developmental disability.

The individual and family are notified of eligibility by letter within 10 days after the determination is made. Any applicant who is not eligible for ongoing regional center services will be informed of his/her appeal rights and the fair hearing process, and will also be referred to other appropriate resources.

During the intake process, a service coordinator is typically responsible for writing a psychosocial summary. This summary, according to one Intake Coordinator, is to paint a *word picture* of an individual, the way he or she functions, his or her place in the family, how the family interacts with the individual, the strengths of the family, and what the individual and family need. This summary gives a team a frame of reference for developing a plan to meet the individual's needs. In some centers, the intake worker is responsible for writing the first Individual Program Plan. In others, the case is transferred to another service coordinator who will develop the plan,

To obtain this psychosocial information, you will be balancing between engaging the individual and/or family in a conversation while asking for clarification when necessary, asking pointed questions

in a way which makes people feel comfortable answering, and reflecting what you have heard back to the individual or family to assure accuracy of the information.

Issues to be covered in a psychosocial assessment typically include:

- **Identifying information**
- **Family constellation**
 - Who lives with the individual
 - Where else has the family lived
 - Religious affiliation, if any
 - Family history of developmental disabilities
 - Where is individual in family
- **Current Functioning** (cover all domains)
 - Motor
 - Communication
 - Social
 - Emotional
 - Cognitive
 - Independence
 - Vocational
- **Birth, Development, and Health History**
- **Health and Medical Status**
- **Financial Situation**
- **Individual's Legal Status**
- **Summary and Recommendations**

If the individual is determined eligible for services, the service coordinator explains the partnership between the regional center and the individual, what the individual and family can expect, and the next steps in the planning process.

If the individual is not eligible for services, the service coordinator provides information on generic resources and the appeal process (see modules on *Generic and Regional Center Funded Services* and *Advocacy Agencies*).

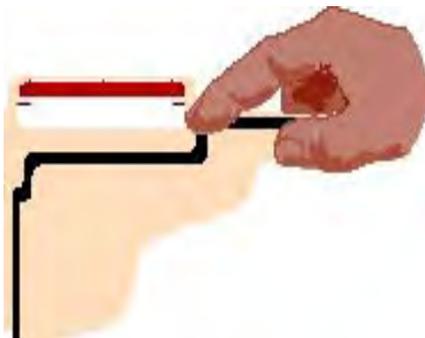
Eligibility for Services throughout the

State of California. The Lanterman Act states: An individual who is determined by any regional center to have a developmental disability shall remain eligible for services from regional centers unless a regional center, following a comprehensive reassessment, concludes that the original determination that the individual has a developmental disability is clearly erroneous.

Active and Inactive Status. An individual's status with the regional center is *active* when the individual and his/her family are actively working with the regional center on plans regarding services and supports or when receiving services that are purchased by the regional center. If an individual decides that services are no longer needed or wanted, he/she may request *inactive status*.

When Individuals Move. If an individual moves from one regional center service area to another, service coordination responsibilities are transferred to another regional center. If individuals move out of California, they are assisted in establishing contact with an appropriate agency and with written approval, records are transferred to that agency.

Services and Supports. Section 4512



(b) defines services and supports for individuals and their families as:

“... specialized services and supports or special adaptations of generic services and supports directed toward the alleviation of a developmental disability or toward the social, personal, physical, or economic habilitation or rehabilitation of an individual with a developmental disability, or toward the achievement and maintenance of independent productive, normal lives.

The determination of which services and supports are necessary for each consumer shall be made through the individual program plan process. The determination shall be made on the basis of the needs and preferences of the consumer or, where appropriate, the consumer's family, and shall include consideration of a range of service options proposed by individual program plan participants, the effectiveness of each option in meeting the goals stated in the individual program plan, and the cost-effectiveness of each option.

Services and supports listed in the individual program plan may include (depending on the Regional Center), but are not limited to, diagnosis; evaluation; treatment; personal care; day care; home care; special living arrangements; physical, occupational, and speech therapy; training; education; supported and sheltered employment; mental health services; recreation; counseling of the individual with a developmental disability and of his or her family; protective and other social and sociolegal services; information and referral services; follow-along services; adaptive equipment and supplies; advocacy

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assistance, including self-advocacy training, facilitation and peer advocates; assessment; assistance in locating a home; childcare; behavior training and behavior modification program; camping; community integration services; community support; daily living skills training; emergency and crisis intervention; facilitating circles of support; habilitation; homemaker services; infant stimulation; paid roommates; paid neighbors; respite; short term out-of-home care; social skills training; specialized medical and dental care; supported living arrangements; technical and financial assistance; travel training; training for parents with developmental disabilities; vouchers, and transportation services necessary to ensure delivery of services to persons with developmental disabilities. Nothing in this subdivision is intended to expand or authorize a new or different services or support for any consumer unless that service or support is contained in his or her program plan.”

Other Agencies Established by the Lanterman Act. In addition to Regional Centers, the Lanterman Act established the agencies necessary to fund and monitor the developmental service system.

Department of Developmental Services. The Department of Developmental Services (DDS) is the department in the California Health and Welfare Agency which has the responsibility of providing statewide policy direction and leadership to ensure that persons with developmental disabilities shall have the opportunity to lead more independent, productive, and satisfying lives as envisioned by the

Lanterman Act.

In order for the State of California to carry out many of its responsibilities to persons with developmental disabilities, the state, through DDS, contracts with Regional Centers to provide the service coordination necessary to obtain the services and supports best suited to each individual.

Vendor or Service Provider Agencies. Vendor or service provider agencies are those agencies which have been vendorized by the Regional Center to provide specific developmental services (e.g., day or residential services, respite). Vendorization is the process that an agency must complete in order to receive state funds for services. It also ensures that the provider has met all Title 17 requirements. The application requirements are different for each type of service (e.g., qualifications of staff). The Regional Center approves or disapproves the vendor application. The rates for some categories of service are established by the Department of Developmental Services while others are determined by the Regional Center.

Generic Service Agencies. Those services and supports which are available to all citizens of California. This could include services from the California Department of Rehabilitation, a local Community College, or a Parks and Recreation Department.

State Council on Developmental Disabilities. The State Council

on Developmental Disabilities is a federally mandated and funded organization charged with promoting the development of a individual and family centered, comprehensive system of services and supports for individuals with developmental disabilities. The goals are to enable individuals to achieve independence, productivity and integration and inclusion into the community.

A key responsibility of the Council is to formulate the State Plan that establishes goals and objectives for improving and enhancing the service system in California. To ensure that local needs and priorities are being addressed, the Council funds the thirteen (13) regional Area Boards on Developmental Disabilities.

Area Boards. Because of the vast size, complexity and diversity of the State of California, Area Boards were established to ensure that the legal, civil, and service rights of persons with developmental disabilities are adequately guaranteed. Area Boards work within their specific geographic region to accomplish the same goals as the State Council.

Protection & Advocacy, Inc. (PAI)

Provides a variety of advocacy services for people with disabilities, their families and advocates. These services include: information about legal rights, referral to other advocacy services, technical assistance, advocacy training and, direct representation in administrative hearings and in court.



Lanterman Act

Early Start Program - As Important as the Lanterman Act to Families of Infants and Toddlers*

Commitment to Early Intervention

In October, 1993, SB 1085 was signed, implementing the Early Start Program in California. This legislation established a link to the Lanterman Act and the regional center service system for infants and toddlers as well as:

- A commitment to family-focused service delivery systems, including support for local family resource centers/networks (FRC/Ns); and
- Interagency collaboration to promote local interagency agreements, memoranda of understanding, and the coordinated development of services.

What is Early Start? The California Early Start Program is an interagency system of coordinated services administered by the Department of Developmental Services in collaboration with the California Department of Education. The program provides early intervention services for infants and toddlers with disabilities, age 0-3, and their families. Services are family-focused and designed to maximize a child's growth and development. To be eligible, the child must have a developmental delay or disability or be at risk for delay or disability.

* Adapted from NBRC website.

Regional centers and local education agencies serve as the point of entry for the Early Start Program. Once a child is referred, a comprehensive evaluation is completed to determine the child's eligibility. Each eligible infant and toddler is assigned a service coordinator who is responsible for conducting appropriate assessments to identify the child's unique needs and strengths. Upon completion of the assessment, parents and professionals join together to develop an Individualized Family Service Plan (IFSP).

What are the Laws? The California Early Start Program for infants and toddlers with disabilities and their families was established by state law in compliance with Part H of the Federal Individuals with Disabilities Education Act (IDEA). Parents' rights are defined in the federal Part H regulations (Section 303.400 - 460) and the California Early Intervention Services Act (SB 1085). Some of the features that establish and protect the rights of a family served in an early intervention program are as follows:

Informed Consent requires that the family is provided key information; for example, the purpose of each service, the manner in which the service will be provided, the cost (if any), and the consequences of not consenting (usually services cannot be provided). Written consent indicates that the family understands and voluntarily gives permission for the proposed action.

Prior written Notice must be given before an agency or service provider proposes, provides, changes, or refuses an early intervention activity. Notice should be given in the

language typically used, and written notice of meetings should be given in advance to allow for arrangements to attend.

Review of records concerning a child's involvement in an early intervention service is always possible. Records must be made available without unnecessary delay (not later than 5 working days from a request). If requested, one copy will be supplied.

Confidentiality of records of the family's involvement in early intervention services must be maintained by the agencies providing services. Only those staff members with a legitimate need for information in the record will have access to them, and agencies will not share confidential information with other agencies or individual providers without your written consent.

Resolution of concerns regarding services or disagreements about decisions concerning the child is available to through informal discussion at the local level with the appropriate regional center and education agency professionals. If this is not satisfactory, there are more formal options for administrative resolution provided in the law.

Some of the services provided include assistive technology, hearing and vision services, counseling, home visits, respite, medical and nursing services, physical and occupational therapy, special instruction, speech and language services, infant development and educational programming, and transportation.

Eligibility. Infants and toddlers (age 0 to 36 months) who are at risk of becoming developmentally disabled or who have a developmental delay may also qualify for services. The criteria for determining the eligibility of infants and toddlers is specified in Section 95014 of the California Government Code:

The term "eligible infant or toddler" for the purposes of this title means infants and toddlers from birth through two years of age, for whom a need for early intervention services, as specified in the Individuals with Disabilities Education Act (20 U.S.C. Sec. 1471 et seq.) and applicable regulations, is documented by means of assessment and evaluation as required in Sections 95016 and 95018 and who meet one of the following criteria:

- (1) Infants and toddlers with a developmental delay in one or more of the following five areas: cognitive development; physical and motor development, including vision and hearing; communication development; social or emotional development; or adaptive development. Developmentally delayed infants and toddlers are those who are determined to have a significant difference between the expected level of development for their age and their current level of functioning. This determination shall be made by qualified personnel who are recognized by, or part

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of, a multidisciplinary team, including the parents.

- (2) Infants and toddlers with established risk conditions, who are infants and toddlers with conditions of known etiology or conditions with established harmful developmental consequences. The conditions shall be diagnosed by a qualified personnel recognized by, or part of, a multidisciplinary team, including the parents. The condition shall be certified as having a high probability of leading to developmental delay if the delay is not evident at the time of diagnosis.
- (3) Infants and toddlers who are at high risk of having substantial developmental disability due to a combination of biomedical risk factors, the presence of which is diagnosed by qualified clinicians recognized by, or part of, a multidisciplinary team, including the parents.

Referral. Referrals can be received from a family, professional, teacher or friend. They may be provided by phone, mail, or fax.

Intake. Evaluation and assessment must be completed by personnel of the Regional Center (RC) and Local Education Agency (LEA) Early Start partnership within 45 days of the referral. If eligible, a team (including members of the RC/LEA partnership and the family) must develop an Individual Family Support Plan (IFSP) within that 45 day period as well. If not completed, a detailed description of the delay and an interim IFSP must be provided to the family.

Lanterman Act

Learn the Basics:

Laws and Regulations

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to provide a review of the major laws which affect the lives of individuals and families who are eligible for Regional Center services and supports.

Objectives: Upon completion of this module, you should be able to:

- (1) State the importance of the passage of the Americans with Disabilities Act (ADA) for people with disabilities.
- (2) Describe the difference between Title 22 and Title 17.
- (3) Identify reasons why IDEA is an important issue for children with disabilities.
- (4) Describe two activities required by Title 17 for Regional Center staff.
- (5) State why the Medicaid Waiver program was initially developed and its importance for people served by Regional Centers.

Method:

- (1) Group presentation and discussion or self-directed review of Laws and Regulations Overview on PowerPoint, overheads or hard copy;
- (2) Self-directed reading of Laws and Regulations: Beyond the Lanterman Act;
- (3) Group discussion or self-directed completion of Suggested Activities; and,
- (4) Group discussion or self-directed completion of Review.

Time:

PowerPoint Presentation or Overheads of Laws and Regulations Overview	40 minutes
Laws and Regulations: Beyond the Lanterman Act	25 minutes
Suggested Activity	30 minutes
Review	20 minutes

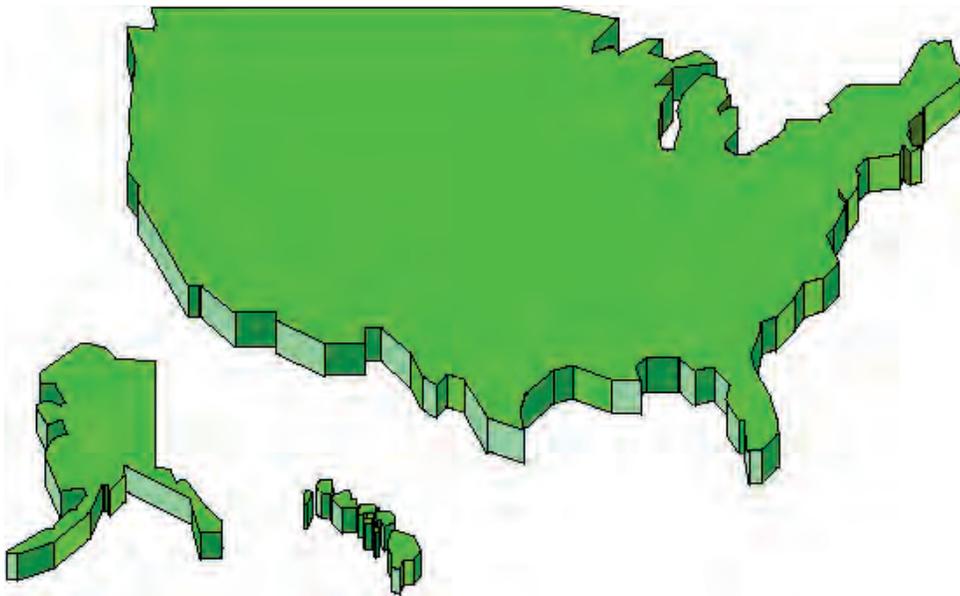
Materials:

- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of Laws and Regulations Overview ;
- Learn the Basics - Laws and Regulations

Laws and Regulations: Beyond the Lanterman Act

Introduction

In addition to the Lanterman Act (see module on Lanterman Act), there are a number of state and federal laws and regulations that will affect your job as a service coordinator. In this module, you will find the most important of those laws and regulations along with a brief summary of their contents.



Laws and Regulations

The Americans with Disabilities Act (ADA)

In July 1990, Congress passed the Americans with Disabilities Act, a landmark civil rights bill that extends protection against discrimination to people with disabilities. The ADA defines disability as a mental or physical condition that limits a "major life activity" such as walking, hearing, seeing, or working, covering some 900 disabilities. It requires public facilities, transportation, and communication services to be accessible to people with disabilities. The bill addresses four main areas:

Employment:

- Employers may not discriminate against persons with disabilities in hiring or promotion if the individual is otherwise qualified for the job.
- Employers can ask about one's ability to perform a job, but cannot inquire if someone has a disability or subject a person to tests that tend to screen out people with disabilities which are not job related.
- Employers must make "reasonable accommodations" for workers with disabilities, including job restructuring and modification of equipment. Employers do not need to provide accommodations that impose an "undue hardship on business operations."

Public Facilities

- Private businesses such as restaurants, hotels, theaters, and stores must not discriminate against individuals with disabilities.
- Auxiliary aids and services must be provided to individuals with vision or hearing impairments or other individuals with disabilities, unless an undue burden would result
- Physical barriers in existing facilities must be removed, if removal is readily achievable. If not, alternative methods of providing the services must be offered, if they are readily achievable. (See Physical Accessibility Checklist later in this module.)
- All new construction and alterations of facilities must be accessible.

Transportation

- New public buses and rail cars ordered after August 26, 1990, must be accessible to persons in wheelchairs.
- At least one rail car per train must be accessible to wheelchairs.
- Transit authorities must provide comparable paratransit or other special transportation services to individuals with disabilities who cannot use fixed route bus services, unless an undue burden would result.

Laws and Regulations

- New bus and train stations must be accessible.
- Key stations in rapid, light, and commuter rail systems must be made accessible by July 26, 1993, with extensions up to 20 years for commuter rail (30 years for rapid and light rail).
- All existing Amtrak stations must be accessible by July 26, 2010.

Communication

- Companies offering telephone service to the general public must offer telephone relay services to individuals who use telecommunication devices for the deaf (TDD) or similar devices.

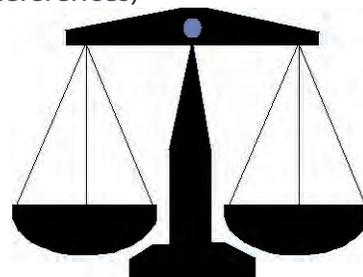
ADA covers state and local governments

- State and local governments may not discriminate against qualified individuals with disabilities.
- All government facilities, services and communications must be accessible consistent with the requirements of Section 504 of The Rehabilitation Act of 1973.
- Public entities, including schools, must make reasonable modifications to its policies, practices, or procedures to avoid discrimination, unless such a modification would fundamentally alter the nature of its service, program or activity would create undue financial and

administrative burdens.

- Alterations to existing facilities will be required if the modification is “readily achievable.” If physical modification is not readily achievable, then an alternative accommodation must be found. Some examples of facility modification are: van accessible parking, elevated walkways, lowered drinking fountains, adjusted shelves and storage areas, volume controls on telephones, installation of bathroom stalls, and replacement of carpeting.
- Title 11 of ADA is modeled after those rights and privileges existing under Section 504.
- Individuals with disabilities enrolled in public schools may not be discriminated against in participating in school functions (such as field trips, recreational offerings, or athletic events.)
- Private schools are expected to provide reasonable accommodations and equal treatment for individuals with disabilities.

(Excerpted from Matrix Guide, see References)



Laws and Regulations

Physical Accessibility Checklist

(Excerpted from Jewish Family and Children's Services)

When choosing a meeting site or checking a public building for physical accessibility, consider the following:

	YES	NO	N/A
1. If parking is provided, there should be reserved parking places that are clearly marked with the access symbol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. There should be an unobstructed path of travel from the parking space to the curb cut to the building entrance or the event area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The entrance to the building should be at least 32" wide in order to accommodate a wheelchair user. The doorway threshold should be no higher than 1/2". The entrance door(s) should open easily (automatic doors or levered handles; minimal pressure).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Directional signs should be in large print or braille.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Building corridors should be at least 36" wide and free of obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The meeting room or event area should be on the building entry floor or accessible by elevator. If the event is an open-air event, it should be held on a flat outside surface.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Any ramped or steep areas should be sloped 1:10-1:12, must be durable (for portable ramps) and should have handrails on either side.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. There should be brailled numbers on the elevator control panels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The meeting room entry should be a minimum of 32" wide, with a threshold no higher than 1/2" and with easily opened door(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. For open-air events, there should be flat-surface area(s) for viewing/participation which has an accessible path of travel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The drinking fountains should be no higher than 48" from the floor, or if higher, then drinking cups should be provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Telephones should be no higher than 48" from the floor and be equipped with sound amplifiers. TDDs should be available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. In order to be accessible, a restroom facility should have the following factors:			
a. signage to indicate accessibility	<input type="checkbox"/>	<input type="checkbox"/>	
b. entries free from obstructions	<input type="checkbox"/>	<input type="checkbox"/>	
c. doorways with 32" minimum clearance width	<input type="checkbox"/>	<input type="checkbox"/>	
d. doorway threshold no higher than 1/2"	<input type="checkbox"/>	<input type="checkbox"/>	
e. easily opened door(s)	<input type="checkbox"/>	<input type="checkbox"/>	
f. restroom stall door which swings outward; at least 32" clearance width.	<input type="checkbox"/>	<input type="checkbox"/>	
g. stall at least 36" wide, 60" deep	<input type="checkbox"/>	<input type="checkbox"/>	
h. grab bars in stall	<input type="checkbox"/>	<input type="checkbox"/>	
i. raised commode 17-19" from floor	<input type="checkbox"/>	<input type="checkbox"/>	
j. faucets with lever-type handles	<input type="checkbox"/>	<input type="checkbox"/>	
k. basin with 30" clearance underneath and wrapped pipes	<input type="checkbox"/>	<input type="checkbox"/>	
l. towel racks and mirrors no higher than 40" from floor	<input type="checkbox"/>	<input type="checkbox"/>	

Rehabilitation Act of 1973, Section 504 (PL 93-112)

This law is known as the first federal civil rights law protecting the rights of people with disabilities. It states that no qualified handicapped individual... shall, solely by reason of the handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

Discrimination is prohibited in the following areas:

- (1) Education
- (2) Vocational education
- (3) College programs
- (4) Employment
- (5) Health, social service programs, welfare
- (6) Programs funded with federal dollars

All public education programs are covered by section 504. Students with disabilities must have the same options as others about courses, and colleges and universities must also make reasonable modifications in requirements when necessary to insure full opportunity for students with disabilities.

Section 504 also prohibits discrimination in employment. Equal employment opportunities for qualified people

with disabilities must be assured by organizations receiving federal funds. In 1992, the Rehabilitation Act was amended to authorize rehabilitation services to help people with physical and mental disabilities to become gainfully employed. These services include vocational evaluation, counseling, supported employment, work adjustment, and education.

Individuals with Disabilities Education Act - IDEA

Public Law 101-476 (formerly P.L. 94-142) made some important changes in special education. One area is the expansion of transition services and their relationship to the Individual Educational Program (IEP). IDEA states: "transition services means a coordinated set of activities for a student designed within an outcome-oriented process which promotes movement from school to post-school activities, including post-secondary education, vocational training, integrated employment, (including supported employment), continuing and adult education, adult services, independent living, or community participation. The coordinated set of activities shall be based upon the individual students needs, taking in account the student's preferences and interests, and shall include instruction, community experiences, the development of employment and other post-secondary adult living objectives, and, when appropriate, acquisition of daily living skills and functional vocational evaluation."

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Another area of expansion is in technology and assistive devices. Assistive device technology is defined as “any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device including: (A) evaluation ... (B) purchasing, leasing... (C) selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing... (D) coordinating and using other therapies, interventions or services... (E) training or technical assistance for an individual with disabilities, or where appropriate, the facility... (F) training or technical assistance for professionals, employers, or others...”

In addition, IDEA guarantees these six important rights:

1. A free and appropriate public education (FAPE) for all children with disabilities.
2. Education in the least restrictive environment (LRE).
3. An individualized education program (IEP) prepared by a team which includes the parents.
4. The provision of necessary related services in order to benefit from special education.
5. Fair assessment procedures to determine a student’s abilities and educational requirements.
6. Due process and complaint procedures to ensure the student’s rights are met.

IDEA – Part C (formerly known as Part H)

Through this part of the Act, early education opportunities are available to infants and toddlers less than three years of age who have low incidence disabilities or who are developmentally delayed or at risk of such delay. Regional Centers are the responsible agency for those children who are delayed or at risk; education agencies are responsible for serving children with the low incidence disabilities. The two agencies work as partners in providing early intervention services through Early Start (information on eligibility, intake and services can be found in the module titled Lanterman Act).

Each eligible child must have an Individual Family Service Plan (IFSP; see the module titled Guidelines on Person Centered Plan Development for more information) which focuses both on the needs and concerns of the family and the needs of the child. The IFSP (or an interim one) must be developed within 45 days of the referral for services.



Title 17, California Code of Regulations

Title 17 regulations are developed by the California Department of Developmental Services and are based on the Lanterman Act. These regulations (specifically Chapter 3 – Community Services) govern how services are delivered within the California developmental services system.

Starting with Section 50201, Title 17 covers parental fees, conflict of interest code, rules for conducting research, client rights, fiscal audits and appeals, fair hearings, vendorization procedures, Regional Center administrative practices and procedures, standards and rate-setting procedures for community-based programs and in-home respite services, and residential facility care and services.

Of particular interest to service coordinators is the section on Residential Services and Quality Assurance. It outlines how often services must be monitored by the Regional Center and what sanctions can be applied against a service provider if services are not satisfactory. This section also outlines information for providers on the appeals process, should a citation be issued against them or if the provider is unhappy with a Regional Center decision.

Title 17 regulations also includes guidelines for service providers on program designs, the development of individualized services, rate setting, and Regional Center contracting and audit procedures. As a service coordinator, the program design is of particular interest. It is developed by the service

provider and provides a description of the types of services which will be offered to individuals as well as other information about the service agency (e.g., organizational structure, staff qualifications, appeal procedures). The review of a program design can help you understand more about a service agency and whether or not it can provide the services and supports needed by individuals on your caseload.

Title 22, California Code of Regulations

The sections of Title 22 to which service coordinators most refer are those which are related to licensed programs used by individuals with developmental disabilities. For example, Medicaid funded care homes (usually homes with six or fewer residents known as Intermediate Care Facilities for the Developmentally Disabled/Habilitative or Nursing or ICFDD/H or N,) which licensed by the Department of Health Services are required to meet Title 22 standards. These regulations include information about staffing, active treatment programs, documentation, consultation, inspections, etc. A service coordinator with responsibility for people living in ICFDD/H or N) facility will need to become familiar with the regulations as a team member in the development of the Individual Habilitation Plans (the name of individual care plan used in this type of home).

Community programs providing non-medical care and supervision (e.g., community care facilities or CCFs) to people are licensed and required to

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meet the Title 22 regulations. These regulations include information about administrative qualifications, individual rights, use of community resources, and specifics on space and building and grounds requirements.

Title XIX of the Social Security Act

Title XIX provides federal grants to the states for medical assistance programs. Popularly known as Medicaid, it enables states to furnish medical assistance to those who have insufficient incomes and resources to meet the costs of necessary medical services, rehabilitation, and other services. Each state has a Medicaid program to meet the federal mandates and requirements. Many individuals who are eligible for Regional Center services are also eligible for Medicaid.

In addition to medical services, Title XIX provides reimbursement to the states for something called targeted case management. The term targeted case management refers to services which will assist individuals in gaining access to needed medical, social, educational, and other appropriate services that will help them achieve a quality of life and community participation acceptable to each individual. California receives funding for this service which is provided by Regional Center service coordinators.

There are four service coordination activities that qualify for reimbursement. Those activities are: (1) screening and assessment; (2) service planning and coordination; (3) crisis intervention; and (4) service monitoring.

Medicaid Waiver

Regional Centers are recipients of federal funding (via the Department of Developmental Services) for services through a Medicaid Waiver. Medicaid is the federal funding source for medical and health related services. Medicaid is administered by Health Care Financing Administration (HCFA).

Initially, only individuals who lived in an institutions were eligible for Medicaid funding of other than medical services. However, through the Medicaid Waiver program, California receives funding for eligible individuals which allows them to be served in community-based programs. That is, the Medicaid Waiver assures that services will be provided in the local community as an alternative to a more restrictive setting (e.g., state developmental center).

As a service coordinator, you will need to become very familiar with the Medicaid Waiver as you write IPP objectives for those individuals on your caseload who are eligible. IPP objectives need to reflect a need for services which would maintain eligibility in the Medicaid program. The objectives you write will address ways to assist an individual with issues in caring for themselves.

Terms of Interests to New Service Coordinators Excerpts from Title 17

Activity Center

“Activity Center” means a community-based day program that serves adults who generally have acquired most basic self-care skills, have some ability to interact with others, are able to make their needs known, and respond to instructions. Activity center programs focus on the development and maintenance of the functional skills required for self-advocacy, community integration and employment.

[54302(a)(1)]

Adult Development Center

“Adult Development Center” means a community-based day program that serves adults who are in the process of acquiring self-help skills. Individuals who attend adult development centers generally need sustained support and direction in developing the ability to interact with others, to make their needs known, and to respond to instructions. Adult development center programs focus on the development and maintenance of the functional skills required for self-advocacy, community integration, employment, and self-care.

[54302(a)(4)]

Age Appropriate

“Age Appropriate” means the consideration of the chronological age of the person in the use of activities, instructional locations, and techniques.

[54302(a)(5)]

Appeal

“Appeal” means a written notification to the Department by any individual, entity or organization audited by the Department or Regional Center which disputes or protests a written report, finding or decision issued by the Department or Regional Center relating to such audit.

[50701(c)]

Behavior Management Program

“Behavior Management Program” means a community-based day program that serves adults with severe behavior disorders and/or dual diagnosis who, because of their behavior problems, are not eligible for or acceptable in any other community-based day program.

[54302(a)(9)]

Care Giver

“Care Giver” means an adult, other than a parent, who has primary responsibility for the care and custody of a child. A care giver may be a relative, such as an aunt, uncle, or grandparent, or an unrelated adult, such as a foster care parent.

[56704(a)(1)]

Care Provider

“Care Provider” means any person, corporation, partnership, agency or other entity which directly or indirectly owns, administers, or operates a developmental center, a community care facility as defined in Sections 1502 and 1504 of the Health and Safety Code, or a health facility as defined in Section 1250 of the Health and Safety Code. Unless otherwise stated, this term also includes all agents, employees, and contractors of the care provider involved with or responsible for the provision of care to clients.

[50801(d)]

Circle of Support

“Circle of Support” means an informal but identifiable and reliable group of people who, pursuant to Welfare and Institutions Code, Section 4512(f), meet and communicate regularly to offer support, at a frequency and in a manner consistent with and appropriate to the need, to the consumer for whose benefit it exists.

[58601(a)(1)]

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Community Integration

“Community Integration” means presence, participation and interaction in natural environments.

[54302(a)(11)]

Direct Care Staff

“Direct Care Staff” means staff who personally provide direct services to consumers. Personnel who are responsible for other staff functions may be considered direct care staff only during that time when they are providing direct services to consumers or are involved in program preparation functions.

[54302(a)(19)]

Early Intervention Services

“Early intervention services” means those services designed to meet the developmental needs of each eligible infant or toddler and the needs of the family related to the infant’s or toddler’s development. The services include but are not limited to assistive technology; audiology; family training, counseling and home visits; health services; medical services only for diagnostic or evaluation purposes; nursing services; nutrition services; occupational therapy; physical therapy; psychological services; service coordination; social work services; special instruction; speech and language services; transportation and related costs; and vision services. Early intervention services may include such services as respite and other family support services.

[52000(b)(12)]

Employment Training

“Employment Training” means individually planned activities and instruction which enable adults with developmental disabilities to obtain and maintain paid work and which can occur in group or individual situations. This term is synonymous with vocational training.

[56704(a)(4)]

Facility

“Facility” means a licensed community care facility as defined in Health and Safety Code Section 1502(a)(1), (4), (5) or (6); or a licensed residential care facility for the elderly as defined in Health and Safety Code Section 1569.2(k), which has been vendorized as a residential facility by a Regional Center pursuant to the requirements of Title 17, California Code of Regulations, Division 2, Chapter 3, Subchapter 2.

[56002(a)(16)]

Facility Liaison

“Facility Liaison” means the person, or his or her designee, assigned by the Regional Center as the principal coordinator between the Regional Center and the facility.

[56002(a)(17)]

Family

“Family” means the primary caregivers and others who assume major long-term roles in an infant’s or toddler’s daily life.

[52000(b)(15)]

Family Home

“Family Home” means a home that has been approved by an FHA and is owned, leased, or rented by, and is the family residence of, the family home provider and in which services and supports are provided to a maximum of two consumers regardless of their degree of disability, except for those consumers who require continuous skilled nursing care as defined in subsection (e) (3) .

[56076(e)(5)]

Family Home Agency (FHA)

“Family Home Agency (FHA)” means a private, not-for-profit agency that is vendorized to do all of the following: 1) recruit, approve, train, and monitor family home providers; 2) provide services and supports to family home providers; and 3) assist consumers in moving into or relocating from family homes.

[56076(e)(6)]

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Family Member

"Family Member" means an individual who:
A) Has a developmentally disabled person residing with him or her; B) Is responsible for the 24-hour care and supervision of the developmentally disabled person; and C) Is not a licensed or certified resident care facility or foster family home receiving funds from any public agency or Regional Center for the care and supervision provided.
[54302(a)(22)]

Formal Hearing

"Formal hearing" means an administrative hearing conducted by a hearing officer pursuant to Welfare and Institutions Code Sections 4648.2, 4780.5 and the provisions of this subchapter.
[50701(n)]

Functional Skills

"Functional Skills" means those skills which enable an individual to communicate, interact with others, and to perform tasks which have practical utility and meaning at home, in the community, or on the job.
[54302(a)(23)]

Generic Agency

"Generic Agency" means any agency which has a legal responsibility to serve all members of the general public and which is receiving public funds for providing such services.
[54302(a)(24)]

Generic Support(s)

"Generic Support(s)" means voluntary service organizations, commercial businesses, non-profit organizations, generic agencies, and similar entities in the community whose services and products are regularly available to those members of the general public needing them.
[54302(a)(25)]

Immediate Danger

"Immediate Danger" means conditions which constitute an impending threat to the health and safety of a consumer(s) and which require immediate action by the Regional Center to safeguard the health and safety of the consumers in the facility.
[56002(a)(19)]

In-home Respite Services

"In-home Respite Services" means intermittent or regularly scheduled temporary non-medical care and supervision provided in the consumer's own home and designed to do all of the following:
(A) Assist family members in maintaining the consumer at home; (B) Provide appropriate care and supervision to protect the consumer's safety in the absence of family members;
(C) Relieve family members from the constantly demanding responsibility of caring for a consumer; and (D) Attend to the consumer's basic self-help needs and other activities of daily living, including interaction, socialization, and continuation of usual daily routines which would ordinarily be performed by the family member.
[54302(a)(30)]

Independent Living Program

"Independent Living Program" means a community-based day program that provides to adult consumers the functional skills training necessary to secure a self-sustaining, independent living situation in the community and/or may provide the support necessary to maintain those skills. Independent living programs focus on functional skills training for adult consumers who generally have acquired basic self-help skills and who, because of their physical disabilities, do not possess basic self-help skills, but who employ and supervise aides to assist them in meeting their personal needs.
[54302(a)(27)]

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Individual Program Plan (IPP)

“Individual program plan (IPP)” means a plan developed for persons with developmental disabilities to describe the provision of services and supports to meet the written goals and objectives.

[52000(b)(25)]

Individualized Education Program (IEP)

“Individualized education program (IEP)” means a written statement that is developed and implemented pursuant to 34 CFR 300.341 through 300.349.

[52000(b)(26)]

Individualized Family Service Plan (IFSP)

“Individualized family service plan (IFSP)” means a written plan for providing early intervention services to infants or toddlers and their families who have been determined eligible for early intervention services. The plan must: (1) Be developed in accordance with Sections 52100 through 52110; and, (2) Be based on the evaluation and assessment processes described in Sections 52082 through 52086 of these regulations.

[52000(b)(27)]

Infant Development Program

“Infant Development Program” means a community-based day program defined in the Welfare and Institutions Code, Section 4693.

[54302(a)(29)]

Informed Consent

“Informed Consent” means the knowing consent of an individual or his or her legally authorized representative that is given without undue inducement or any element of force, fraud, deceit, duress, or other form of constraint or coercion to participate in an activity. For consent to be “informed”, the individual or his or her legally authorized representative must possess accurate and complete information about the procedures which are to be performed, understand the information provided, and give consent voluntarily.

[50401(f)]

Interdisciplinary (ID) Team

“Interdisciplinary (ID) Team” means the group of persons convened in accordance with the Welfare and Institutions Code, Section 4646, for the purpose of preparing a consumer’s IPP.

[54302(a)(31)]

Intermediate Care Facility/Developmentally Disabled (ICF/DD)

A licensed residential health facility which provides care and support services to developmentally disabled consumers whose primary need is for developmental services and who have a recurring, but intermittent, need for skilled nursing services.

[54302(a)(32)]

Intermediate Care Facility/Developmentally Disabled-Nursing (ICF/DD-N)

“Intermediate Care Facility/Developmentally Disabled-Nursing (ICF/DD-N)” means a licensed residential health facility which has as its primary purpose the furnishing of 24-hour nursing supervision, personal care, and training in habilitative services in a facility with 4-15 beds to medically fragile developmentally disabled consumers, or to consumers who demonstrate a significant developmental delay that may lead to a developmental disability if not treated. Such consumers must have been certified by a physician as not requiring skilled nursing care.

[54302(a)(34)]

Live-in Staff

“Live-in Staff” means wage-earning facility employees who reside in the facility, such as house parents who meet the definition of an “employee residing on the employer’s premises” pursuant to section 785.23 of “Interpretive Bulletin, Part 785: Hours Worked Under the Fair Labor Standards Act of 1938, As Amended,” published by the U.S. Department of Labor.

[56901(b)(17)]

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Local Education Agency (LEA)

"Local education agency (LEA)" means the school district in which the infant or toddler resides or the county office of education or the special education local plan area (SELPA) that is responsible for providing early intervention services to infants and toddlers with disabilities.

[52000(b)(30)]

Mobility Training

"Mobility Training" means individually planned activities and instruction which enable adults with developmental disabilities to utilize the most normalizing independent transportation modes possible.

[54302(a)(36)]

Multidisciplinary Team

"Multidisciplinary team" means two or more individuals of various disciplines or professions, and the parent, who participate in the provision of integrated and coordinated services, including evaluation, assessment, and IFSP development.

[52000(b)(33)]

Natural Environment

"Natural Environment" means places and social contexts commonly used by individuals without developmental disabilities.

[52000(b)(34)]

Natural Supports

"Natural Supports" means, pursuant to Welfare and Institutions Code, Section 4512(e), personal associations and relationships typically developed in the family and community that enhance or maintain the quality and security of life for people;

[54302(a)(38)]

Normalization

"Normalization" means life conditions which enable consumers to lead more independent, productive and normal lives which approximate the pattern of daily living of non-disabled persons of the same age and reflect personal choice.

[56002(a)(25)]

Out-of-home Respite Services

"Out-of-home Respite Services" means Regional Center approved intermittent or regularly scheduled temporary non-medical care and supervision, provided by a residential service provider.

[56901(b)(26)]

Owner Operated

"Owner operated" means that the facility is the residence of the licensee or a member of the corporate board of directors.

[56901(b)(27)]

Parental Fee Schedule

"Parental Fee Schedule" means the official table of tabulated and scaled fees as authorized and established by the Director of Developmental Services with the approval of the State Council on Developmental Disabilities.

[50213]

Payor of Last Resort

"Payor of last resort" means the Regional Center or LEA that is required to pay for early intervention services listed on the IFSP when third party payers or other agencies do not have an obligation to pay as required by 34 CFR 303.527.

[52000(b)(36)]

Person-Centered Planning

"Person-Centered Planning" means the planning process for consumers as specified in Welfare and Institutions Code Sections 4646 and 4646.5.

[56076(e)(8)]

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Personal Advocate

“Personal Advocate” means a person chosen by the consumer to assist in representing and expressing the consumer’s interests and preferences, or, when appropriate, means the conservator or other person legally authorized to act on the consumer’s behalf. [58601(a)(7)]

Personal and Incidental Allowance

“Personal and Incidental Allowance” means that portion of the Supplemental Security Income/State Supplemental Program (SSI/SSP) payment designated for the personal expenses of the consumer.

Placement

“Placement” means the process the Regional Center and the consumer complete to assist the consumer to locate and make an initial move to a facility. [56002(a)(27)]

Positive Behavioral Supports

“Positive Behavioral Supports” means the systematic application of proactive and preventative behavioral interventions, excluding interventions which utilize pharmaceuticals or medications to achieve behavioral change, and which result in lasting positive changes in the consumer’s behavior, are based upon the positive reinforcement of appropriate consumer behavior, and are designed to support consumers with challenging behaviors and ensure the consumer’s right to reside in the least restrictive environment. [56076(e)(9)]

Program Design

“Program Design” means the description of consumer services offered by a facility, the functional characteristics of the consumers the facility will serve, and the resources available to meet individual service needs consistent with the facility’s service level. [56002(a)(28)]

Purchase of Service Funds

“Purchase of Service Funds” means those funds identified in the Budget Act for the purpose of purchasing services, provided by vendors, for consumers. [54302(a)(42)]

Rate of Payment

“Rate of Payment” means the price charged to a Regional Center by a vendor for each unit of service.

Regional Center

“Regional Center” means a diagnostic, counseling, and service coordination center for persons with developmental disabilities and their families which is established and operated pursuant to Chapter 5 of Division 4.5 of the Welfare and Institutions Code by a private nonprofit community agency/corporation acting as a contracting agency. [50401(i)]

Residential Facility

“Residential Facility” means any licensed community care facility as defined in Health and Safety Code Section 1502(a)(1), (4), (5) or (6), or a licensed residential care facility for the elderly as defined in Health and Safety Code Section 1569.2. [54302(a)(44)]

Residential Respite Services

“Residential Respite Services” means intermittent or regularly scheduled temporary non-medical care and supervision provided to the consumer in an out-of-home setting. [56901(b)(35)]

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Residential Service Provider

“Residential Service Provider” means an individual or entity which has been licensed by the Department of Social Services as a community care facility pursuant to Health and Safety Code Section 1502(a)(1), (4), (5) or (6); or is defined as a licensed facility for the elderly in Health and Safety Code Section 1569.2; has completed the vendorization process pursuant to Title 17, California Code of Regulations, Division 2, Subchapter 2; and has been assigned a vendor identification number beginning with the letter “H” pursuant to Title 17, California Code of Regulations, Section 54340(a)(1).

[56002(a)(39)]

Residential Service(s)

“Residential Service(s)” means the direct supervision and special services which facility staff provide to a consumer during the process of implementing the program design and achieving the objectives of the Individual Program Plan (IPP) for which the residential service provider is responsible.

[56002(a)(38)]

Self-Advocacy

“Self-Advocacy” means the awareness, motivation and ability of an individual to represent and communicate his or her own interests, to exercise personal choice, to exert control over his or her environment, and to avoid exploitation and abuse.

[54302(a)(45)]

Serious Bodily Injury

“Serious bodily injury” means an injury which is disfiguring, disabling or life-threatening; or an injury or condition in which the consumer is suspected of being abused or neglected, requiring a report of child or dependent adult abuse.

[56002(a)(41)]

Service Coordinator

“Service Coordinator” means the Regional Center or designee agency employee, or his/her designee, who has responsibility for implementing, overseeing and monitoring the consumer’s IPP and for maintaining the consumer’s Regional Center record. Service Coordinator is synonymous with Regional Center case manager and Regional Center counselor. Nothing shall prevent a consumer, the consumer’s parent, legal guardian, or conservator, from being the service coordinator if the Regional Center director agrees with such an arrangement.

[56002(a)(42)]

Social Recreation Program

“Social Recreation Program” means a community-based day program which provides community integration and self-advocacy training as they relate to recreation and leisure pursuits.

[54302(a)(52)]

Special Incident Report

“Special Incident Report” is the documentation prepared by vendor staff detailing special incidents and provided to the Regional Center.

[54302(a)(53)]

Staff Operated

“Staff Operated” means that the facility is not the residence of the licensee or a member of the corporate board of directors, and the licensee employs personnel to provide direct care to consumers.

[56901(b)(38)]

Statewide Vendor Panel

“Statewide Vendor Panel” means the statewide listing of all vendors which contains information specified in Section 54334 of these regulations.

[54302(a)(56)]

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Substantial Handicap

“Substantial Handicap” means a condition which results in major impairment of cognitive and/or social functioning.

Moreover, a substantial handicap represents a condition of sufficient impairment to require interdisciplinary planning and coordination of special or generic services to assist the individual in achieving maximum potential. (b) Since an individual’s cognitive and/or social functioning are many-faceted, the existence of a major impairment shall be determined through an assessment which shall address aspects of functioning including, but not limited to: (1) Communication skills; (2) Learning; (3) Self-care; (4) Mobility; (5) Self-direction; (6) Capacity for independent living; (7) Economic self-sufficiency. (c) The assessment shall be made by a group of Regional Center professionals of differing disciplines and shall include consideration of similar qualification appraisals performed by other interdisciplinary bodies of the Department serving the potential client. The group shall include as a minimum a program coordinator, a physician, and a psychologist. (d) The Regional Center professional group shall consult the potential client, parents, guardians/conservators, educators, advocates, and other client representatives to the extent that they are willing and available to participate in its deliberations and to the extent that the appropriate consent is obtained. [54001(a)]

Supported Living Service(s) (SLS)

“Supported Living Service(s) (SLS)” means those services and supports referenced in Section 54349(a) through (d), and specified as SLS service and support components in Title 17, Section 58614, which are provided by a SLS vendor, paid for by the Regional Center, and support consumers’ efforts to: (A) Live in their own homes, as defined in Title 17, Section 58601(a)(4); (B) Participate in community activities to the extent appropriate to each consumer’s interests and

capacity; and (C) Realize their individualized potential to live lives that are integrated, productive, and normal.

[54302(a)(58)]

Transportation Service

“Transportation Service” means the conveyance of a consumer including boarding and exiting the vehicle.

[58501(a)(11)]

Unique Consumer Identifier

“Unique Consumer Identifier” means a unique number assigned to identify each Regional Center consumer which is used instead of the consumer name to maintain confidentiality.

[50602(p)]

Usual and Customary Rate

“Usual and Customary Rate” means the rate which is regularly charged to members of the general public for the same services for individuals with developmental disabilities and which rate is received for a given service by a vendor. If more than one rate is charged for a given service, the rate determined to be the usual and customary rate shall not exceed whichever rate is regularly charged to members of the general public who are seeking the service for an individual with a developmental disability.

[57210(a)(19)]

Vendor

“Vendor” means an applicant which has been given a vendor identification number and has completed the vendorization process, and includes those specified in Section 54310(d) and (e).

[54302(a)(61)]

Voucher

“Voucher” means a written authorization issued by a Regional Center to a family member or consumer to procure the service for which the voucher was issued and which specifies the maximum reimbursement authorized by the Regional Center.

[54302(a)(66)]

Review

- 1. Why are the implications of the Americans with Disabilities Act for people who are served by Regional Centers?**
- 2. According to Title 17, what is the major responsibility of the service coordinator?**
- 3. List two of the rights guaranteed by the IDEA.**
- 4. Describe why the Medicaid Waiver program was initially developed.**

Learn the Basics:

**Regional Center
Organization**

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to provide an overview of how Regional Center agency organizations, policies and procedures relate to the work of a service coordinator.

Objectives: Upon completion of this module, you should be able to:

- (1) Develop a one-sentence mission statement, understandable by the average citizen, that describes the basic purpose of your regional center or of some other organization to which you belong.
- (2) Describe the relationship between (a) mission, (b) goals and objectives, and (c) results or outcomes.
- (3) Name at least three requirements, expressed in the Lanterman Act, regarding the composition of the governing board of a Regional Center.
- (4) Use the basic array of Regional Center services and supports in the development of a person-centered Individual Program Plan.

Method:

- (1) Group presentation and discussion or self-directed review of *Regional Center Organization Overview*;
- (2) Self-directed reading of *Regional Center Organization: Overview of Administration, Policies and Procedures*;
- (3) Group discussion or self-directed completion of *Suggested Activities*; and,
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint Presentation or Overheads of Regional Center Organization Overview</i>	15 minutes
<i>Regional Center Organization: Overview of Administration, Policies and Procedures</i>	30 minutes
<i>Suggested Activities</i>	30 minutes
<i>Review</i>	20 minutes

Materials:

- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *Basic Regional Center Organization: Administration, Policies and Procedures*;
- *Learn the Basics - Regional Center Organization*

Regional Center Organization: Overview of Administration, Policies and Procedures

Introduction

Especially when public funds are used to deliver goods and services, one can expect direction from *law* and *regulations*. At all levels of government – federal, state, and local – laws and regulations are written and approved, either by elected leaders or by citizens themselves or, in some cases, common law (judicial precedents) governs. Agency *policies*, *procedures*, and *practices* are expected to be aligned with laws and regulations. That’s why an understanding of policies and procedures is important. Policies and procedures are intended to guide (or govern) much of the *practice* of service coordination.

As background, separate modules have been prepared for you on several related topics, as follows: (1) Laws and Regulations; (2) Reporting Requirements; (3) POS (Purchase of Service) Standards; and (4) Guardianship and Conservatorship. As with agency policies and procedures, law and regulations guide (or govern) essential elements of Numbers (2), (3), and (4).



Regional Center Organization

Mission, Vision, Values, and Results

Organizations have basic purposes, which are generally expressed succinctly in a *mission statement*. Here are three such statements – two actual, and the third hypothetical:

- “ _____ Regional Center works in partnership with individuals with developmental disabilities, their families, and the community, to promote choice, empowerment, independence, and full integration into community life.”
- “ _____ Regional Center’s mission is to help individuals with developmental disabilities and children at risk to reach their goals.”
- “Our mission is to support opportunities for individuals with developmental disabilities and their families to participate in community life through education, information, choice, advocacy, and service.”

The mission of an organization refers to the purposes it serves. By defining its mission, an organization can decide upon appropriate goals, objectives and outcome measures. Mission is often defined through a strategic planning process.

A *vision statement* typically describes the way the organization would like to be doing its work, when it is implementing its mission and performing well. A vision statement may speak to the best way of serving its constituents, clients or

customers. Often, a vision statement is a motto and mantra, such as the Ford Motor Company’s *Quality is Job One*. The Department of Developmental Services’ vision statement is summarized as “Building Partnership, Supporting Choices,” and one can see these themes in Regional Center mission statements as well.

Often, but not always, organizations articulate a set of *values, beliefs, or principles* regarding how their work will be performed. To illustrate, the Regional Center whose mission is “to help individuals . . . reach their goals,” goes on to say:

“We accomplish this by (1) coordinating resources, and collaborating with other agencies to develop the best services for individuals and families; (2) valuing diversity; (3) respecting individual rights and choices; and (4) committing to excellence, honesty, and cost effectiveness in service delivery.”

Organizations evaluate their work. *Performance-based, outcome measures* are sometimes used to identify (and measure) results, including effectiveness (in reaching goals) and efficiency. Here are a few illustrations out of a vast number of outcome measures:

Children –

- the average length of time between initial contact and eligibility determination;

Regional Center Organization

- percentage of children living with their natural (or biological) families;
- percentage of school-age children fully or partially *included* within their school communities;
- percentage of school-age children, living with their families, who spend one or more nights each month at a friend's house; and
- integrated child-care outlays as a percentage of child-care, respite, and related service expenditures.

Adults –

- percentage of adults living “out-of-home” who live in arrangements involving three or fewer persons with disabilities;
- percentage of adults of working age (say, 18 to 59) who have “regular jobs,” by hours worked per month and rate of pay;
- percentage of time spent in day programs in activities identified in person-centered program plans; and
- percentage of adults who get to their work or day program without using specialized transportation services paid for by the Regional Center.

Children and adults–

- percentage of IPP goals accomplished;
- mortality rate, adjusted statistically for age and antecedent health status; and
- percentage of clients and families “very satisfied” and “generally

satisfied” with life, services, and supports, perhaps controlling for expectations.

Board of Directors

Non-profit corporation law, the Lanterman Act, and the law of torts influence the composition and activities of Boards of Directors. When California's developmental services system was designed, an explicit decision was made by the Legislature not to use State or county governmental units, but rather to fund and provide certain services through a smaller number of non-profit entities that would agree to be Regional Centers.

This was done for several reasons. Three main ones were (1) to assure greater local control; (2) to avoid constraints imposed by traditional civil service rules; and (3) to have centers of such size that they would be both efficient and responsive.

The governing board of a Regional Center must meet several requirements expressed in the Lanterman Act, including having board members with (1) “demonstrated interest in, or knowledge of, developmental disabilities;” (2) “legal, management, public relations, and developmental disability program skills;” (3) “representatives of the various categories of disability to be served by the Regional Center;” (4) “reflect the geographic and ethnic characteristics of the area;” and (5) have a minimum of 50 percent who are “persons with developmental disabilities or their parents or legal guardians.” Other governance provisions deal with mandated advisory committees, board member terms of

Regional Center Organization

Sample Functions of A Regional Center Board of Directors

1. Establish Board procedures for conducting business and securing members in conformance with State Law.
2. Establish and be aware of Regional Center goals and policies.
3. Develop and update short- and long-range plans.
4. Monitor plans and programs that implement the goals, policies, and plans established.
5. Be aware of the financial aspects of the Regional Center.
6. Be aware of the activities of the Executive Director and staff.
7. Be aware of the program activities of the Regional Center.
8. Be aware of the evaluation mechanisms of the Regional Center: Administrative, Fiscal and Clinical.
9. Ensure that the Regional Center is addressing community needs and that the community is informed of the work of the center.

Sample Functions of a Regional Center Administrative and Financial Services Department

The Administrative and Financial Services Departments perform the daily business functions, establish a system of internal controls and procedures and provide a wide variety of fiscal/clerical supports and services for the Regional Center while under contract to the Department of Developmental Services. The services and supports include accounting, audits, consumer benefits, vendorization, procurement, personnel, payroll, information management, communications, case control, word processing, and office services. Internal control is a system that is established by and used within the Regional Center to safeguard its assets, check the adequacy, and reliability of its accounting data, promote operating efficiency, and encourage adherence to prescribed management policies and practices.

Regional Center Organization

service, evaluation of the director, and handling potential conflicts of interest.

Organizational Structure

The organizational structure of Regional Centers relates to their prescribed role as the “single point of contact” for persons with developmental disabilities within a service area; the tasks to be performed (e.g., outreach; intake and eligibility determination; individual or family plan development; strengthening natural supports and helping people access generic services; purchases of specialized services, in some instances; service coordination; and resource development). Locate the chart for



your Regional Center and identify its organizational structure.

Performance Contracts and Strategic Plans

Senate Bill 1383, which took effect January 1, 1994, amended the Lanterman Act to require five-year *performance contracts* between each Regional Center and the Department of Developmental Services. These performance contracts supplement preexisting annual contracts, which have been in existence for many years. Performance contracts cover (1) performance standards; (2) individual outcomes; (3) reporting requirements; (4) review activities; (5) a public process for establishing goals; (6) a public process for a mid-contract review; (7) uniform procedures to account for funds (e.g., definition of units of service, etc.); and (8) incentives and sanctions.

Strategic plans are not required by law, but are practices (and resulting documents) seen at many Regional Centers. Strategic plans are general plans that identify *strategic* goals, objectives, and approaches leading to their accomplishment. Strategic planning processes often follow a chronological order along the following lines:

1. A plan to plan is the first step. In effect, a project plan is made to develop a strategic plan.
2. Mission, goals, and values are identified and written down.

¹ Often, these are expressed as *strengths*, *weaknesses*, and *opportunities*.

Regional Center Organization

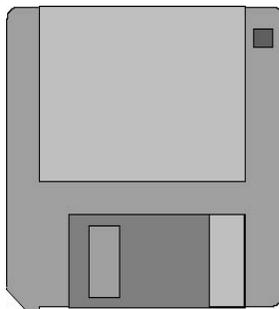
3. An external needs assessment is conducted to identify key outside forces¹ influencing likely success of the organization in achieving its mission and goals.
4. Strategic objectives are written down, identifying intended outcomes.
5. Outcomes measures or other performance measures (e.g., adherence to standards) are identified and a plan is made to get, interpret, and report them.
6. Strategic objectives are arrayed in priority, ranked in terms of importance to the organization in achieving its mission.
7. Strategies and tactics (e.g., activities) are written down with timelines.
8. Sometimes performance “feed forward” (target attainments of goals) or benchmarks are used, in

judging whether performance is adequate or better.

Agency Policies and Procedures

Consistent with law and regulations, public sector organizations (especially large, complex ones) generally develop and write down numerous *policies and procedures* to guide various individuals within the organization. As when both federal and state law apply – as, for example, in licensing and certification of long-term health-care facilities – the one that requires more applies. To illustrate, a federal requirement may be that “staffing is adequate.” The State may say that a six-person ICF/DD-H (intermediate-care facility/developmentally disabled-habilitative) will provide “at least X number of hours of direct service per day.” In this instance, both requirements must be met.

Here’s an illustration of a policy and procedure, with space for definitions so that people have a shared understanding of things:



Policy: If a Regional Center employee hears of an allegation of abuse or neglect of a person with a developmental disability, or witnesses abuse or neglect, he or she will report the allegation to proper authorities.

Definitions:

Allegation means

Abuse is defined as

Neglect means

An *injury* means

The *proper authority*, in the case of

Regional Center Organization

children (under age 18) is Child Protective Services; in the case of adults (18+), Adult Protective Services. If the person lives in a long-term health care facility, also report to the Long-Term Care Ombudsman. If what happened appears to involve criminal behavior on the part of anyone, report to the Police.

Procedure:

- (1) Call the proper authority as soon as possible after learning of the allegation or witnessing what you believe to be abuse or neglect, and leave a verbal report. Be sure to make a verbal report within 24 hours.
- (2) Write up a report on Form ____, and submit it by the end of the next business day.
- (3) Inform your superior of the event no later than the time when you submit your written report.
- (4) Determine what the receiver of your report intends to do, by when, and follow-up to determine what (if anything) was done in response to the report.
- (5) Take whatever action is appropriate, if the Regional Center can do anything to mitigate the effects of the abuse or neglect.

As one can see from this illustration, *agency policies and procedures* applying to your work as a service coordinator provide you with guidance and direction regarding what to do. Good policies and procedures save time, generate consistency, avoid setting wrong precedents, and otherwise contribute to

Basic Regional Center Services

In California, many services for people with (or 'at risk') of a developmental disability are provided (or coordinated) through a network of twenty-one Regional Centers. Acting as a single point of contact for community services, Regional Centers coordinate diagnostic work-ups and eligibility determination. If a person is deemed eligible, Regional Centers provide planning and related services, including service coordination. Service coordinators help many individuals and families with information, guidance, and assistance in accessing (and using) appropriate generic services and natural supports. If part of an IPP (Individual Program Plan) or IFSP (Individual Family Service Plan), and if a needed service is related to the person's developmental disability, Regional Centers may buy such services from approved vendors (or service provider agencies) in the private sector who agree to provide needed services. Here are some *typical* services often provided through a Regional Center, using state and federal funds. (Much service coordination, itself, is funded through the federal-state Medicaid program. The service is called "targeted case management.")

- *Advocacy* – to get needed services from community and government agencies;
- *Assessment and consultation* – clinical staff bringing information together with recommendations;

Regional Center Organization

- *Behavior intervention* – classes and individual consultation around behavior issues and needs;
- *Early intervention programs* – for children not yet in public school; includes neighborhood preschools (e.g., Head Start), infant development programs, and the like, often with considerable involvement by parents and other specialists;
- *Independent/Supported living* – services and supports for adults to live more independently in their own homes;
- *Medical* – help in identifying and accessing needed health services, typically (but not always) paid for by private insurance or government health care programs (e.g., county hospitals; Medi-Cal fee-for-service; EPSDT; CCS; etc.);
- *Residential* – licensed or certified residential options include long-term health care facilities, foster family homes, community-care homes, and the like, some of which are funded through Medi-Cal;
- *Respite Care* – added help for the family in order to provide a break from care-giving responsibilities (may involve nursing or behavioral support, as needed);
- *Social/Recreational* – help in accessing a variety of social/recreational activities through various community organizations;
- *Therapy and Counseling* – referral to various therapists and public or private mental health agencies; and
- *Vocational* – assistance in accessing a variety of work-related services and supports that include job placement, job coaching, training for employment, sheltered work, and pre-vocational programs, some of which are funded by Regional Centers, others of which are funded through the Department of Rehabilitation.

Learn the Basics:

**Generic and Regional
Center Funded Services**

Purpose, Outcomes, Methods, Time, and Materials

- Purpose:** The purpose of this module is to provide information about typical community services (not funded by Regional Centers) as well as regional center funded services.
- Objectives:** Upon completion of this module, you should be able to:
- (1) Know when you may consider the use of vendored services.
 - (2) List at least four publicly funded organizations which can assist people with developmental disabilities with generic services.
 - (3) Describe the procedure for qualifying for supplemental security income.
 - (4) Be able to use the basic array of regional center funded services available to assist individuals and families as needed.
 - (5) Describe how SSA benefits, Department of Rehabilitation services, Section 8 and IHSS can assist an individual to have a “regular life.”
 - (6) Use the basic method of appealing a service decision by a local education agency, Department of Rehabilitation and Social Security when assisting an individual or family.
- Method:**
- (1) Group presentation and discussion or self-directed review of *Generic and Regional Center Funded Services Overview* on PowerPoint, overheads or hard copy;
 - (2) Self-directed reading of *Generic and Regional Center Funded Services: What Is Out There for the People I Support?*;
 - (3) Group discussion or self-directed completion of *Suggested Activity*; and,
 - (4) Group discussion or self-directed completion of *Review*.
- Time:**
- | | |
|---|------------|
| <i>PowerPoint Presentation or Overheads of Generic and Regional Center Funded Services Overview</i> | 40 minutes |
| <i>Generic and Regional Center Funded Services: What Is Out There for the People I Support?</i> | 25 minutes |
| <i>Suggested Activity</i> | 30 minutes |
| <i>Review</i> | 20 minutes |
- Materials:**
- LCD or Overhead Projector
 - PowerPoint Presentation or hard copy Overheads of *Generic and Regional Center Funded Services Overview* ;
 - *Learn the Basics - Generic and Developmental Services*

Generic and Regional Center Funded Services: What Is Out There for the People I Support?

Excerpts from The Lanterman Act Regarding Generic Services

Public resources which are available to implement any service or support and any other sources of available funding and/or voluntary provision of service and support to a consumer, such as the natural support of family, friends and associates, or circles of support, shall be investigated and exhausted prior to the Regional Center's purchase of service.....

Regional Center funds shall not be used to supplant the budget of any agency which has a legal responsibility to serve all members of the general public and is receiving public funds for providing those services.....

While the Regional Center is pursuing funding from another agency or individual, it may purchase urgently needed services and supports until that agency or individual purchases or provides the services and supports...

Welfare and Institutions Code 4648

Introduction

The public resources referred to in the WIC are **Generic Resources**. They are services typically funded by a government entity, complete with a set of eligibility criteria and regulations of their own. This module will cover the most common generic resources and regional center funded services available to people with developmental disabilities in California.

Generic and Regional Center Funded Services

Q and A on Generic Services

What are generic services? They're services available to anyone in a community. However, generic doesn't necessarily mean free.

Who are they for? Many are a part of the public service system found in any community. Some are for people with low incomes, while others are for people who are smart shoppers looking for bargains.

Is there a core of generic services available everywhere? Yes. While they may be different in quantity and quality, you can find *In-Home Supportive Services, Rental Assistance, Utility and Retail Discounts, Health Services, and Public Transportation* services everywhere.

How do you find out about them? You can talk to other service coordinators, service providers, local government officials, and the United Way. You can also go to the library, senior citizen, and volunteer centers. In addition, many communities have a local resource guide

Where do you start?

It's important to find out as much general information as you can by looking at the customer services pages of the phone book. You might also go to city hall, the local library, community college, chamber of commerce, and talk to other service users and providers. You will also need to find out some specific information about what an individual needs and wants and then you start the process of matching.

Basic Rules for Tracking Down Generic Resources

- A request/search should be based on a real need
- If you're helping someone search, it's often better to approach service reps as someone's friend rather than a professional
- The 7 call rule - you might have to make seven calls to find the resource you're looking for
- Be cheerful, humble, and optimistic
- Be concise
- Try to get something out of every effort, even if it's just another phone number
- Say thank you and return the favor whenever possible

Generic and Regional Center Funded Services

California Children Services (CCS)

CCS serves children with certain genetic, neurological, and orthopedic conditions that can be corrected (or helped). Certain therapies for very young children (e.g., physical therapy) are provided without regard to family income and assets through Medical Therapy Units often coordinated closely with the schools. Other services (e.g., surgery; durable medical equipment) must be judged *medically necessary*. If so, CCS can refer to a health-care provider and may provide some financial support. Such support is predicated on the family having an annual adjusted gross income (AGI) of \$40,000 or less, although if medical expenses exceed (or are projected to exceed) 20% of income or more, the child may be eligible, despite higher family income.

Referral to CCS is typically provided via the Regional Center or school. Along with identifying information, the referral must include medical records which accurately and legibly document original findings.

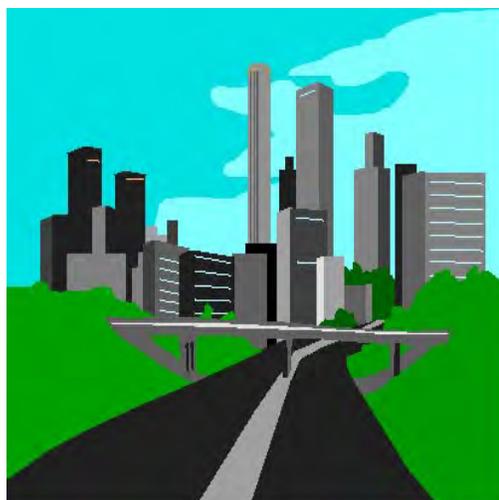
Child Health and Disability Prevention Program (CHDP)

CHDP provides well-child physicals for children through 21 years of age at the county level, using a combination of federal and state funds. The complete examination includes hearing, vision, lead level, anemia check, urinalysis and immunizations.

If Medi-Cal eligible, services extend to age 21. If not Medi-Cal eligible, services are to age 19. Children not eligible for full-scope Medi-Cal can qualify, if their family income is less than 200% of the federal poverty line. More information is available by calling the local health department or Medi-Cal division of DPSS.

Child Care Resource Centers

Each community has a resource center which assists families in identifying licensed day care and family day care locations. There is some assistance available to families to cover the costs of day care depending on the family's circumstances.



Generic and Regional Center Funded Services

Children's and Family Services

The title of this service may vary from area to area. This is the division of the Department of Social Services which provides protective services for children who may be abused, neglected, or dependent. Allegations of abuse against a child (with or without a disability) are made through the protective services divisions of these agencies. Social services are available to assure a child's safety.

- transportation assistance
- reader, interpreter, tutorial, and notetaker services
- work tools, equipment, and license fees
- personal assistance services
- self-employment services
- post-employment services

The Regional Center typically assists in the referral process to Department of Rehabilitation by providing the information needed to determine eligibility.

Department of Rehabilitation

The mission of the Department of Rehabilitation is to assist individuals with disabilities, emphasizing those with the most severe disabilities, toward informed choice and success in education, vocational training, career opportunities, independent living and in the use of assistive technology to improve their employment opportunities and their lives.

The Department of Rehabilitation also provides **habilitation services** that fund Work Activity Programs (long-term, sheltered work) and Supported Employment (community-based, integrated work) for individuals with developmental disabilities who are served by Regional Centers. The Habilitation Specialist reviews referrals made by the service coordinator and approves the development of an Individual Habilitation Plan (IHP) by a local DR service provider. The Habilitation Section is also responsible for follow along services for individuals in supported employment.

Once an employment goal has been determined, the Department of Rehabilitation (DR) counselor will work with the consumer to develop a written plan (called the *Individualized Written Rehabilitation Program* or IWRP) for reaching that goal. DR's **rehabilitation services** may include:

- counseling and guidance
- medical services and equipment
- additional assessment
- vocational training and education

DR administers the **California Assistive Technology System (CATS)**. They provide a toll-free information and referral number to answer any questions relating to assistive technology. Assistive technology is any device that helps persons with disabilities perform work, education, social activities, daily living activities, or anything else they want to do. CATS also coordinates loan

Generic and Regional Center Funded Services

guarantee programs to assist people who need a modified vehicles, durable equipment, adaptive aids, or assistive devices.

DR is also responsible for planning, developing and funding **Independent Living Centers** (or ILCs). These centers are designed to assist people with disabilities in living fuller and freer lives outside institutions. The staff of an ILC are trained to assist people with disabilities to achieve economic and social independence. Services include peer counseling, advocacy, attendant referral, housing assistance, information and referral, transportation, and training in independent living skills.

Disabled Student Centers

Consumers enrolled in college can enlist the assistance of the Disabled Student Center for help required to be successful in school. This might include help in getting around campus, notetakers, readers, or other adaptations a student requires.

Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT)

An important source of funding for selected public health services. EPSDT is intended to detect delays, disabilities, and diseases early, and to treat such conditions early so that later problems are minimized. EPSDT provides assistance in obtaining early health care for eligible children and pregnant women as well as other services directly related

to health screening and assessment. Eligible individuals are pregnant women, new borns and eligible children to age 19 requiring health care and health care assistance.

Medi-Cal must pay for any *medically necessary* service, whether that service is a part of the State Medicaid Plan or not. It is up to parents and advocates to assure Medi-Cal qualification, and that screening is requested (e.g., by the parents) and needed follow-up treatment or intervention occurs.

Education/ Special Education

Under special education law, school districts must provide each student with a disability with a *free appropriate public education* (or FAPE). FAPE means special education and related services which are provided at public expense and without charge, meet appropriate standards, include preschool through secondary education, and conform with an Individual Education Program (IEP). Special education must be provided in the least restrictive environment, which means that to the maximum extent appropriate all students with disabilities will be educated with students who are not disabled.

Children who have a disability that causes them to need specialized educational services to benefit from their education are entitled to receive special education and related services. Eligible disabilities include but are not limited to sensory or orthopedically impaired, mentally retarded, seriously emotionally disturbed, other health impaired, or

Generic and Regional Center Funded Services

children with specific learning disabilities. In addition, children with autism and traumatic brain injury are eligible for special education under federal law. Special education services are available to children who meet the criteria if they are between the ages of five and 18 years. A person could continue getting special education services until age 22 under certain circumstances. There are early educational opportunities available to children under age three who have disabilities but are not Regional Center eligible and for those who are developmentally delayed or at risk of delay. Children with special needs who were served by the Early Start Program are able to enter public school programs as preschoolers if they satisfy the eligibility criteria.

In order to assist a family in coordinating the array of special education resources available, the Regional Center service coordinator is often included when the Individual Education Plan (IEP) is developed. Some Regional Centers have educational consultants who assist families in getting the most appropriate services from the school district.

Food Program for Women, Infants and Children (WIC)



WIC is a special supplemental food program for women, infants and young children in need. WIC provides temporary assistance with nutrition education to help improve eating habits, and supplemental food/vouchers. These monthly vouchers for supplemental foods are used at a store selected by the participant. WIC supplemental foods include milk, cheese, eggs, peanut butter, dried beans/peas, juice, fortified-infant formula/cereal and cereal. WIC foods are selected to meet the nutritional needs of young children and pregnant and women who are breastfeeding. To be eligible, the person must be a woman who is pregnant, breastfeeding (or has recently delivered a baby), or a child under five years old. In addition, the recipient must: (1) be at a nutritional risk determined by a health professional; (2) have regular medical check-ups; (3) meet poverty income guidelines; and, (4) reside in a local agency's service area.

Food Stamp Program

The Program provides monthly benefits in the form of food stamps for low-income households. These benefits are part of the person's food budget for the month. Individuals who qualify for food stamps must: work for low wages, or be unemployed or work part-time, or receive welfare or other assistance program, or be elderly or disabled and live on a small income, be U.S. citizens or legal permanent aliens.

The food stamp office provides application forms on the same day of the visit. Interested individuals can ask for the application in person, over the

Generic and Regional Center Funded Services

phone, or by mail, or someone else may get one on his/her behalf.

Healthy Families

A new program, operated by the California Managed Risk Medical Insurance Board (MRMIB), with enrollment beginning in June 1998, and services underway shortly thereafter. Uninsured children (ages 1 through 18) in families with incomes of less than 200% of the federal poverty level (*fpl*), and who are not eligible for *no cost* Medi-Cal, can purchase a package of covered benefits just like those enjoyed by children of state and local government employees. Premiums are \$7 to \$27 per month, depending on income and number of children enrolled. 200% of the *fpl* is currently \$21,700 for a family of 2; \$27,300 for a family of 3; and \$32,900 for a family of 3. Co-payments are quite low: for example, \$5 for crowns, bridges, partials, and dentures. Continuing with dental services as an example, medically necessary orthodontia is at no charge, just like x-rays, examinations, cleanings, fillings,



topical fluoride, and sealants.

Hill-Burton Free Care Program, County and Community Hospitals

Located by calling the Hotline (1/800/638-9742) to see which hospitals in your area may have a responsibility to provide free or low-cost health care as a “payback” for federal construction or modernization funds. Some hospitals have other funds for similar purposes. County and community hospitals have certain obligations to treat *emergencies*, whether the person can pay or not.

In-Home Supportive Services (IHSS)

IHSS provides personal care and domestic services to people who are aged, blind, or disabled and who live in their own homes. To be eligible an individual must:

- be a lawful resident of California with low income and limited resources
- need IHSS care to remain safely in their own home

Individuals with disabilities can qualify for IHSS services, which might include meal preparation, laundry, shopping, nonmedical and other types of assistance. Eligibility for IHSS services is coordinated through the county Departments of Public Social Services. Authorized hours

Generic and Regional Center Funded Services

may range to a maximum of 283 hours per month, depending on the needs of the individual.

IHSS services which are allowable include:

- Domestic services (cleaning, changing linens, etc.)
- Related services (menu planning, shopping, etc.)
- Heavy cleaning services (due to special health problems, etc.)
- Nonmedical personal services (hygiene, grooming, ambulation, etc.)
- Medical transportation service
- Yard work services
- Protective supervision service (to protect against risk of injury / accident)
- Teaching and demonstration service
- Paramedical services under direction of health care professional (exercises, catheter care, injections, etc.)

Medi-Cal (State-federal Medicaid Program)

Serves low-income Californians who

would otherwise not have access to medical/health care. About half the money is federal; half State. Medi-Cal covers a variety of services, when they are *medically necessary*. Recipients of Supplemental Security Income (SSI) are automatically eligible for Medi-Cal. Some others can qualify as *medically needy*, with a share-of-cost, if they have high medical expenses in any month. Besides primary, specialty (e.g., psychiatry; durable medical equipment), and acute care, the Medicaid program is used to fund a variety of other services and supports, some of which are described below. All told, over half of all funds for “developmental services” (including targeted case management; long-term health care in skilled nursing and intermediate care facilities; and waiver services) in California are financed through the Medicaid program.

California has applied for (and received) several Medicaid Waivers to provide Home and Community-Based Services (HCBS). Some are tied to intensive medical services and support, where services can be provided as effectively and less expensively at home than within “an institution,” where “institution” includes many small, community facilities, not just hospitals, developmental centers, and the like. Such services are used by some individuals with complex medical care needs, including being technologically-dependent for sustenance, breathing and the like. Other Medi-Cal funded services include (1) adult day health care (a day program option for some); (2) HCBS waiver services, such as personal care, so that more adults with developmental disabilities can live in their own homes (e.g., supported living services); and (3) even some supported

Generic and Regional Center Funded Services

employment services.

Medicare

A federally-funded, public health insurance program for the Nation's elderly and selected others. It covers end-stage renal disease (e.g., kidney failure; transplantation) for people of all ages, and in California SSDI recipients automatically have access to Medicare, regardless of age. Part A covers inpatient hospital care, care in a skilled nursing facility, or hospice care. Part B covers the services of physicians and selected other professionals, outpatient hospital services, medical supplies, and selected other services.

Mental Health Services

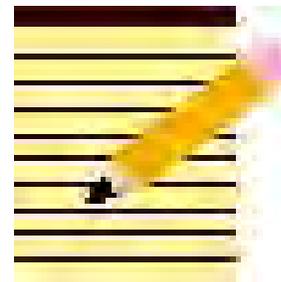
Physical medicine and mental health services have historically coexisted. Talk therapy and the use of various psychotropic medicines (to affect thinking and feeling) constitutes the domain of psychiatrists, psychologists, LCSW (Licensed Clinical Social Workers), and Marriage and Family Counselors. Some of these kinds of services, such as behavior management, are often provided through Regional Centers or the schools.

In an ideal world, "dually-diagnosed individuals," meaning those with both developmental and psychiatric (or emotional) disabilities, would be treated collaboratively by those best positioned to make a positive difference. However, the mental health and developmental services systems are organized differently.

And, mental and physical health practitioners rarely work together. The upshot is that one has to be very astute in building partnerships and collaboration between Regional Centers and mental health centers. Mental health services in California have been more poorly funded, most would agree, than developmental services. And, some mental health practitioners (especially those who do talk therapy) feel that such services are a waste of effort for many people with cognitive impairments. At any rate, in approaching mental health professionals, one should focus on presenting symptoms (e.g., anxiety, depression, behavior) and not identify the person by a developmental disability label until the person's foot is in the mental health door.

Public Transportation

The array of available and accessible public transportation services varies from area to area. Most individuals with developmental disabilities qualify



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for price reductions on bus passes to ride the public bus service. In addition, many communities operate a paratransit system (door-to-door van service) for people with disabilities who need to get to medical appointments and other community services. Check with the transportation coordinator or resource developer in your Regional Center for information about paratransit services and transportation discounts (e.g., bus passes, taxi vouchers).

Recreation

Most communities have a parks and recreation program. These programs offer a variety of sports, art instruction, classes, dance instruction, exercise, swimming, etc. Some park locations have adaptive equipment for people with disabilities as well. The programs are available to the public.

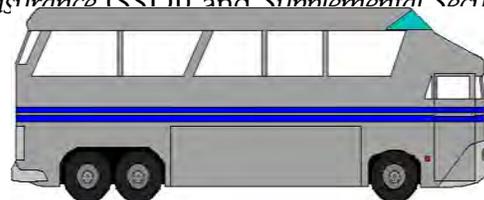
Section 8 Rental Assistance Program

The Section 8 Rental Assistance Program is federally-funded through the U.S. Department of Housing and Urban Affairs (HUD). Local housing authorities administer the program. The program provides a subsidy for renters who have low incomes. The program's purpose is to provide low-income families (including families of one) with safe, decent and affordable housing. Waiting lists are typically quite long: two or more years in most areas. Sign ups to be on the list may be only an occasional event. Some large cities provide publicly-owned housing (so-called "projects").

Increasingly, subsidies are provided through *certificates* and *vouchers*. If accepted by a private-sector landlord for rent at or below *fair market rent (FMR)* for units of a given size (say, one-bedroom), a certificate means that the housing authority will pay the difference each month between the FMR and 30% of the family's income. With a voucher, the family can rent units at rates above published FMRs, but the subsidy is the same as if the family had a certificate. The renter pays extra – that is, the difference between what the landlord charges and FMR. Individuals who need round-the-clock attendant care typically will qualify for a two-bedroom unit on their own account. Only a few local housing authorities have amended their HUD contracts to take advantage of the "shared housing option," wherein more than one individual has exclusive right to a bedroom and shared use of common elements of the dwelling. One can sometimes move up on the waiting list if one can obtain preference points, which are given for each of the following: (a) paying over 50% of income for housing; (b) living in substandard housing; (c) being evicted.

Social Security (SSI, SSDI)

The Social Security Administration administers two programs of importance to many individuals with developmental disabilities: *Social Security Disability Insurance (SSDI)* and *Supplemental Security*



Generic and Regional Center Funded Services

Income/State Supplemental Payment (SSI/SSP). The former is all federal money; the latter is a combination of federal and state funds.

Social Security Disability Insurance (SSDI) is a social insurance program, wherein a disabled individual receives a cash payment based on their own earnings record, or that of a parent who has retired or died. There is no *resource (or asset) test* for receipt of SSDI. SSDI benefit levels depend on the earnings of the person on whose social security account the benefit is based, and on the number of persons drawing benefits on the same account. One must have a medically determinable disability expected to last 12 months or more that prevents *substantial gainful activity* (SGA). At present, the SGA criterion is \$500 per month (\$1,000, if blind). A person eligible for SSDI is also eligible for *Medicare*, with the premium for Part B services paid for the individual.

Supplemental Security Income/State Supplemental Payment (SSI/SSP) SSI/SSP is an income maintenance program for aged, blind, or disabled individuals (and couples) with low income and few resources. SGA is defined the same way as for SSDI. At present, “countable assets” (cash and near-cash) may not exceed \$2,000 (\$3,000 for a couple). Cash payments are not predicated on prior contributions to the Social Security Fund.

What about income from other sources? – One can receive \$20 per month from any source (earned or unearned income) without

experiencing a reduction in SSI/SSP. One can also earn up to \$65 per month without a reduction in SSI/SSP. Beyond \$85 in any month, however, earnings are “taxed” at 50 cents on the dollar. In other words, if a person would otherwise receive \$650 per month in SSI/SSP, but has earnings of \$185 in a month (and no other income from any other countable source), his or her SSI/SSP benefit would be reduced to \$600 per month (\$85 ignored; \$50 reduction based on added \$100 of earnings).

If adults with disabilities continue living with family – Children with disabilities, who are living with their families, are often ineligible for SSI because of both family income and assets. But, once the person with a disability reaches age 18, he or she is considered a “family of one,” and family assets and income no longer count against eligibility. Continued assistance from the family can, however, affect the *amount* of the monthly benefit. Hence, many families choose not to continue to provide food and lodging at no cost to the individual. Rather, they choose to keep records, and to “charge” their children fair market rent and their pro rata share of food, utilities, and the like.

What assets are “countable”?

What assets are ignored? –

Countable assets include cash and near-cash (e.g., stocks, bonds). If countable assets exceed certain limits, SSI benefits may be terminated until those assets are *spent down* – that is, until any excess above the asset limit has been eliminated. Some assets

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are not countable (they are ignored). Such include a car (of limited value, unless used for work or medical appointments), a home in which the recipient is living, furnishings and clothing to a certain dollar amount, a small insurance policy, and selected other assets (e.g., engagement ring and wedding band).

Are there ways of keeping more of one's earnings or assets? – Yes, there are a set of “work incentives,” under Sections 1619(a) and (b) of the Social Security Act, that can be used. Being able to buy needed health insurance for awhile is one work incentive. Being able to claim certain “impairment-related work expenses” (IRWEs) against earnings can help. An approved “plan to achieve self-sufficiency” (PASS) can sheltered some assets and earnings to buy work-related equipment (e.g., a specially equipped van; tools of a trade), to complete an educational program (e.g., bookkeeping certificate program), or to start a business.

Does where a person live matter for SSDI and SSI? – The answer is “Yes,” because residential services are funded in different ways. Services of ICF/DD-H and DD-N (*Intermediate-care facilities/developmentally disabled-habilitative or nursing*), for example, are charged to Medi-Cal. If the person is SSI-eligible, he or she will receive \$42 per month for “personal and incidental needs,” nothing more. If a person lives in a licensed community-care facility, on the other hand, the person currently receives \$796 per month in SSI/SSP, must turn

over \$703 to the residential service provider, and keeps \$93 for “personal and incidental needs.” If a person lives “independently,” he or she will typically receive about \$650 per month (more if no access to cooking facilities), and no distinction is made as to purpose. All is for the *basics* of food, clothing, shelter, and incidentals.

Vendored or Regional Center Funded Services

The Regional Centers authorizes funding for a number of services once generic resources have been explored. The major program categories of vendored services include:



Generic and Regional Center Funded Services

Typical Generic Resources*

CONTINUING EDUCATION

Adult education:

- College
- High School - Night School
- Parks and Recreation
- Classes offered by the city
- Classes offered by individual businesses (e.g. craft stores, cooking supply stores)
- Community colleges - disabled student services (in-class assistance, tutoring, etc.)
- Community colleges - technology centers (adaptive equipment)
- Driver training programs
- Literacy programs
- YMCA, other organizations

EMPLOYMENT

- Department of Rehabilitation
- Employment Development Department
- Private Industry Council
- Regional Occupational Program
- Supported employment agencies

FOOD/MEALS

- Meals on wheels
- Food banks and pantries
- Food stamps (emergency assistance)
- W.I.C. (Women, Infants, and Children)
- Community and church assistance leagues
- SHARE - 2 hours of volunteer work + \$14= \$35 worth of groceries

HEALTH CARE

- 911 for emergency health care
- Alcoholic Anonymous, Gamblers Anonymous, Narcotics Anonymous, etc.
- Assisted living providers
- California state licensing boards (checking on medical license status, making complaints, etc.)
- County Health Department
- Doctor/Dentist referral services
- Free medications; for information call 1-800-PMA-INFO, ask for Directory of Prescription Drug Patient Assistant Programs which is free & very detailed.

- Home health nursing
- Hospice care
- Non-emergency medical transportation companies
- Pregnancy help centers

HOUSING AND UTILITY RESOURCES

- Adaptive phone equipment, including some emergency calling devices
- Bonding - rental discounts available in some cities for low income tenants
- Cable (some - for basic only)
- Call blocking services (various combinations are possible, at no charge)
- Department of Housing and Building Safety (various names in various cities); can help get landlords to make needed repairs
- EPIC (Emergency Crisis Intervention Program) 1-800-433-4327; provides emergency, one time only, payment of utility bills for people facing shut off. Also, can provide deposits for start-up service.
- Free "411" calls
- HEAP (Once a year assistance with utility bills at 1-800-433-4327)
- Home adaptation providers
- Housing insulation and repair programs, many for tenants as well as home owners
- Housing advocates, fair housing councils
- Legal Aid
- Lifeline rates and discounts (gas, electric, phone, water)
- Medical Baseline Discounts - increased allowance for lowest rate on utilities, based on necessary medical equipment (e.g., power wheelchairs, respirators)
- Newcomers Clubs
- Police (evictions, etc.)
- Waived or discounted deposit fees for utilities
- Welcome Wagons

continued

* Adapted from Jennifer Pittam, CHOICES (1995).

Generic and Regional Center Funded Services

Typical Generic Resources*

MENTAL HEALTH SERVICES/ CRISIS INTERVENTION

Battered women's shelters
Church sponsored counseling services/
programs
Counseling centers
County Department of Mental Health
Crisis intervention teams
Rape crisis centers
Suicide hotlines
Support groups around special issues
Victim's of violent crime assistance
programs

MISCELLANEOUS

California Relay: Voice to TTD and TTD to
voice for those with hearing impairments
needing to receive/make calls to those
without TTD equipment
California Speech Relay: same idea as
California Relay, designed for individuals
whose speech is difficult for others to
understand. 1-888-377-3324 (for info: 916-
445-9692; Tom Burns)
Centers for Applied Rehabilitation Technology
City Hall
Computer Access centers
Discount camping fees at most state and
federal parks
Federal Information Center:
1-800-726-4995; can direct you to the
correct federal resource to answer your
question, request for information, etc.
Free fishing licenses - State Department of
Fish and Game
Immigration / Refugee services
Independent Living Centers
Roommate Finders type services
Senior centers / services
State Information Office:
1-916-322-9900; can direct you to the
correct state resource to answer your
question, request for info, etc.
Volunteer bureaus

OTHER FINANCIAL RESOURCES

BOGG grants pay for registration costs at
community colleges for people with low
income.
Consumer Credit Counseling
Customer service representative at the bank
Debtors Anonymous
Dept. Of Public Social Services
IHSS, AFDC, Food Stamps (Emergency),
WIC
F.E.M.A. (Federal Emergency Management
Agency)

PARENTING/FAMILY SUPPORT

Adoption/foster care services
Childbirth preparation classes
Child care referral services
Head Start
Legal aid
Parenting classes
Pregnancy help centers

TRANSPORTATION

Carpool/Vanpool
Discount transit vouchers - offered by the city
to residents
Driver training programs
Para-transit companies
Para-transit referral service
Non-emergency medical transportation
Taxi service

* Adapted from Jennifer Pittam, CHOICES
(1995).

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Community Living Options

Community Care Facilities are licensed by Department of Social Services with staffing dependent on the needs of the people living in the home. These homes provide 24 hour, non-medical care and supervision. DSS licenses homes for children (small family homes, foster homes, group homes); for adults 18-59 (Adult residential facilities); and for people over 60 (Residential care for the elderly). These homes are funded by Regional Centers, which supplement the consumer's SSI. The rates are based on the programming in the home - *Level 1* (a licensed board and care home with minimal supervision) to *Level 4 I* which requires considerable staff and consultants.

Intermediate Care Facilities are licensed by the Department of Health Services (DHS). These are small community facilities which provide active treatment services to people who have more need for health services. DHS licenses homes for people who need regular nursing care (ICF-DD/N); for people who need assistance with daily living activities and require some monitoring of health conditions by a nurse (ICF-DD/H); for people who need assistance with daily living (ICF-DD). The ICF-DD/N and

ICF-DD/H programs are typically for smaller groups of people, while the ICF-DD programs have a larger capacity. These homes are funded by Medi-Cal.

Independent Living services which might include budgeting, cooking instruction, shopping instruction, laundry instruction, relationship assistance. These are services provided in a person's own home and are not licensed.

Supported Living services which might include substantial and on-going assistance and individualized service. These are services provided in a person's own home and are not licensed.

Behavior Management Services. The purpose for these services to address the behavioral challenges of children and adults which may be barriers to using lesser restrictive, generic, or vendored services.

Day Program Services. The services in these community based programs include:

- developing and maintaining self-help and self-care skills
- developing the ability to interact with others
- developing self-advocacy and employment skills
- developing community integration skills
- behavior management to help



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improve behaviors

- developing social and recreational skills

There are many different types of day program services. These are the typical vendor (or service provider) categories:

- *Day Training and Activity Center (DTAC)* - These programs are typically focused on helping individuals develop vocational and functional skills through classroom training and community participation.
- *Behavioral Services Program* - Offered to individuals with significant behavior challenges who cannot be served by other day program services.
- *Adult Development Center* - These programs are for people who require more physical assistance to participate in a meaningful program. Staff are available to assist with daily living activities, as well as training.

Respite. A support service designed to relieve family members temporarily of providing constant care for the person with a developmental disability, on a planned or an emergency basis. Respite is not designed to be used as child care for working parents. Respite can be provided for short periods in the person's own home or provided in a licensed community care facility on a 24-hour

basis.

Transportation. Transportation services are provided so that a person with a developmental disability can participate in programs or activities identified in the IPP. Transportation services may include help in boarding and leaving a vehicle as well as assistance and monitoring while being transported. Regional Centers may purchase transportation services if a child or adult is unable to use generic transportation services as a result of their disability. Or, if the person typically responsible for providing transportation (e.g., family or service provider) is unable to do so as a result of a significant illness or disability. The Regional Center may also purchase training services so that children and adults might learn to use public transportation. Many individuals are transported to day programs by transportation services funded by Regional Centers.

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Appealing the Decisions of Commonly Used Agencies

Introduction

Individuals or families may find themselves in a position of appealing the actions of a local education agency (e.g. special education), or generic agency (e.g., Department of Rehabilitation, Social Security). These actions might include the denial of eligibility for services or the refusal to provide or termination of services and supports. In your role as an advocate, you may be asked to provide information about appeals or to refer the individual or family to an advocacy agency for assistance. This section of the module provides an overview of the appeal processes for the major agencies you will likely need to know.

California Childrens Services (CCS)

If a family disagrees with a CCS decision they may appeal. There are two areas of possible disputes:

1. Appealing a medical decision, such as whether the disabling condition qualifies the child for CCS service, or if a service is needed.
2. Questions such as whether financial eligibility or the enrollment fee is accurately calculated.

For disputes involving medical questions, these are the appeal options:

1. Talk to the county CCS chief therapist. If the concern cannot be settled, the head medical officer can be consulted.
2. If the dispute involves CCS

therapy, schedule an orthopedic or pediatric clinic appointment. An expert opinion from a CCS panel physician with expertise in the condition under question will be accepted.

3. For non-therapy matters (financial, etc.), a first level hearing may be filed and may include a request for continuation of services.

Either may be requested by writing to the Chief Therapist/ Program Director.

4. If a dispute still exists, a CCS Fair Hearing may be requested within 14 days of the above decision by writing to:

Director Department of Health Services Administrative Hearing
923 12th Street
Sacramento CA 95814

For CCS services provided in conjunction with a child's Individual Education Plan (IEP), the appeal is handled through the special education process.

Department of Rehabilitation

Department of Rehabilitation (DR) funds the Client Assistance Program (CAP) to assist people with service issues. CAP is designed to help people to know their rights and responsibilities, as well as to assist a person to work with DR staff to resolve problems. A CAP staff can help a person request and prepare for an Administrative Review or Fair Hearing. CAP assistance is available 24 hours a day at 1-800-952-5544 (Voice/TDD).

Individuals with problems or concerns

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regarding DR services are encouraged to talk to their DR counselor, and to the supervisor if the issue cannot be resolved. If the issue remains unresolved, the person can request review by the District Administrator. The issue could be resolved there or the person could request a fair hearing.

Fair hearing are heard by the Rehabilitation Appeals Board (composed of seven members appointed by the Governor). As in other fair hearing procedures, the individual and DR may present information to the Board. The fair hearing is scheduled within 45 days. If the decision of the Board is not satisfactory, the person can file a petition within 6 months with California Superior Court.

Education Services

Like all of the previous situations, family members and individuals should make every attempt to resolve disagreements at the level where the difference has occurred. If the IEP team makes a decision about eligibility, placement, evaluations, or providing a free and appropriate education, further discussion should occur with the team to resolve the difference. If an agreement is not reached, the family may contact the Special Education Local Planning Area (SELPA) for assistance.

If a satisfactory resolution cannot be reached, the family can request a Due Process Hearing. The Regional Center service coordinator may be asked by the family to assist. You may want to include the Client Right Advocate as well.

The State Department of Education

Due Process Rights Special Education

- To obtain a hearing within allowable time frames
- To be represented by an attorney
- To present evidence, question, cross-examine witnesses
- To obtain word-for-word record of the proceedings
- To obtain written report of findings
- To appeal final decisions to state superintendent
- To file civil action with federal court if still not satisfied

hires an independent hearing officer for Due Process hearings. Families may opt to use voluntary mediation with no attorneys or advocates present. A trained mediator will try to work with the family and the school district to resolve the differences.

The administrative hearing is conducted by a hearing officer, hired by the state. Both sides can submit exhibits and present information.

The Education appeal time table:

Day 1 The day appeal request is received by the Superintendent

By day 3 District advises of free or low-cost legal services

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By day 15 Mediation conference occurs if requested

By day 30 Due Process Fair Hearing is held

By day 45 Written decision mailed to family and school

Families may also file complaints about a school which is not complying with special education laws. Those complaints should be directed to the Superintendent of School in the local district, who has 60 days to investigate.

In certain instances, complaints are filed with the California State Department of Education. For situations involving allegations of discrimination because of disability, complaints are filed with the US Department of Education Office of Civil Rights.

Food Program for Women, Infants and Children (WIC)

If an individual disagrees with a decision made regarding participation in the WIC program, s/he should talk with the WIC coordinator. If the dispute cannot be resolved, the person can ask the State for a fair hearing within 60 days from the date the local agency mails or gives the person a notice of adverse action to deny or terminate WIC benefits. To request a State fair hearing write to: Chief, WIC Supplemental Food Section, Department of Health Services, 714 P Street, Room 355, Sacramento, CA 95814, 800/852-5770.

Food Stamp Program

If the person thinks the application has

been wrongly denied, the individual must tell the local office. If the food stamp office does not agree, the person must ask the office to have the case reviewed by a fair hearing official. The person can ask the food stamp office for a fair hearing in writing, in person, or over the phone.

In Home Supportive Services (IHSS)

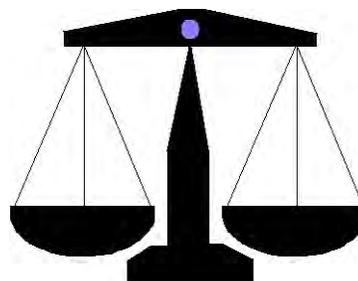
Department of Social Services reviews decisions in which a person disagrees through a fair hearing process. The individual has 90 days to request an appeal. The appeal must be requested within 10 days if the person is currently receiving services, and the IHSS program takes an action to reduce or terminate the services. The fair hearing information will be included with the Notice Of Action.

Regional Center

The module on *Purchase of Service Standards and Procedures* found in Part 1, *Individual Services and Supports* contains a section of the regional center appeal process. An outline of the mediation and due process procedures for Early Start can be found in that module as well.

Social Security

Social Security sends a letter explaining



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each decision regarding eligibility and benefits (e.g., termination of benefits, overpayment). Individuals and family members can appeal any decision. The case will be thoroughly reviewed and the decision overturned if the review indicates that the Social Security Administration is in error. In fact, close to 50% of the decisions appealed are overturned in review.

An appeal must be requested within 60 days of the decision and will be reviewed with a disposition within 120 days of receipt. For more information about Social Security appeals, refer to *The Appeals Process* (publication #05-10041) which can be obtained by contacting the Social Security Administration at 1-800-772-1213.

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Alphabet Soup*

The following are some abbreviations that you may see or hear as you talk to parents and professionals.

AB	Assembly Bill
ADL	Activities of Daily Living
AFDC	Assistance for Families of Dependent Children
AMESLAN	American Sign Language
ARC	Association for Retarded Citizens
BMDP	Behavior Management Day Program
CCF	Community Care Facility
CCS	California Children Services
CDER	Client Development Evaluation Report
CHDP	California Child Health and Disability Program
CP	Cerebral Palsy
DCFS	Department of Children and Family Services
DD	Developmental Disability
DDS	Department of Developmental Services
DHS	Department of Health Services
EPSDT	Early and Periodic Screening, Diagnosis, & Treatment
HCL	Health Care Licensing
HOH	Hard of Hearing
ICF	Intermediate Care Facility
ICF/DD	Intermediate Care Facility Developmentally Disabled
ICFIDD/H	Intermediate Care Facility Developmentally Disabled Habilitatve
ICFDD/N	Intermediate Care Facility Developmentally Disabled Nursing
ID	Inter Disciplinary
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Educational Plan
IFSP	Individual Family Service Plan
IHC	Individual Habitation Component
IHSS	In Home Support Services

* Adapted from NLACRC

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ILS	Independent Living Services
IPP	Individual Program Plan
ISP	Individual Service Plan
ITP	Individual Transition Plan
LAS	Language and Speech Impaired
LD	Learning Disability
LEA	Local Educational Agency
MH	Multi-Handicapped or Mentally Handicapped
MTU	Medical Therapy Unity
OD	Officer of the Day
ORT	Orthopedically Handicapped
P&I	Personal and Incidentals
PAI	Protection and Advocacy, Inc.
PCP	Person Centered Planning
PDD NOS	Pervasive Developmental Disorder Not Otherwise Specified
PL	Public Law
PT	Physical Therapy
RC	Regional Center
RISE	Required Intensive Special Education
SANDIS	San Diego Information System
SB	Senate Bill
SC	Service Coordinator
SED	Seriously Emotionally Disturbed
SELPA	Special Education Local Plan Area
SIB	Self Injurious Behavior
SIR	Special Incident Report
SLS	Supported Living Services
SNF	Skilled Nursing Facility
SSI	Supplemental Security Income
TDD	Telecommunication Device for the Deaf
TTY	Teletype
UCP	United Cerebral Palsy
VI	Visually Impaired
VNA	Visiting Nurses Association
WIC	Women/Infant/Children Supplemental Food Program

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Review

- 1. List at least 4 publicly funded organizations which can assist people with developmental disabilities.**
- 2. Describe the procedure for qualifying for supplemental security income.**
- 3. Describe the primary services available through California Childrens Services.**
- 4. List some potential generic resources available for various age groups.**

Children -

Adults -

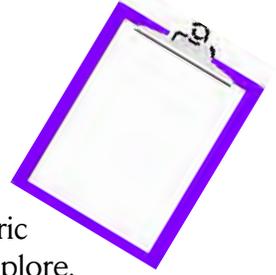
Senior citizens -

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- 9. Is it a good idea to appeal a decision made by the Social Security administration?**

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Suggested Activities



1. If you're already working with a caseload, pick one person and make a list of four generic resources not previously explored which might benefit that person. If you're not working with a caseload, make a list of four generic resources near your home (e.g., library, recreation center) that you could explore.
2. Contact two parks or a recreation department close to where people on your caseload reside. Ask to be put on the mailing list, so you will know when new classes and activities begin.
3. Mary is 35 and until recently lived with her parents. She lives in her own apartment, and works part time at Mervyn's. She tells you that she loves her job, loves her apartment, and visits with her family weekly. She complains, however, of not spending time with people her own age. She would like to make some friends. Based on your knowledge of community resources, what might you suggest to Mary?

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Suggested Activities



How Can You Help?*

Pick one of the scenarios, below; read it carefully; and then either alone or with another person work through the questions on the next two pages.

Scenario #1: You have just been assigned a family from intake. The individual with a disability is a four-year old Hispanic child (Carlos) who was developing well until he was involved in a near-drowning accident. Now, Carlos is profoundly retarded and has just been returned home from the hospital. He is technologically dependent. Carlos lives with both parents and two siblings, who are two and seven years old. Mom is a homemaker and Dad is a warehouseman. They live in a working class neighborhood. Mom's parents live close by, and her sister and family do as well. Annual income is about \$45,000 per year and the family has good benefits through Dad's employer. However, they have had some difficulty accessing their insurance benefits. Both parents are grief-stricken about the accident, and Mom, especially, is overwhelmed by Carlos's complicated care needs. The siblings are upset and confused by it all. The parents were referred to your Regional Center by the hospital social worker. The parents don't know anything about your agency or any other agency serving people with developmental disabilities.

Scenario #2: You have just been assigned a young woman, soon to turn 18, who is in her last year of high school. Mary, who has cerebral palsy and uses a wheelchair, is excited about a "self-determination course" she has been taking, and wants to attend a community college and get a certificate (if not a degree) in computer science. She has had two or three work experiences, including a summer job at a credit agency, which went quite well. Mary lives with her single Mom, who flips burgers at McDonalds and would like to see her daughter get a part-time job, attend the community college part time, and get out on her own. Mom's boyfriend, who has a good job earning about \$60,000 per year, would like that as well. Mom is concerned that, if Mary gets on the SSI roles, she may become very comfortable and lose motivation to complete her schooling and support herself. Mary is not sure whether this will be the effect.

* Adapted from the *Harbor Regional Center Orientation Manual* (1998).

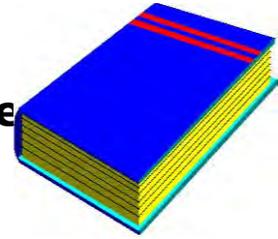
Generic and Regional Center Funded Services

3. What kinds of “generic services” might make sense for the family (or individual)? Please explain your reasoning.

4. What kinds of additional assistance might you (and your agency) be willing and able to provide? Please explain.

Generic and Regional Center Funded Services

Resources for Overview of Developmental Disabilities Laws and Regulations



Americans with Disabilities Act, A Comprehensive Overview

By California Department of Rehabilitation (1994)

A good resource guide with understandable information about the Act and its implications for people with disabilities.

Applied Strategic Planning: A Comprehensive Guide

By Leonard Goodstein and others (June 1993); McGraw-Hill; ISBN: 0070240205

Written by three top consultants and trainers, this book offers a clear and effective way to identify and implement strategic objectives. Covers all phases of the strategic planning process, including determining if an organization is ready for strategic planning. Charts, diagrams, and checklists. 75 illustrations.

Creating a Mission That Makes a Difference (Carverguide Series, 6)

By John Carver (October 1996); Jossey-Bass Publishers; ISBN: 0787903027

This short, 18-page booklet will assist any board of directors in fashioning a mission statement that makes sense for their organization.

Keeping the Promise of the Lanterman Act: Report I

By the Assembly Office of Research (1984); California State Assembly

The Assembly Office of Research completed a study of the impact of the Lanterman Act fifteen years after it was signed into law. This two report series chronicles their findings.

Lanterman Developmental Disabilities Services Act

Distributed by the Organization of Area Boards (1998)

The full text of Division 4.5 of the Health and Welfare Statutes, including all amendments to the Act through 1997. This document is available at all local Area Boards. You may also find the complete text at the Department of Developmental Services website at <http://www.dds.cahwnet.gov/>.

Generic and Regional Center Funded Services

Making it Happen - In-Home Support Services (IHSS)

By Harbor Regional Center

Provides a description of the services provided through the IHSS program as well as the appeal process.

Organizational Vision, Values and Mission (A Fifty-Minute Series Book)

By Cynthia D. Scott and others (March 1994); Crisp Publications; ISBN: 1560522100

This small but worthwhile book (101 pages) is a “stand alone” workbook for a facilitated process for developing a corporate vision and mission statement called *Visioning*. The authors are the founders of a San Francisco consulting firm that conducts these “Visioning” retreats. It is, nonetheless, a worthwhile starting point on its own if you are developing a corporate vision and mission statement.

Parents Team Up With Your Schools

By Harbor Regional Center

This booklet provides information to families about what they need to know to make the school experience the most positive. The booklet reviews rights, protections, and responsibilities under special education law. IDEA, FAPE, IEP and LRE are all explained.

Regional Center Resource Manual: A Guide to Resources Available to Individuals with Developmental Disabilities

Produced by Health & Education Communication Consultants for California Department of Developmental Services (1993)

Regional Centers are mandated by the Lanterman Act to use generic services prior to expending Regional Center funds. Identifying and using these generic resources can be a daunting task. This publication as a guide to programs and services that are available to Regional Center clients and their families.

Special Education Rights and Responsibilities

By Community Alliance for Special Education (CASE) and Protection and Advocacy, Inc. (PAI), (1995)

CASE and PAI have joined forces to present a comprehensive guide to special education. The book is periodically reprinted to keep the information up to date. The

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book contains information on eligibility, the IEP process, least restrictive environments, interagency responsibilities, preschool services, early intervention services, vocational education. Parents having issues with schools will find the sample letters helpful as well.

Strategic Planning for Public and Nonprofit Organizations: A Guide to Strengthening and Sustaining Organizational Achievement

By John M. Bryson (November 1995); Jossey-Bass; ISBN: 0787901415

Since John Bryson's widely acclaimed *Strategic Planning for Public and Nonprofit Organizations* was first published in 1988, it has been reprinted nine times and has become the standard book in the field. This thoroughly revised edition sets the pace and combines information on leadership, strategic planning, and tools that can help leaders and followers enhance organizational achievement.

Summary of Hearing Procedures

By Eastern Los Angeles Regional Center for the Developmentally Disabled, Inc.,

This is a form available to individuals and families who want more information about the fair hearing process.

The State of the States in Developmental Disabilities

By David Braddock and others (1998); AAMR; ISBN: 0940898500

From the publisher: "For twenty years, *The State of the States* . . . has been the consummate sourcebook on MR/DD services – nationwide and state-by-state This book analyzes how much family support, supported living, personal assistance, and supported employment each state provides. . . . [N]ew chapters address: 1) historical foundations and contemporary issues; 2) creative innovations in community services in New England; and 3) developments in managed care across the U.S. State profiles also include a special analysis of Medicaid-funded MR/DD services."

Your Child and Health Care: A "Dollars & Sense" Guide for Families with Special Needs

By Lynn Robinson Rosenfeld (1994); Brookes; ISBN: 1557661545

From the publisher: "This thorough collection of useful tips and helpful advice will equip you to seek services and financial assistance confidently from all available sources. *Your Child and Health Care* will enable social workers, nurses, pediatricians, other health professionals, clergy, and advocates to work with families to secure high-quality, affordable medical care for children with special needs."

Where do we come from?

By Harbor Regional Center Orientation Manual (1998)

Generic and Regional Center Funded Services

This section of the orientation provides a thorough chronology of events regarding the history of the developmental services system in the nation as well as California. It covers the major legislative, judicial, and social events which have influenced this evolving service system.

World Wide Web Resources

California Childrens Services <<http://medsys3@calweb.com>>

California Department of Justice/Office of Attorney General
<http://caag.state.ca.us/pio/adach7.htm>

Department of Developmental Services <<http://www.dds.ca.gov>>

Department of Rehabilitation <<http://www.rehab.cahwnet.gov>>

Health and Human Services <<http://www.hhs.gov>>

Health Care Financing Administration <<http://www.hcfa.gov/medicaid>>

IDEA <<http://www.ed.gov/offices/OSERS/IDEA/>>

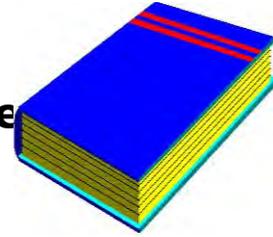
Mental Health <<http://www.dmh.cahwnet.gov>>

Medicare <<http://www.medicare.gov>>

Social Security <http://ssa.gov/SSA_Home.html>

Generic and Regional Center Funded Services

References for Overview of Developmental Disabilities Laws and Regulations



Central Valley Regional Center website at
<<http://www.cvrc.org/cvrc/index.htm>>

Client Information Booklet
California Department of Rehabilitation, DR1008 (1996)

Connections for Information and Resources on Community Living

Article in Newsletter Published by Allen, Shea & Associates (Winter, 1996)

Department of Developmental Services website at
<<http://www.dds.cahwnet.gov/>>

Early Intervention Fact Sheet
Eastern Los Angeles Regional Center, Early Intervention Unit (1997)

Harbor Regional Center Orientation Manual
By Harbor Regional Center (1998)

Keeping the Promise of the Lanterman Act: Report I
Prepared by the Assembly Office of Research (1984); California State Assembly

Inland Regional Center website at
<<http://www.inlandrc.org/>>

Lanterman Developmental Disabilities Services Act
Prepared by the Organization of Area Boards

Lanterman Regional Center Website at
<http://www.lanterman.org/>

Making it Happen - In-Home Support Services (IHSS)
Harbor Regional Center

North Bay Regional Center website
<http://www.nbrc.net/>

North Los Angeles County Regional Center
Orientation to Service Coordination: Substantial Inadequacies

Generic and Regional Center Funded Services

Parents Team Up With Your Schools

Harbor Regional Center

Regional Center Resource Manual: A Guide to Resources Available to Individuals with Developmental Disabilities

By Health and Education Communication Consultants for the California Department of Developmental Services (1993); DDS

San Andreas Regional Center Website

<<http://www.sarc.org/internet/index1.htm>>

Social Security Benefits for Children with Disabilities, No. 05-10026

Social Security Administration (1997)

Special Education Rights and Responsibilities

Community Alliance for Special Education (CASE) and Protection and Advocacy, Inc. (PAI), (1995)

Summary of Hearing Procedures

Eastern Los Angeles Regional Center for the Developmentally Disabled, Inc.

Supplemental Security Income, No. 05-11000

Social Security Administration (1995)

The State of the States in Developmental Disabilities

By David Braddock and others (1998); AAMR; ISBN: 0940898500

Title 17, California Code of Regulations, Part II, Chapter 3

Title 22, California Code of Regulations

Transition Plans Guide to the Future

Joan Kilburn and Christine Pittman (1996); California Department of Education

Understanding the Benefits, No.05-10024

Social Security Administration (1998)

Working While Disabled, How We Can Help, No. 05-10095

Social Security Administration (1998)

Your Child and Health Care: A “Dollars & Sense” Guide for Families with Special Needs

By Lynn Robinson Rosenfeld (1994); Brookes; ISBN:1557661545

Generic and Regional Center Funded Services

Learn the Basics:

Individual Rights



Learn the Basics:

**Basic Rights and
Confidentiality**

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to provide service coordinators with information about this professionally and legally complex issue and its applications in Regional Center work.

Objectives: Upon completion of this module, you should be able to:

- (1) Describe the basic constitutional rights of individuals with developmental disabilities.
- (2) Understand when there is *good cause* for a denial of rights.
- (3) Define confidentiality and state the penalties for breaching it.
- (4) Describe informed consent and how when it might be important to your work as a service coordinator.
- (5) Name three organizations that can receive information without written consent.
- (6) Describe a possible situation in which the Regional Center director can provide substitute consent for medical treatment
- (7) Outline the special confidentiality issues with HIV.

Method:

- (1) Group presentation and discussion or self-directed review of *Basic Rights and Confidentiality Overview* on PowerPoint, overheads or hard copy;
- (2) Self-directed reading of *Basic Rights and Confidentiality: It's the Law*;
- (3) Group discussion or self-directed completion of *Suggested Activities*; and,
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint Presentation or Overheads of Basic Rights and Confidentiality Overview</i>	15 minutes
<i>Basic Rights and Confidentiality: It's the Law!</i>	20 minutes
<i>Suggested Activity</i>	15 minutes
<i>Review</i>	10 minutes

Materials:

- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *Basic Rights and Confidentiality Overview* ;
- *Learn the Basics - Basic Rights and Confidentiality*

Basic Rights and Confidentiality: It's the Law!

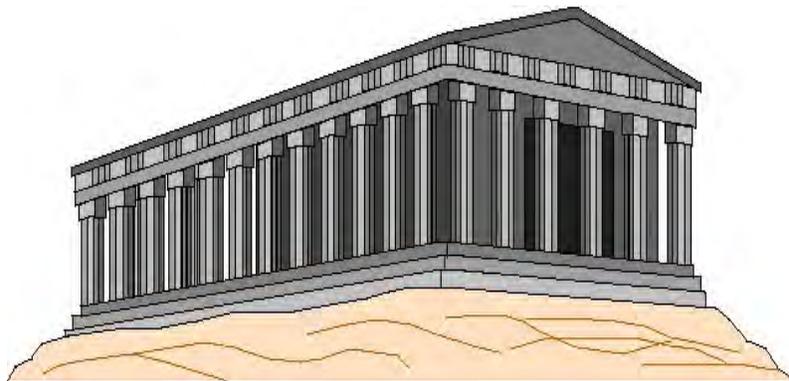
Basic Constitutional Rights

Individuals with developmental disabilities have the same rights as everyone else under the Federal and California Constitutions. Those rights include:

Freedom of Speech
Freedom of Religion
Freedom of Assembly
Right to Privacy

Right to Due Process
Freedom of Association
Equal Protection Under the Law

In addition, the United States and California governments have passed laws, called *statutes*, which set out particular rights for individuals who have developmental disabilities. In California, the Lanterman Act spells out these rights in Welfare and Institutions Code Section 4502 (see the module on the *Lanterman Act* for a listing of rights).



Basic Rights and Confidentiality

Sexual Rights

In addition to basic constitutional rights and those listed in the Lanterman Act, the Welfare and Institutions Code Section 4687 recognizes the rights of individuals with disabilities to have relationships, marry, be part of a family and to parent if they so choose. Individuals living in community care residences have:

- The right to make personal choices about sexual values, preferences, and behavior.
- The right to be given accurate information about sex education in an understandable way.
- The right to sexual expression.
- The right to privacy.
- The right to have a "significant other" or to marry if the person chooses.
- The right to choose parenthood; this also requires the right to be given information about birth control options, and to choose or refuse contraception, and/or sterilization.
- The right to receive services needed: counseling, legal aid, social and recreation services with the opposite sex, and so forth.

Meaning of Rights and Guarantees

While it is easy to say that each person has the *rights* mentioned above, it is often difficult to know just what those rights mean when we are looking at a particular situation. For example, the law says that individuals have a *right to treatment*. However, that does not tell us what kind of treatment and individual should receive, how often, from what provider or for how long. Those are decisions that can be made only by looking at the particular facts of each individual's situation.

Similarly, an individual living in a community care residence has a *right to privacy*, but how much? When? How is privacy defined? For the answers to these questions we must sometimes look to cases decided by courts on behalf of individuals or groups of individuals. Sometimes the best guide is common sense. What is a "reasonable" amount of privacy? Here, the idea of living a normal life helps. How much privacy would a person without disabilities expect under similar circumstances? When in doubt, it is best to get a second opinion from the Client Rights Advocate assigned to the Regional Center or your Regional Center staff advocacy representative. If necessary, a fair hearing may be used to apply the idea of the right to the particular facts in the case.

Basic Rights and Confidentiality

House Rules

Each community care facility must establish house rules in order to protect the health and safety of all residents. These rules must be in writing and must be approved by the local Regional Center as a part of the program design. They must be given to each resident before he makes the decision to move into a home. Individuals should be encouraged to participate, to the extent he or she is capable, in the creation or change of house rules.

Denial of Rights

Most individual rights may not be denied for any reason. However, a few of the rights may be denied for a limited period of time and under a very narrow set of circumstances, called the *denial of rights procedure*. Only the following rights may be denied under the denial of rights procedure (adapted from Lanterman Regional Center procedures):

1. To keep and be allowed to spend one's own money for personal and incidental needs.
2. To keep and wear one's own clothing.
3. To keep and use one's own personal possessions including toilet articles.
4. To have access to individual storage space for one's private use.
5. To see visitors each day.

6. To have reasonable access to telephones, both to make and receive confidential calls, and to have calls made for one upon request.
7. To mail and receive unopened correspondence and to have ready access to letter writing materials, including sufficient postage in the form of United States postal stamps.

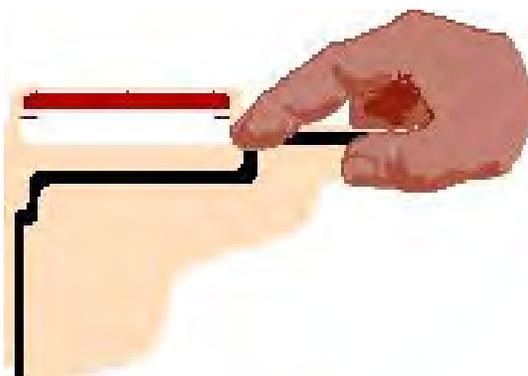
Those rights may be denied only when all of the following conditions are documented:

1. The denial must be for "good cause."
2. "Good cause" exists only when the professional person in charge of the facility, or his duly authorized designee, makes an express finding that:
 - a) The exercise of the specific right sought to be denied would be injurious to the individual otherwise entitled to exercise it; or
 - b) There is evidence that the specific right sought to be denied if exercised by that individual, would seriously infringe on the rights of others; or
 - c) The institution or facility would suffer serious damage to the physical plant if the specific right is not denied; and

Basic Rights and Confidentiality

- d) There is no less restrictive means of protecting the specific interest listed in a, b, or c.
3. The reason used to justify the denial for good cause of any right must, be related to the specific right denied.
4. A right shall not be withheld or denied as a punitive measure, nor shall any right be considered a privilege to be earned.
5. "Good cause" denials only last 30 days from first date of denial.
- a) Automatically lapses, and right is restored; or
- b) New, specific finding of good cause must be made.
6. At time "good cause" denial commences:
- a) Individual must be informed of right to appeal by complaint procedure or fair hearing; and
- b) Individual who is voluntarily in a facility must be advised of his/her right to leave rather than to submit to denial,
7. Waiver of procedural rights must be knowing and informed.
- Denial of rights under this section must be thoroughly documented, as follows:**
1. Documentation of good cause denials.
- a) Each denial must be noted in facility's treatment record.
- b) Notation must be made immediately.
- i) Exception: in an "emergency," notation must occur within 24 hours.
- ii) If documentation is done on "emergency" basis a *Special Incident Report* must go to the Department of Developmental Services (DDS) with an explanation of the emergency.
- c) Treatment record notation must include:
- i) Date and time right was denied.
- ii) Specific right denied.
- iii) Specific good cause rationale under Section 50503(C) which permits denial.
- iv) Name of staff member(s) involved in denial decision.
- v) Signature of professional person authorizing denial.
- d) Each denial notation must include dates of 30-day review and documentation of continuing good cause basis for denial.

- e) Notation must show that person entitled to leave facility was advised of that right, signed by person advising consumer.
- f) Restoration date of any previously denied right shall be entered in treatment record.
- 2. Denials of rights must be reported to DDS on a quarterly basis.
 - a) Facilities serving individuals served by the Regional Center must forward documentation of denial to the Regional Center prior to implementation of the denial of rights plan.
 - b) The Client Rights Advocate reviews denial for appropriateness.
 - c) Statistics on approved denials are required by DDS.



Confidentiality

Introduction

Confidentiality can be a professionally and legally complex issue. Treating information confidentially means not releasing it to anyone outside the Regional Center without the express consent of the individual, a guardian (typically a parent of a child under the age of 18), or a conservator (a person appointed by a court to legally represent an adult). Under certain circumstances, information may be released without permission. The main exception to confidentiality rules arise in situations involving child or adult abuse, court orders or subpoena of records, or danger to self or others. This section will explore some of the confidentiality requirements.

The Law

The Lanterman Act, specifically section 4514 (Welfare and Institutions Code) specifies that all information and records obtained in the course of providing intake, assessment, and services to persons with developmental disabilities shall be confidential. Information shall be disclosed in the following situations:

- a. In communications between qualified professionals employed by a Regional Center or state developmental center. Consent of the individual, parent, guardian, or conservator is required before information or records can be disclosed by someone NOT employed

Basic Rights and Confidentiality

- by Regional Center, state developmental center or a program not vendored by either.
- b. When a person with a developmental disability who has the capacity to give informed consent, designates individuals to whom information may be released. A physician, psychologist, social worker, marriage, family and child counselor, nurse, attorney, or other professional may to be compelled to release information given them in confidence unless a valid release has been signed.
- c. For a claim to be made on behalf of a person with a developmental disability for aid, insurance, government benefit, or medical assistance.
- d. If the person, guardian, or conservator designates in writing persons to whom records or information may be disclosed. Again, certain professionals may require a valid release.
- e. For research, if reviewed and approved by the Director of Developmental Services. All researchers must sign an oath of confidentiality.
- f. To courts, for the administration of justice.
- g. To governmental law enforcement agencies for the protection of federal and state elective constitutional officers and their families.
- h. To the Senate or Assembly Rules Committee for the purposes of legislative investigation.
- i. To the courts as part of a Regional Center report.
- j. To the attorney for the person with a developmental disability upon presentation of a release of information signed by the person. The Regional Center shall release all information for the person who lacks the capacity to give informed consent. Again, professionals may require a valid release.
- k. To a probation officer who is evaluating a person after conviction of a crime if the Regional Center determines that the information is relevant to the evaluation. The confidential information remains confidential except for the purposes of sentencing. After sentencing, the confidential information is sealed.
- l. Between people on the “multi-disciplinary” teams dealing with prevention, identification, management or treatment of an abused child or parents.
- m. When a person with a developmental disability dies while hospitalized in a state developmental center, the information related to the diagnosis and treatment of the person’s physical condition is released to the coroner.

Basic Rights and Confidentiality

- n. To authorized licensing personnel or authorized representatives from Department of Health Services or Department of Social Services to perform their duties regarding facilities. Names which are confidential are listed in attachments which are kept separate from the other material. Representatives from these agencies typically identify people by numbers in facilities.
- o. To a board that licenses and certifies professionals if there is cause to believe that a violation of law has occurred. Confidential information shall not contain the name of the person with the developmental disability.
- p. To governmental law enforcement agencies when a person with a developmental disability is reported lost or missing or if there is cause to believe that a person with a developmental disability has committed or been the victim of a crime.
- q. To the Youth Authority or Adult Correction Agency.
- r. To an agency mandated to investigate a report of abuse.

In the event that a person, parent, guardian, or conservator does not grant or denies a request to release information within a reasonable period of time, the Regional Center may release information if the information is deemed necessary to protect the person's health, safety or welfare. The person must have been

advised annually in writing about the policies for releasing information. That policy statement can become part of the person's IPP to comply with the notice requirement.

Remember the important distinction between keeping information confidential and your duty to report possible abuse or neglect of the people you serve. People can be told that you will be reporting information to authorities if it will protect the person from threats to their personal safety and health.

How Does This Work in the Regional Center?

As people are accepted into the intake process, they are asked to sign releases of information which state specifically what information should be released and to whom. Those releases are updated when the IPP is completed to be certain that the information is current. The service coordinator will most likely need to have medical reports, psychological reports and school reports forwarded to the Regional Center to provide the most complete



Basic Rights and Confidentiality

picture of the person.

Some Regional Centers never use the last names of people with developmental disabilities in public documents like newsletters, as a way to protect confidentiality.

As Regional Center information is sent as part of a referral packet for services, documentation of what was sent and to whom should be made in the individual's record. The service coordinator can only forward information that was gathered by a Regional Center staff person or information specifically authorized to be sent by the appropriate party.

Carefully guard any document which contains a person's identifying information outside of the Regional Center. Especially if you do work outside of the Regional Center office, guard against unauthorized access to confidential information via computers or shared desk space.

Do not discuss the names or identifying characteristics of any person to whom you are assigned with anyone without the authority to know that information. You never know how a person might be identified. Sometimes just a description of the disability can identify a person.



What Happens if You Violate Confidentiality Laws?

Any person may bring an action against an individual who has willfully and knowingly released confidential information and records concerning him or her in violation of the provisions of this chapter, or Chapter I (commencing with Section 11860) of Part 3 of Division 10.5 of the Health and Safety Code, for the greater of the following:

- (1) Five hundred dollars (\$500).*
- (2) Three times the amount of actual damages sustained by the plaintiff.*

Any person may, in accordance with the provisions of Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure, bring the action to enjoin the release of confidential information or records in violation of the provisions of this chapter, and may in the same action seek damages as provided in this section.

It is not a prerequisite to an action under this section that the plaintiff suffer or be threatened with actual damages.

Section 4518 (Division 4.5)

California Welfare and Institutions Code

Who Can Give Informed Consent?

The issue of informed consent for people with cognitive impairments is an extremely complex one. The consent has to be given voluntarily, knowingly, and intelligently. Competence to give medical consent is defined as “the medical competence necessary to comprehend the risks and benefits of a proposed medical treatment and its alternatives.” Generally, unless an adult is shown to be incapable of making decisions through court proceedings, that person is assumed to be able to consent for medical treatment and testing. The situation most often faced by service coordinators is about medical care and treatment. Unconserved adults can consent to being examined by a doctor, and can make many decisions.

The director of a Regional Center may give consent for medical, dental, and surgical treatment of an individual if:

- the person authorized to consent does not respond to the request for consent in a reasonable time;
- the person has no parent, guardian, or conservator legally authorized to consent; and
- if the person is mentally incapable of giving his own consent.

Each Regional Center will have specific procedures for the times when informed consent is required and not readily available. Some centers have the material

and records reviewed by a medical doctor with a recommendation to the center director about whether to authorize the care.

An issue for adults is being certain that the individual WANTS to have information disclosed to parents who are not legal conservators. Particularly if you have known a family as the child was growing up, it is typical to meet with the whole family for developing plans and resolving transition issues. As the person with a developmental disability becomes a legal adult, they must consent to sharing information with all others, including their parents.

Who Is the Authorized Representative?

The authorized representative is the conservator of an adult, the guardian, or parent or person who has legal custody of a minor to act or represent the person with a developmental disability.

Issues about Confidentiality You May Face in Working with Service Providers

As you work with service providers, you may periodically review the confidentiality requirements with them. Confidentiality in a service program can be compromised if two people at the program are trying to work out an issue and others get involved, particularly if the others are not also conservators or someone with a legal authority to have

Basic Rights and Confidentiality

information about one of the individuals.

AIDS Resource Manual, ARCA, 1993.

Another issue for service providers is about reporting special incidents to licensing agencies when two people are involved. Remember that the licensing agencies keep the confidential names of individuals in a separate file. So two incident reports will be prepared when two people whose identities are confidential are involved. Each report may need to refer to the other person by first name only or by initials.

All people over the age of 12 are presumed capable of giving consent for an HIV test, with a few exceptions. For adults with a conservator, it is important that the conservator authorizing an HIV test be specifically granted the power to give informed consent for medical treatment.

HIV test results can only be disclosed to certain identified parties, one is to *providers of health care* only for the purposes of diagnosis, care, or treatment of the patient." Regional Center service coordinators and most service providers are not typically part of the health care team, and therefore should not get test results.

What about HIV?

California law insures that the results of any test for HIV antibodies is confidential. This is done to prevent the possibility that a person could be discriminated against in employment or housing. This includes disclosure of records that identify who was tested without prior written authorization. The penalty for disclosing this information includes a fine of up to \$10,000 and the possibility of up to one year in prison. And all testing for HIV is by informed consent. This issue presents some issues for service coordinators.

If HIV status is known, it is recommended that no mention be made in the individual's record. In fact, some Regional Centers have created a separate record. In these situations, all references to HIV testing are removed from the

Because California law clearly gives minors over the age of 12 and competent adults the right to make their own decisions about HIV testing, Regional Centers and service providers must support the right of clients who are capable of giving consent to make their own decisions.

Greater concerns arise for the person with developmental disabilities for whom there are reasonable doubts as to his/her ability to give informed consent. Check your regional center's policy and procedure regarding this issue..

HIV and Developmental Disabilities: An

Basic Rights and Confidentiality

Review

- 1. What do we mean by confidentiality?**
- 2. What is the penalty for violating the laws of confidentiality?**
- 3. Why are there special rules about HIV?**
- 4. Under what circumstances could your director consent for medical treatment on behalf of an individual?**
- 5. How would you know if an individual was giving “informed con-**

Basic Rights and Confidentiality

sent” for treatment?

6. Name three organizations that can get information without express written consent?

7. What are the good cause reasons for a denial of right procedure?

Basic Rights and Confidentiality

Learn the Basics:

Reporting Procedures

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to provide service coordinators with the basic information about abuse and the typical procedures used to report it.

Objectives: Upon completion of this module, you should be able to:

- (1) Define the terms *mandated reporter*, *abuse*, and *dependent adult*.
- (2) Describe a *special incident* and to whom it must be reported in addition to the appropriate local agencies.
- (3) State the time line for reporting abuse to Child and Adult Protective Services.
- (4) Understand when to report to Adult Protective Services and when to report to the local ombudsman.

Method:

- (1) Group presentation and discussion or self-directed review of *Reporting Procedures Overview* on PowerPoint, overheads or hard copy;
- (2) Self-directed reading of *Reporting Procedures: Knowing When to Report and to Whom*;
- (3) Group discussion or self-directed completion of *Suggested Activity*; and,
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint Presentation or Overheads of Reporting Procedures Overview</i>	30 minutes
<i>Reporting Procedures: Knowing When to Report and to Whom</i>	20 minutes
<i>Suggested Activity</i>	15 minutes
<i>Review</i>	20 minutes

Materials:

- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *Reporting Procedures Overview*;
- *Learn the Basics - Reporting Procedures*

Reporting Procedures: Knowing When to Report and to Whom

Introduction

The abuse of fellow human beings—physically, psychologically, or financially—is abhorrent to civilized men and women, and can never be tolerated. There is a special concern for the abuse of children, dependent adults, and the elderly; as they are more vulnerable than others, such individuals face greater risk of abuse.

Reporting suspected abuse will, hopefully, not occur often in your work as a service coordinator. When it does, it is likely that you will seek the support of a supervisor in learning the protocol. However, it's important to have a general sense of the process should you need to act.

Who are Dependent Adults and Elders?

A **dependent adult** is any California resident 18 to 64 years of age, who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. Included is any person 18-64 years of age, regardless of physical or mental condition, who is admitted as an inpatient to a 24-hour health facility.

An **elder** is anyone residing in California, who is 65 years of age or older, whether or not impaired mentally or physically.

What and Who are Mandated Reporters?

Mandated reporters are persons (for example, care custodians, health practitioners) with a legal duty to report suspicion or knowledge of the abuse of a child, dependent adult or elder whom they encounter during the course of their work. Failure to report can result in a mandated reporter being held liable for both criminal and civil consequences.

Conversely, the mandated reporter has complete immunity from legal actions even if the report turns out to be false. Regional Center service coordinators are considered mandated reporters.

Reporting Procedures

Elder and Dependent Adult Abuse

(excerpted from Los Angeles Infoline)

Quick Checklist. When an elderly person or dependent adult is being abused, neglected or exploited, prioritize for safety:

1. Is the person being injured or otherwise endangered at that moment? If **YES**, call the police or paramedics.
2. Is the suspected abuse occurring in a residential facility or adult day health center? If **YES**, report to the local Long Term Care Ombudsman.
3. Is the abuse occurring outside of a residential facility? If **YES**, report to Adult Protective Services.

Definitions. Listed below are possible indicators of abuse (adapted from guidelines developed by Adult Protective Services):

Physical Abuse: Pushing, shoving, shaking, slapping, or beating, or unreasonable restraint.

Indicators: unexplained bruises, welts, or burns; friction marks; bleeding scalp; detached retina; unset broken bones or other untreated injuries; any repeated injuries. Frequent emergency room visits. Frequent changes of doctors. Conflicting or implausible explanations of injuries.

Neglect: Failure to provide basic needs such as food, shelter, or medical treatment, or abandonment.

Indicators: dehydration or malnourishment; untreated bed sores; medication withheld or improperly administered; poor personal hygiene; soiled clothing or bedding left unchanged; keeping appliances the person needs such as bedside commode or walker out of reach; lack of clothing or other necessities; inadequate heat or ventilation; safety hazards in home.

Psychological Abuse: Verbal threats or insults, or other intimidating behavior.

Indicators: caregiver accuses the abused person of being incontinent on purpose; threatens him with placement in a nursing home.

Financial Exploitation: Mismanagement of money; theft of property.

Indicators: missing property; unpaid bills or rent; lack of clothing or other basics; unexplained bank account or auto-teller withdrawals; unexpected changes in wills or titles to property; adult's money not being spent on clothes or other basics needs.

Other Indicators of Abuse: Abused adult is kept isolated from family or friends and not allowed to speak for himself. Caregiver resists assistance from social service agencies. Caregiver has a history of abusing others. Caregiver appears angry at elder or dependent adult. Abused person may appear fearful, withdrawn, depressed, or confused (and these conditions are not caused by mental dysfunction).

Child Abuse

(excerpted from Los Angeles Infoline)

Quick Checklist. When a child is abused or neglected, prioritize for safety:

1. Is the child being injured or otherwise endangered at that moment? If **YES**, call the police.
2. Is abuse or neglect suspected? If **YES**, report to Child Protective Services.

Definitions. Child abuse (the abuse of a person under 18 years of age) may include physical, sexual, or emotional abuse; neglect; exploitation; or abandonment. Listed below are possible indicators adapted from Department of Children's Services guidelines:

Physical abuse: deliberate injury (usually overpunishment).

Indicators: unexplained and/or untreated fractures; multiple fractures; unexplained welts; bruises on parts of the body which aren't normally bruised in accidental bumps or falls; friction marks (rope burns); cigarette burns; immersion burns, caused by immersion in scalding water, (sock-like burns on feet, doughnut-shaped burns on buttocks, glove-like burns on hands). Pattern of injuries regularly appearing after weekends, vacations, or other absences. Injuries where the explanation doesn't match the injury.

Sexual Abuse: oral, anal, or vaginal intercourse; fondling; exhibitionism.

Indicators: difficulty in walking or sitting down; pain or itching in genital area; vaginal or anal bleeding; bruised genitalia; bloody underclothing; sexually transmitted disease or pregnancy in children who are probably too young to have dating relationships.

Neglect: inadequate food, shelter, clothing, supervision, or medical or dental care; abandonment.

Indicators constant hunger; poor hygiene; inadequate clothing; lack of supervision, especially for long periods or when child is engaged in dangerous activities; medical needs left untreated; medical diagnosis of malnourishment or non-organic failure to thrive.

Emotional Abuse: cruelty; unjustifiable punishment.

Indicators: child reports punishment which is excessive, bizarre or humiliating; medical diagnosis of non-organic failure to thrive; child's inappropriate behavior (infantile or antisocial); child's suicide attempts.

Reporting Procedures

What is Abuse?

Dependent adult abuse is defined as physical abuse, neglect, financial abuse, abandonment, isolation, abduction or other treatment with resulting physical harm of pain or mental suffering, or the deprivation by a care provider *of goods and services which* are necessary to avoid physical harm or mental suffering. Child abuse is defined as physical injury, which is inflicted by other than accidental means on a *child* by another person, sexual abuse, willful cruelty or unjustifiable punishment *of a child*, *unlawful* corporal punishment or injury and neglect.

Protocol for Suspected Abuse

Each regional center has its own protocol for the investigation of alleged abuse. Please refer to your *regional* center policies and procedures.

However, all allegations of *abuse shall be reported* by telephone as soon as possible to either Child Protective Services, Adult Protective Services or the Ombudsman's office depending upon the age of the victim and the location of the alleged abuse. If the victim is a child the report will be made to *Child Protective Services with* a written follow up *report* to be submitted within 36 hours. If the victim is an adult *and* the abuse occurred in a long term care facility, the *alleged abuse is reported* to the Ombudsman's office. If the alleged abuse occurred at any other location, the report is made to Adult Protective Services. The telephone report

concerning an adult shall be followed up with a written report within two working days.

Ombudsman Office Department of Aging

Each county is required to have an office devoted to the Ombudsman. This office receives reports of abuse to dependent adults if the abuse occurs in any long-term facility (nursing homes, residential facilities, foster homes, any licensed or unlicensed *residential* facility providing care and supervision).

Adult Protective Services California Department of Social Services

Each county is required to have an office devoted to Adult Protective Services. This office receives reports of abuse to dependent adults. Each report is assigned to a case worker for investigation, assessment, and referral to appropriate agencies. The law requires mandated reporters to make a verbal report immediately, followed by a written report within two working days. When the suspected victim resides in a domestic setting, the abuse should be reported to the county Adult Protective Services Agency. If the abuse occurs in any long-term care facility (nursing homes, residential facilities, foster homes, or any licensed or unlicensed facility providing care and supervision), it must be reported to the local ombudsman program.

Child Protective Services Department of Social Services

Each county is mandated to have an office devoted to Child Protective Services. This office receives reports of abuse to children. Each report is assigned to a case worker for investigation, assessment and referral to appropriate agencies.

Child Protective Services is usually housed in the county Social Services department. To find the nearest office, look in the county government pages of the telephone directory under "Social Services; Children's Services and/or Child Protective Services." Many counties have 24-hour hotlines.



Reporting Procedures

Review

1. **What is a mandated reporter?**
2. **Define a special incident?**
3. **Write a general definition of abuse?**
4. **What should you do if you suspect sexual assault?**

Reporting Procedures

5. How soon after making a verbal report must you file a written report with Child or Adult Protective Services?

6. What incidents should you report to Adult Protective Services and what incidents should you report to the local ombudsman?

Reporting Procedures

Suggested Activity Answers

1. Has Mary experienced “sexual abuse”? Why or why not?

Probably not. Given her age and experience, if her self-report is accurate, no sexual battery occurred. Rape implies force (lack of consent), being under the age of consent, or being known to be unable to give consent. The presumption these days is that an adult who is developmentally disabled is competent until a court order says that he or she is not.

2. Believing, like Mary’s mother, that the neighbor took *unfair advantage* of Mary, if the service coordinator were to report that Mary said that she was forced to have sex with the neighbor, could the staff member be held liable for unlawful behavior? Why or why not?

Yes. A mandated reporter is given immunity unless he or she gives a false report and knows it is false. In this case, there is also malicious intent.

3. If the staff member were to report the incident as a case of *suspected abuse*, should the report go to the ombudsman? Why or why not?

No. Since the incident occurred outside the group home, any report would go to the Adult Protective Services agency.

Learn the Basics:

Guardianship and Conservatorship

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to provide information about guardianship and conservatorship, estate planning, and some of the alternatives to conservatorship.

Objectives: Upon completion of this module, you should be able to:

- (1) Identify the factors considered in whether a person is “competent” or “incompetent” before the law.
- (2) Describe various kinds of guardianship and conservatorship, in terms of purposes and effects.
- (3) Describe the knowledge and skills needed by a person who wants to be an effective limited conservator of the person.
- (4) Describe the steps taken by various parties when a petition is presented to a court asking for letters of conservatorship.
- (5) Be able to identify several alternatives to conservatorship which may, in any particular case, be just as effective.
- (6) State why a *will* is important and how *discretionary, special needs trust* may be fruitful for the individual (beneficiary).

Method:

- (1) Group presentation and discussion or self-directed review of *Guardianship and Conservatorship Overview* on PowerPoint, overheads or hard copy;
- (2) Self-directed reading of *Best Practices: Learning from the Leaders and Innovators*;
- (3) Group discussion or self-directed completion of *Suggested Activities*; and,
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint Presentation or Overheads of Guardianship and Conservatorship Overview</i>	25 minutes
<i>Guardianship and Conservatorship: Helping Families Plan for the Future</i>	30 minutes
<i>Suggested Activity</i>	30 minutes
<i>Review</i>	20 minutes

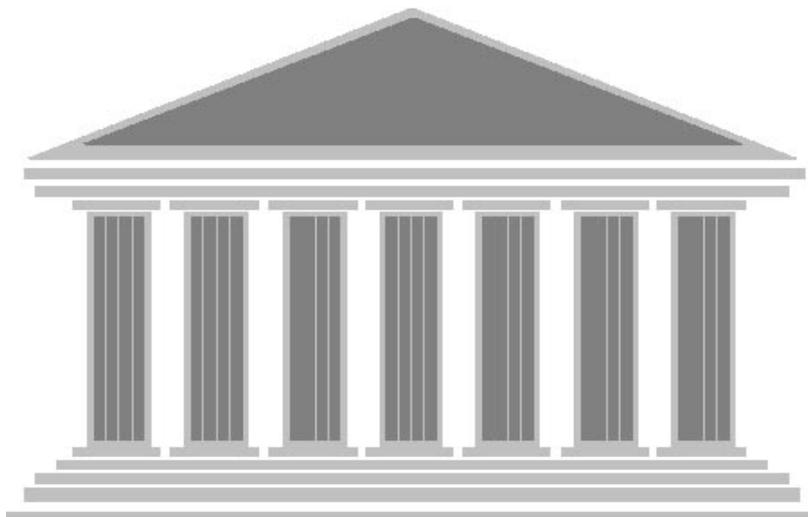
Materials:

- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *Guardianship and Conservatorship Overview* ;
- *Learn the Basics - Guardianship and Conservatorship*

Guardianship and Conservatorship: Helping Families Plan for the Future

Introduction

Service coordinators often encounter guardianship and conservatorship. In the case of adults (age 18 and above), many individuals with limited intellectual ability can benefit by having a court-appointed conservator to assist with decision-making, or to act as a substitute decision-maker in some instances. There are many alternatives to conservatorship, some of which may protect and provide for the basic needs of the proposed conservatee. Conservatorship is not to be undertaken lightly, because it necessarily involves the removal of certain basic rights from one person, while handing them over to another.



Guardianship and Conservatorship

Guardianship and Conservatorship: What's Involved?

Competence (or, reasoned decision making)

There are some choices in life (e.g., major financial affairs; complex medical treatment) that call for reasoned decision-making. When a poorly reasoned decision is taken, if the downside risk is substantial, people who know and care about the person may petition the court to be named guardian (of a person under age 18) or conservator (of an adult). *Competence* (or incompetence) is about the ability of an individual to make decisions. Turnbull and his associates (1989) argue that reasoned decisions involve (1) defining the problem or need; (2) brainstorming approaches; (3) evaluating and choosing alternatives; (4) communicating the decision to others; (5) taking action; and (6) evaluating the outcome of action. Some individuals lack the capacity or understanding to engage thoughtfully in this process.

Until a person reaches the *age of majority* (age 18 in California), he or she is *presumed to be incompetent* – that is, not able to manage alone or to come to reasoned decisions about certain important matters. Parents are considered *natural guardians* of their biological or adopted children (under age 18), and have certain rights and responsibilities in making decisions on behalf of their children. Some minors need a court-appointed guardian, if parents have died, abandoned a child, or had their parental rights removed by a court of law (typically for persistent

abuse, neglect, or lack of competence). The issues surrounding guardianship are few, precisely because the law *presumes incompetence*. Some alternatives to guardianship, such as “surrogate parent” representation within special education, are discussed below. Most of this module is devoted to conservatorship of adults.

Upon reaching the age of majority, even if the person has a significant intellectual impairment, he or she *is presumed to be competent*. If a conservatorship is to be obtained, one must establish to the satisfaction of the courts that the person is incompetent or has limited competence to make certain important decisions, or to handle their own affairs.

Conservatorship

A conservatorship is a legal arrangement in which a competent adult oversees the personal care or financial matters of another adult (or, in some instances, a married or divorced minor) considered incapable of managing alone. The person who lacks the legal capacity to represent him or herself is known as the “conservatee.” The person who assumes the legal responsibility for someone’s decision-making is the “conservator.” Since 1981, guardianships have only been available for minors. Prior to that time, guardianships could be established for adults, as well. Understandably, this has led to some confusion, especially when talking with older adults. Then again, some parents, incorrectly, presume (as was traditional years ago) that as *natural guardians* of children their legal responsibilities continue for a child with a developmental disability, if he/she has “not grown up and left the nest.”

Guardianship and Conservatorship

Types of conservatorship

General conservatorship

– This is the conventional kind of conservatorship for incapacitated adults, unable to meet their own needs or to manage their own affairs. Even though California law recognizes “limited conservatorships of adults with developmental disabilities,” it is the practice of some courts to issue only (or primarily) general conservatorships, even in the case of adults with developmental disabilities.

Limited conservatorship – This is the typical kind of conservatorship used to support adults with developmental disabilities. The law recognizes that a developmental disability may impact only one or a few important areas of a person’s life, and a limited conservatorship can be tailored to the unique needs of the individual.

LPS (Lanterman-Petris-Short) conservatorship

– An LPS conservatorship is necessary for admission to a mental health treatment facility. The court is asked to rule whether the person is “gravely disabled” and in need of in-patient mental health services. This kind of conservatorship can coexist with others. An LPS conservatorship may only be requested by professionals. In a similar vein, an *In re: Hop* hearing is required for admission to a state developmental center.

Guardian ad litem – A guardian ad litem is a person who acts on behalf of another person solely for the purposes of litigation in which the other person is involved, but which he or she does not understand. Absent application by another party, a court will act on its own to appoint a guardian ad litem to make decisions as to the course and outcome of the case on behalf of an individual with a developmental disability.

Of the person, of the estate, or both
Conservatorships are granted *of the person* or *of the estate*, or for both purposes. If a person has substantial assets or income, and makes irresponsible decisions in managing his or her financial affairs, a person or organization may petition the court for a conservatorship of the estate. Since most adults with significant developmental disabilities are without substantial assets, and have relatively little income, conservatorship of the estate is rare. If the person needs assistance in managing their Social Security, including Supplemental Security Income (SSI), a “representative payee” can be (and often is) appointed. This serves



Guardianship and Conservatorship

to protect the assets and income of the individual, and is one of several alternatives to conservatorship. When a conservatorship of the person is established, the conservator is expected to work closely with the conservatee and to make responsible decisions where necessary, that reflect the preferences of the individual and what is in the conservatee's best interests.

Limited Conservatorships

On a case by case basis, California law provides for a *limited* (as opposed to *general*) *conservatorship* for adults with significant developmental disabilities. The law seeks to provide substitute decision-making support only in areas where there is a clear need. A *limited conservatorship* is a court-approved, legal relationship between a competent adult and an adult with a developmental disability, which gives the conservator a defined degree of authority and duty to act on behalf of the conservatee in making decisions affecting the conservatee's life. The purpose of limited conservatorship is to protect adults with developmental disabilities from harm or exploitation while allowing for the development of maximum self-reliance.

When the child reaches age 18, he or she is presumed at law to have the capacity to do all the things that any adult in this society may do, regardless of disability. If granted by the court, the limited conservator can have decision-making authority (and the limited conservatee can be denied power) in as many as seven (7) areas:

1. To fix the person's place of residence.
2. Access to confidential records and papers.
3. To consent or withhold consent to marriage.
4. The right to contract.
5. The power to give or withhold medical consent.
6. Decisions regarding social and sexual contacts and relations.
7. Decisions concerning education or training.

The limited conservator is charged with the duty of securing for the conservatee such habilitation, treatment, training, education, medical and psychological services, and social and vocational opportunities as are appropriate and will assist the limited conservatee in the development of maximum self-reliance and independence. Short of a special court order, the limited conservator may not, however, provide substitute consent in the areas of (a) experimental drug treatment; (b) electroshock therapy; (c) placement in a locked facility; or (c) sterilization.

The limited conservator should have (1) personal knowledge of the conservatee; (2) knowledge of what constitutes the best interests of the conservatee; (3) a commitment to providing that which is in the person's best interests; (4) financial management skills (as appropriate); (5) a knowledge of programs and services, their availability and effect;

Guardianship and Conservatorship

(6) knowledge of appropriate methods of protection; (7) proximity to the conservatee; and (8) availability in terms of time and energy.

The Process of Obtaining and Maintaining a Conservatorship

Obtaining a conservatorship

The process for obtaining a conservatorship starts with filing a *Petition for Appointment of Probate Conservator* in Superior Court, typically where the proposed conservatee lives. A Court Investigator will interview the proposed conservatee, explain the conservatorship, and inform the person of his/her rights.

The Court will request that the Regional Center prepare a report, the Regional Center has 30 days to file a report, responding to the petition and taking a position on the need and desirability of a conservatorship. Service coordinators are often involved at this point, and are asked to provide information relevant to the capacity of the person to manage their own affairs and avoid risky behavior. Once filed and granted, the Regional Center will receive a notice that the conservatorship has been filed.

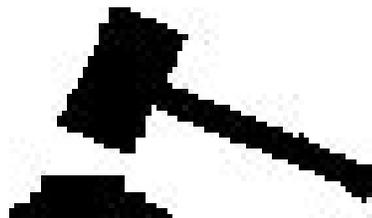
The Court Investigator will reinterview the conservatee after one year, and every two years thereafter, and report to the court whether a conservatorship continues to be needed.

Alternatives to Guardianship/Conservatorship

Representative payee, trusts, and power of attorney

In any particular instance, there may (or may not) be a suitable alternative to a limited conservatorship. With respect to financial matters, serving as *representative payee* (for receipt of Social Security benefits) is often available, but may not be sufficient if the person has continuing and serious trouble avoiding financial exploitation. A *trust* is another device that may be available. More on trusts, below. *Power of attorney* – general, special or limited, whether durable or not – may be possible and could be effective. A *power of attorney* is a written document that gives one the authority to act as another's agent. The power of attorney may be general, in which case the agent can act in all respects for the principal; or special, in which case the agent can only act in limited circumstances for the principal. A *durable* power of attorney is one where the principal designates an agent and gives that person the power to make certain decisions, even if a competent person becomes incompetent. However, if a person lacks capacity (e.g., to give informed consent for medical treatment), a durable power of attorney may not work, because it presumes competence when signed.

Voluntary acceptance of informal or



Guardianship and Conservatorship

formal assistance

This is another option. To illustrate, if access to confidential records is important, the disabled adult may sign a statement authorizing his mother or father (or someone else) to examine such records for him. Or, if the person wants certain people to participate in IPP or other deliberations, he/she can sign a statement indicating such, and the Regional Center is duty-bound to honor that designation. Some people, such as landlords and health-care professionals, may agree to contract or otherwise serve someone who appears to lack competence, if the person's parents or next-of-kin are involved. Some individuals have close friends who serve as "informal mentors" or personal advocates, and look to them for guidance in making reasoned decisions.

Consent for non-emergency medical care

If an adult served by a Regional Center is judged incapable of giving informed consent to medical treatment, and there is no conservator (or he/she cannot be located in a reasonable time), the executive director of the Regional Center has authority under the Lanterman Act to sign a consent to treatment on behalf of the individual.

Area board: personal advocacy

Area boards have a duty to provide (or to find another who will provide) needed personal advocacy, when requested. This may (or may not) be a solution, in any particular instance where a decision is needed and the person is unable to come to a reasoned decision in an important matter.

Surrogate parent status

Since 1990, under both federal (IDEA) and state law, certain students have been entitled to have a local education agency (LEA) or special education local plan area (SELPA) appoint a "surrogate parent" to represent them for the purpose of their individual education program (aged 0-21) to ensure that the rights of the pupil to a free appropriate public education are protected. Such pupils have no parent, guardian, or conservator; or a court has removed the parent's rights to make educational decisions for the individual; or parents cannot be located in time to represent their child. No "surrogate parent" is needed if someone, such as a grandparent or residential service provider, is "acting" as the child's parent at the request of the natural parent. Surrogate parents have essentially all the rights and responsibilities regular parents have in seeking to meet the educational needs of the child.

When Early Start services (jointly provided by the Regional Center and the Local Education Agency) are provided, the Regional Center has the responsibility of appointing a surrogate parent. That is, when: (1) no parent can be identified or located; or (2) the infant or toddler is a dependent of the court. The role of the surrogate parent in Early Start is to advocate for the infant or toddler in the development of the Individual Family Service Plan and subsequent service delivery.

Nominees and Models

California law (Probate Code)

Guardianship and Conservatorship

encourages of the use of family members as conservators, and in most instances key family members are both willing and able to serve in such capacity.

Office of the Public Guardian

Each county has an Office of the Public Guardian. Practices vary by county, but if a person has an LPS conservatorship, not infrequently the Public Guardian will be involved. This Office may accept nominations in other circumstances as well: for example, if a conservatorship is general and an estate is involved.

DDS conservatorship

The California Department of Developmental Services (DDS) accepts nominations to act as conservator, if no one else was in a position to do so competently. If appointed conservator, the Director of DDS typically delegates many duties to the Regional Center director his or her designee.

Corporate (or other fiduciary) conservatorship

Sometimes a “corporate guardian,” such

as a parent organization or free-standing agency, is nominated. Such entities must employ a social worker to carry out conservatorship responsibilities.

Absent a trust or some other source of income to cover expenses, however, corporate conservatorship is unusual. Some Regional Centers will purchase conservatorship services, in special cases, from paralegals or others. In addition, some regional centers have Articles of Incorporation that allow them to act as conservatorships when approved by the court.

Wills, Trusts, and Estate Planning

Some families have disabled children with mild impairments, or have such large estates that they can safely leave a large inheritance to a child with a disability, not caring whether it results in termination of certain public benefits, such as SSI (*Supplemental Security Income*) or Medi-Cal. Most families, however, are not as well off. Either the child has disabilities which pose a more substantial handicap, or the inheritance is not large enough to support the child for a significant period of time. Such families typically face three options. One is an informal agreement (or moral understanding) that, say, one adult offspring will use part of an inheritance to meet the special needs of a sibling with a disability. A second is a *discretionary, special needs trust*. A third is to leave the disabled family member only assets which are not *countable* for SSI or Medi-Cal purposes — e.g., a home occupied by the offspring with a disability, and certain other assets (e.g., an automobile;



Guardianship and Conservatorship

home furnishings; burial plot; small life insurance policy).

Will

A *will* is a legal document expressing binding intentions about what the person wants done with his or her property after death. States have laws for the distribution of property in the event (1) there is no will or (2) an heir is not mentioned or otherwise provided for in the will. In such cases, the law provides certain shares to closest surviving relatives. The ownership of some assets, such as real property held in joint tenancy and life insurance passing to a named beneficiary, passes outside of the probate process, and a *last will and testament* is not controlling.

If there is no *will*, the child with a disability will inherit a share of the estate, as provided for in state law. This is likely to result in termination of certain *needs based* public benefits, such as SSI and Medi-Cal insurance coverage, until all but \$2,000 in *countable assets* remain. If there is an otherwise valid will, but the child with a disability is not mentioned, the child may inherit the share that he or she would have inherited had there been no will. Government agencies are likely to argue that the child was inadvertently overlooked.

Regardless of how one sees special needs trusts, each parent should have a will, and should mention or provide for the child with a disability in the will. If the parent does not want to interfere with important public benefits (so-called entitlements), it is wise to leave the child no more than a nominal amount (e.g., \$500) in *countable assets*. Such assets are cash (and other assets readily convertible to cash) that

Social Security and other officials take into account in the calculation of SSI and related benefits.

Trusts

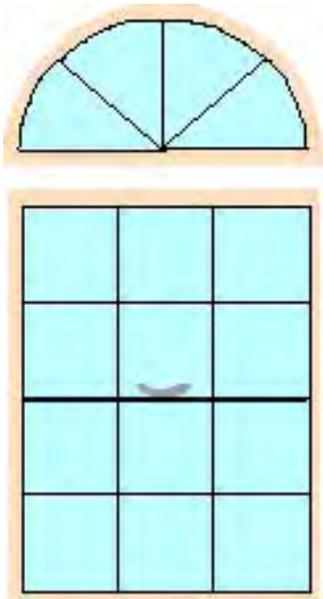
A *trust* is a legal entity like a corporation. The creator of the trust establishes its purposes. Title to assets is placed in the hands of a trust, with directions to the trustee(s) as to how income from the trust, and assets in the trust, are to be used. If a parent does not want to disrupt receipt of public benefits, a *discretionary special needs trust* is indicated. The reason is that public entitlement benefits (e.g., SSI, Medi-Cal) would be terminated if the trust were deemed a countable resource. If the purpose is clear (*special and emergency needs only*), and the instrument carefully drafted, Social Security and Medi-Cal rules and regulations will not consider a *special needs trust* as a countable resource to the SSI recipient.

Discretionary, special needs trusts have two critical elements. The assets and income are to be used only at the complete discretion of the trustee (not at the beneficiary's discretion), and then only to supplement that to which the beneficiary is otherwise entitled. In other words, the trust language forbids the trustee to use trust income or assets for the *basics* of food, shelter, clothing, and any care (e.g., health services), supervision, education, or training to which the person, by reason of citizenship, disability, or low-income status, would otherwise be entitled.

The creator of the trust typically specifies the kinds of *extras* that the trustee may purchase: for example, (1) a trip to see

Guardianship and Conservatorship

a relative; (2) a set of dentures, when neither Medi-Cal nor any other insurance is obligated to pay; (3) a stipend for a friend or personal advocate who will keep up on the consumer's life and well-being; and so forth. Even in these cases, to avoid problems the trustee should pay the dentist (and others) directly, rather than hand money over to the beneficiary to make payment, since the latter might be considered countable income to the beneficiary. It is good practice for the creators of trusts to append a *Letter of Intent*, providing background information and their reasoning as to how trust assets and income should be used. This information can be very helpful to trustees.



Guardianship and Conservatorship

Review

- 1. What is “competence”? What does the law presume about a person’s competence as a child? as an adult?**
- 2. There are several types of “conservatorships,” one of which is expressly designed to accommodate substantially impaired adults with developmental disabilities in need of a conservatorship. Please explain.**
- 3. Since one of the seven powers under a limited conservatorship of the person is “the right to contract,” how would you distinguish this power from the responsibilities attendant upon being a limited conservator of the estate?**
- 4. What knowledge and skills should a limited conservator have in order to carry out his or her responsibilities?**

Guardianship and Conservatorship

not in the person's best interests would be made? Please explain.

4. What alternatives to conservatorship, if any, has the family considered? Are any of them unavailable or unsuitable? Please explain.

Guardianship and Conservatorship

Suggested Activity

Advising a Family Where the Reasons for Pursuing a Conservatorship Appear to Be at Odds with the Law



Whether it arises in the case above, or not, briefly explain how you would advise a family where the reasons for seeking a conservatorship seem to be at odds with purposes expressed in the law.

NOTE: A parent may speak of conservatorship in terms of an understandable sense of ownership using words like “my daughter.” A general fear about the future (“I want him to be safe”) may be the basis of the interest. Another parent may feel that their child should live in a group home, but the individual may want to live in his/her own apartment. A parent may want their child (for safety sake) to attend a workshop rather than have a regular job in the community. These are examples. One also finds, in some cases, that the family simply feels “left out of the loop,” and is distrustful of the Regional Center or other agencies.

Learn the Basics:
Advocacy Agencies

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to provide a brief description of the major advocacy agencies in California.

Objectives: Upon completion of this module, you should be able to:

- (1) List three of the major California state advocacy agencies.
- (2) Describe a situation when you might refer an individual to a local Area Board.
- (3) Describe the role of Adult Protective Services in a situation where abuse and neglect is suspected.
- (4) Describe the major services of a Family Resource Network and how they might be used as an advocacy resource.

Method:

- (1) Group presentation and discussion or self-directed review of *Advocacy Agencies Overview* on PowerPoint, overheads or hard copy;
- (2) Self-directed reading of *Advocacy Agencies: Another Set of Eyes and Ears*;
- (3) Group discussion or self-directed completion of *Suggested Activities*; and,
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint Presentation or Advocacy Agencies Overview</i>	15 minutes
<i>Advocacy Agencies: Another Set of Eyes and Ears</i>	40 minutes
<i>Suggested Activities</i>	2 hours
<i>Review</i>	20 minutes

Materials:

- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *Advocacy Agencies Overview*;
- *Learn the Basics - Advocacy Agencies*

Advocacy Agencies: Another Set of Eyes and Ears

PAI Newsletter

Issue 65, Fall 98

Office of Clients Rights Advocacy Begins to Take Shape

A stateside clients rights advocacy office for individuals who use Regional Center services will soon become a reality. The Department of Developmental Services (DDS) and Protection and Advocacy, Inc. (PAI) are entering into a contract that will make the Clients Rights Advocate (CRA) at each Regional Center a PAI employee.

The contract is a result of legislation passed last year. That legislation sought to avoid the potential conflict of interest, or the appearance of a conflict of interest, arising from the fact that each Regional Center employed its own CRA. Legislation passed in August 1998 allows DDS to enter into a similar contract with the Area Boards for clients rights advocacy services at state developmental centers.

The new Office of Clients Rights Advocacy (OCRA) will have its headquarters in Sacramento. OCRA hopes to have each Regional Centers advocate stationed at the Regional Center. A *Memorandum of Understanding* between PAI and each Regional Center will set out the exact method of providing services at that Regional Center. In addition, each advocate will have an intake coordinator/assistant to provide support. Under the contract, CRA staff will provide information and referrals, represent or provide technical assistance to consumers in administrative hearings, and respond to complaints.

Advocacy Agencies

Introduction

In your job as a service coordinator, you will often assume the role of advocate for individuals and families you serve. While you will be successful in most of your efforts, there will be times when the assistance of an additional advocate will be needed. This may mean information and advice or it may mean legal representation. This module provides you with a reference list of advocacy agencies and how they might help. (For information about the Regional Center Appeal process, see the module titled *Purchase of Service Standards and Procedures*.)

Adult Protective Services California Department of Social Services

The California Department of Social Services oversees Adult Protective Services, which provides protection to persons 65 years of age or older and dependent adults over the age of 18 who are functionally impaired. These individuals have physical or mental limitations which restrict their ability to carry out normal activities. Those who wish to receive these services should contact the local county office of "Social Services, Adult Protective Services." Many counties have 24-hour hotlines.

Protective services can protect the person from abuse, which may be present in the following forms: physical/emotional abuse, physical abuse, neglect, financial abuse, self-neglect, chemical or physical restraint or isolation without authorization and abandonment.

Reporting a case of physical abuse is mandatory by law when the victim reports the abuse, or when the witness observes the incident. Any elder or dependent adult care custodian, health practitioner, or employee of a county adult protective services agency or local law enforcement must report any type of abuse. The law requires mandated reporters to make a verbal report immediately, followed by a written report within two working days. When the suspected victim resides in a domestic setting, the abuse should be reported to the county Adult Protective Services Agency. When the abuse occurs in any long-term care facility (nursing homes, residential facilities, foster homes, or any licensed or unlicensed facility providing care and supervision), it must be reported to the local ombudsman program.

Each county is required to have an office devoted to Adult Protective Services. This office receives reports of abuse to dependent adults. Each report is assigned to a case worker for investigation, assessment and referral to appropriate agencies.

Other core services provided include: information and referral, case management, counseling, advocacy, court related or appointed services, care facility placement and ombudsman services. In addition, direct services may include social support, at-home support, housing, medical evaluation, and financial or legal assistance.

Area Boards on Developmental Disabilities

Organization of Area Boards
3000 S Street, Suite 210
Sacramento, CA 95816-7055
916/227-2148

The thirteen Area Boards on Developmental Disabilities in California are listed at the end of this section. They are authorized to protect the legal, civil and service rights of persons with developmental disabilities, and to monitor the service delivery system. The boards are funded with federal Developmental Disabilities Act monies from the State Council on Developmental Disabilities.

The legal responsibilities of the Area Board include protecting and advocating the rights of all persons with developmental disabilities; public education programs to increase public and professional awareness and eliminate barriers; encouraging the development of groups to advocate on behalf of persons with developmental disabilities; monitoring the policies and practices of publicly funded agencies which serve persons with developmental disabilities; may conduct public hearings into the procedures of publicly funded agencies who serve persons with developmental disabilities; assisting with planning for services and supports and conducting activities to improve the quality of services; and encouraging the development of needed services and coordination of new and existing services.

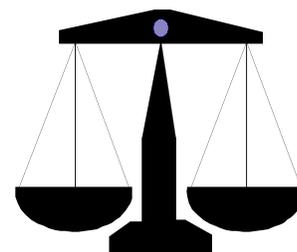
In addition to the Area Boards, the Lanterman Act also established the Organization of Area Boards on Developmental Disabilities mandated to resolve common issues, improve coordination, and promote the exchange of information among the Boards while also providing advice and recommendations to state agencies, the Legislature and the State Council on Developmental Disabilities. The OAB is composed of the chairpersons of the thirteen Area Boards and meets bimonthly. All meetings are open to the public.

In addition, the Lanterman Act was recently revised to give the responsibility of completing the *Life Quality Assessment* to the Area Boards. This assessment is one aspect of the comprehensive quality assurance system at your Regional Center. As a service coordinator, you will receive a copy of the assessment summary to assist you in the development of the person-centered Individual Program Plan and to alert you to follow-up issues.

Eligibility. Persons with developmental disabilities, their parents and others living in the area covered by each Area Board.

Application Process. Details may be obtained by calling or writing the local area board.

Fee for service. No fee.



Advocacy Agencies

California State Council on Developmental Disabilities

2000 O Street, Suite 100
Sacramento, CA 95814
916-322-8481

The State Council on Developmental Disabilities is a federally mandated and funded organization charged with promoting the development of a consumer and family-centered, comprehensive system of services and supports for individuals with developmental disabilities. The goals are to enable individuals to achieve independence, productivity, and integration and inclusion into the community. The 19 member, Governor-appointed, State Council is made up of individuals with developmental disabilities, family members, organization representatives and representatives of state agencies involved in the provision of services for those with developmental disabilities. Meetings are open to the public and are held every one or two months in locations throughout the state.

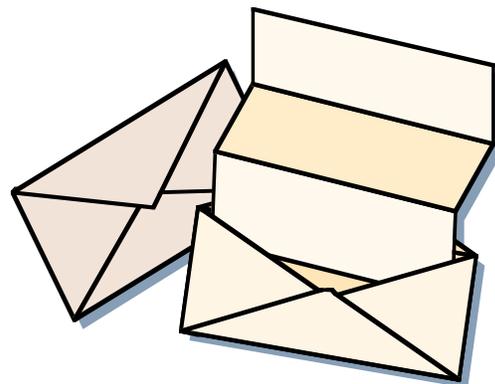
A key responsibility of the Council is to formulate the State Plan that establishes goals and objectives for improving and enhancing the service system in California. The plan includes public review and comment, and is submitted to the Federal Government every three years. As part of the implementation of plan goals and objectives, the Council is involved in the selection and monitoring of Program Development Fund (PDF) grant programs. PDF grants are awarded annually on a competitive basis to establish or expand creative and innovative services for those with developmental disabilities. More

information about the State Council can be obtained by contacting the office listed above.

Child Protective Services Department of Social Services

Each county is mandated to have an office devoted to Child Protective Services. This office receives reports of abuse to children. Each report is assigned to a case worker for investigation, assessment and referral to appropriate agencies.

Child Protective Services is usually housed in the county Social Services department. To find the nearest office, look in the county government pages of the telephone directory under "Social Services; Children's Services and/or Child Protective Services." Many counties have 24-hour hotlines.



Client Assistance Program (CAP)

California Department of Rehabilitation
800-952-5544 (24 hours)

The Client Assistance Program (CAP) is available to assist clients in answering questions and working with the Department of Rehabilitation. This office's primary function is to ensure that clients receive the Rehabilitation services to which they are entitled. CAP may assist a client during their relationship with the various programs available to them. CAP staff may also assist in requesting and preparing for an Administrative Review or Fair Hearing.

Eligibility. Any person who has received funds from the California Department of Rehabilitation is eligible for assistance.

Application Process. Call the 800 number above for specific information about the CAP in your area.

Fee for service. No fee.



Community Alliance for Special Education (CASE)

1031 Franklin Street, Suite B-5
San Francisco, CA 94109
415-928-2273
415-928-2273 FAX

Community Alliance for Special Education (CASE) is an organization which advocates for children who need special education. CASE provides advice on legal issues, direct representation, as well as free special education consultations to parents of children with disabilities who need assistance to secure appropriate special education services for their children.

Eligibility. Open to all involved in the special education process. This agency provides direct representation to clients in the nine Bay Area counties. CASE also provides consultations to clients throughout California.

Application Process. Call for an appointment.

Fee for service. The fee for service is charged for direct representation only. It is based on the gross annual income of the family. No client will be turned away because of an inability to pay. Consultations are free.

Advocacy Agencies

Disability Rights Education and Defense Fund (DREDF)

2212 6th Street
Berkeley, CA 94710
ADA Hotline 800-466-4232
510-644-2555

DREDF is a national nonprofit law and policy center dedicated to furthering the civil rights of people with disabilities. Managed and directed by people with disabilities and parents of children with disabilities, DREDF is a unique advocate for the rights of all people with disabilities, as a class. They offer information and referral on disability rights laws and policies, legally represent people with disabilities, provide speakers for both public and private agencies about the Americans with Disabilities Act (ADA), educate legislators on key issues affecting the rights of people with disabilities, and offer courses to law schools on disability law.



Family Resource Centers/ Networks (FRC/Ns)

While FRC/Ns vary from community to community, the overall FRC/N goal is to provide family/parent oriented support and information and to promote positive relationships and joint problem solving between families and professionals. The FRC/Ns support the emotional and informational needs of families and assist parents and family members in locating and understanding local services and the overall early intervention service delivery system for infants and toddlers.

FRNs typically provide information on specific disabilities and training for parents and service providers. FRNs makes information packets available on a wide variety of topics. Other services of the Family Resource Networks include: one-to-one emotional support, referrals to early intervention programs and community resources, local parent groups for ongoing support and information, a lending library of books and videos, and workshops and seminars.

Eligibility. Families of children with developmental disabilities or at risk of becoming developmentally disabled are eligible.

Application Process. There is typically no application process.

Fee for service. There is no charge to families for services provided. FRN is supported by funding from the Department of Developmental Services, Early Intervention Program, via California Public Law 99-457, Part H.

Legal Aid Societies

Legal Aid Societies provide legal representation for individuals with low or no income in civil matters including family law (custody and domestic violence), government benefits, health access advocacy, consumerism, employment, housing law, individual rights, and some immigration issues.

Workshops are also provided in the areas of eviction defense and domestic violence temporary restraining orders. In addition, workshops are provided in the areas of bankruptcy, conservatorship and durable power of attorney through volunteer attorneys. Legal Aid Societies may be found statewide, listed in the telephone book white pages under Legal Aid Society.

Eligibility. Only low income persons are eligible (exact financial qualifications vary from county to county). If an individual is not eligible for services, he or she will be referred to other agencies which may be able to assist.

Application Process. Emergency walk-in services are provided. When applying by phone an application and an appointment are required. English and Spanish speaking staff are available at many offices.

Fee for Service. There is a fixed fee for court filings.

Office of State Long-Term Care Ombudsman Department of Aging

916-323-6681
800-231-4024 CRISIS-line

The office of the State Long-Term Care Ombudsman has designated 35 substate Ombudsman Programs. These programs are under contract to and are administered by the Department's designated Area Agencies on Aging which are distributed throughout the State. Each program has both the authority and responsibility for receiving, investigating and resolving complaints made by or on behalf of residents in long-term care facilities.

The Ombudsmen work with county adult protective service programs and law enforcement agencies and make appropriate referrals to other agencies which assist seniors. The goals of the Ombudsman Program staff and volunteers are to uphold residents' rights, emphasize their dignity, and improve their quality of life.

The program operates a 24-hour/7 days a week toll-free telephone hotline called "CRISIS-line." The number is 800-231-4024. This telephone number can be used by residents and staff of long-term care facilities, as well as family members and others to report emergency situations such as lack of critical care, residents' rights issues, and abuse.

Advocacy Agencies

Protection and Advocacy, Inc. (PAI)

800/776-5746

Protection & Advocacy, Inc.
100 Howe Avenue, Suite 185N
Sacramento, CA 95825
916-488-9950

Protection & Advocacy, Inc.
1330 Broadway, Suite 1250
Oakland, CA 94612
510-839-0811

Protection & Advocacy, Inc.
3580 Wilshire Blvd., Suite 902
Los Angeles, CA 90010
213-427-8747

Protection & Advocacy, Inc. (PAI) is a federally-mandated nonprofit organization established to protect and advocate for the human, civil and service rights of Californians with developmental disabilities, and Californians identified as mentally ill. PAI provides a variety of advocacy services for people with disabilities, their families and advocates. These services include: information and materials about legal rights, referral to other advocacy services, technical assistance, advocacy training and, direct representation, including investigation, negotiation and representation in administrative hearings and in court.

PAI's advocacy services to people with disabilities focus on the following topic areas: rights and services guaranteed by federal and state law, due process protections, abuse and neglect in residential facilities, special education, In Home Supportive Services, habilitation and rehabilitation, government financial

entitlements and benefits, and non-discrimination provisions of state and federal law. In addition, PAI has a contract with the Department of Developmental Services to provide client rights assistance for individuals who use Regional Center services.

Eligibility. Persons with developmental disabilities or mental illness who are living in California are eligible.

Application Process. Persons seeking assistance can call 800-776-5746 or 916-488-9950.

Fee for service. There is no fee for service.

Public Guardian's Office/ Public Administrator

As the Public Administrator, this office manages the property of deceased persons when no executor exists and as the Public Guardian, protects persons who are conserved and manages their assets. Public Guardians are listed in the white pages of the phone book under, for example: Los Angeles, County of; Public Administrator/Public Guardian.

Eligibility. Persons who are conserved and have no legal conservator.

Application Process. Emergency walk-in or by phone. A written application is required.

Fee for service. Clients are billed for services. Fees are based on ability to pay.

Adapted from The Arc Q & A Regarding Criminal Justice and the Developmentally Disabled

What is The Arc doing to promote equal access to justice for people with developmental disabilities? In 1994, The Arc began a project, funded by the U.S. Department of Justice, to create informational brochures on this topic. The Arc developed the first known national resource list of its kind, Access To Justice National Resource List, which includes model programs, training curricula, books, videos and other relevant information.

The Arc has promoted legislation to reform laws which discriminate against people with developmental disabilities and has been successful in prohibiting the capital punishment of people with developmental disabilities in those federal laws where the death penalty can be invoked.

Families, service providers, law enforcement and court officials frequently call their state or local chapter of The Arc for assistance when faced with a situation involving a defendant or victim with a developmental disability. Some chapters of The Arc also have specialized programs that provide a wide range of services including direct advocacy, creating individualized justice plans (community alternatives to incarceration), training for those involved in the criminal justice system (police officers, lawyers, judges), as well as training for people with developmental disabilities.

What can you do to help protect the rights of someone with developmental disabilities? Education and training is paramount if individuals with developmental disabilities are going to receive equal justice. Children and adolescents with developmental disabilities must learn about the possibility of meeting a police officer and how to protect their rights during encounters with police. Contact your school's special education department and local chapter of The Arc to promote the use of such training if it is currently unavailable.

Police officers should be familiar with and understand this disability. Contact your local police department and ask for the training officer or police chief. Determine if developmental disability is included in their training. If not, advocate for the teaching of developmental disabilities as a separate module (apart from mental illness) so officers will not confuse the two. Encourage your local chapter of The Arc to provide training on developmental disabilities for police officers.

Educating court officials can begin by contacting the court liaison and requesting a meeting with the judge. Ask the judge what training on developmental disabilities is available to court personnel in your county and, if there is none, request the use of such training.

Building alliances among chapters of The Arc, the police departments and the courts prepares the community for situations involving people with developmental disabilities who come in contact with the criminal justice system. Such preparation enables the criminal justice system in your community to ensure that the rights of people with developmental disabilities are protected. Contact The Arc for more information on this topic and to obtain a list of The Arc's publications relating to criminal justice issues.

Advocacy Agencies

Western Center on Law and Poverty, Inc.

3535 W. Sixth Street
Los Angeles, CA 90020
213-487-7211

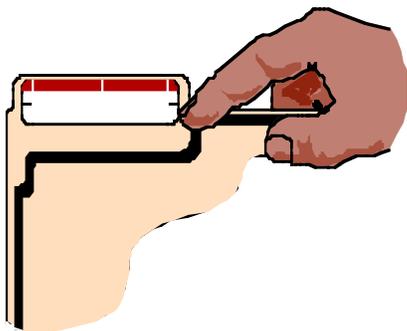
This agency publishes a directory which lists all the low-cost legal services which are available to residents of California. They are listed by county, with key contact names, addresses and phone numbers. The directory can be purchased for a nominal fee.

State and National Advocacy Organizations

The ARC

50 East Border St., Suite 300
Arlington, TX 76010
800-433-5255

This organization develops and facilitates the implementation of goals and objectives for individuals with mental retardation. Their role is to advise, encourage or mediate for people with mental retardation.



Autism Services Center & Hotline

P.O. Box 507
Huntington, WV 25710-0507
304-525-8014

This agency works to improve the quality and availability of professional training, advocacy, consulting and information to those working and caring for autistic individuals. It also serves individuals with autism and developmental disabilities and their families, and makes technical assistance available for designing programs for this population.

California Alliance for the Mentally Ill

1111 Howe Avenue, Room 475
Sacramento, CA 95825
916-567-0163

The Alliance is an advocacy group that provides support to individuals and families concerned with issues about mental illnesses. The goal of the group is to help eliminate the stigma that surrounds mental illnesses. The Alliance has about 80 support groups throughout the state, which provide families the opportunity to find resources and assistance for persons suffering with mental illness. The main office of the alliance provides referrals to these support groups. In addition, pamphlets and publications about mental illness are provided to those who request them.

Matrix: a Parent Network and Resource Center

94 Galli Drive, Suite C
Novato, CA 94949
415-884-3535

This agency provides a place for families of children with disabilities or special needs to turn to for support and answers. Matrix's support network offers parents support, information and training. It works in partnership with the family to find community resources for the child and provides parent to-parent support to strengthen the family's coping skills.

Parents Helping Parents (PHP) The Family Resource Center for Children with Special Needs

3041 Olcott Street
Santa Clara, CA 95054
408-727-5775

This comprehensive Family Resource Center provides support, information and training to professionals and families of children with chronic illness, premature infants, physical, mental, emotional, behavioral or learning problems.

Team of Advocates for Special Kids (TASK)

100 W. Cerritos Avenue
Anaheim, CA 92805
714-533-8275

TASK is a non-profit corporation to which parents of special children can turn for assistance and support in seeking and obtaining needed early intervention, educational, medical, or therapeutic support services for their children. Some of the services provided by TASK are: central information and resource center for literature; legislative information and

educational materials; early intervention technology program; peer counseling; early intervention and transition to public schools; vocational education information; community presentations and others.

United Cerebral Palsy Association, Inc.

1522 K Street, N.W., Suite 1112
Washington, D.C. 20005
800-872-5827

This organization is designed to advocate to meet the needs of people with cerebral palsy and their families. It works to educate the public about the prevention of cerebral palsy and services available to those with cerebral palsy.

World Institute on Disability

510 16th Street
Oakland, CA 94612
510-763-4100

This is a public policy center which is run by persons with disabilities. It provides research, public education, training, and model program development as a means to create a more accessible and supportive society for all people. They also maintain a 24-hour online database called WIDnet which reaches people immediately all over the U.S and even other countries.

A Brief on Criminal Justice and Individuals with Developmental Disabilities*

Introduction. Persons with [developmental disabilities] are a small but increasing portion of the population under the jurisdiction of the criminal justice system. In most states, that system makes little or no allowance for the disabilities of such offenders, resulting in dispositions that are inequitably harsh and in all likelihood costlier to the public than need be the case.

Inequity at Every Step. The preceding characteristics help explain why persons with [developmental disabilities] are disproportionately represented at each phase of criminal justice processing:

Arrest and prosecution. Persons with [developmental disabilities] often make no attempt to disguise what they have done. In fact, in trying harder than others to please authority figures, they may confess to what they have not done. And they have little protection against this, as they often waive their Miranda rights (without understanding what they are doing).

Pretrial incarceration. Bail is typically available only for those with jobs or with stable living situations; [developmentally disabled] persons often lack both. Even when other things are equal, persons held in jail before trial are more often convicted and incarcerated than those who make bail. But, for the [developmentally disabled], other things are not equal.

Plea bargaining, court processing, and sentencing. As persons with [developmental disabilities] tend to provide more incriminating evidence to prosecutors than other defendants, they are less successful at plea bargaining. When they go to trial, their testimony may be viewed as less credible because aggressive prosecutors can make them appear unreliable. Probation is commonly granted to persons with higher intelligence and greater educational and work achievement, so the [developmentally disabled] serve jail or prison sentences at higher rates.

Incarceration, parole, and recidivism. Persons with [developmental disabilities] are typically housed with the general prison population, where they are often abused or victimized. They tend to rely on physical responses to physical threats and are thus often reclassified to higher security levels. That, together with a poor record of program participation and an inability to impress parole boards on interview, makes them less likely to be granted parole as early as the average inmate. Once released, [developmentally disabled] persons often have problems meeting their parole requirements and find it more difficult than the average inmate to get a job.

The net result is that persons with [developmental disabilities] are not afforded an opportunity to respond to the challenges thrown at them by the criminal justice system in a way that is functionally equivalent to that of more intelligent arrestees. As a result of this inequity, the typical [developmentally disabled] offender costs the public more for incarceration than does the average person convicted of similar crimes.

* Excerpted from *Justice for All? Offenders with Mental Retardation and the California Corrections System*, by Joan Petersilia, Ph.D., in *The Prison Journal*, Vol. 77, No. 4, 1997.

Review

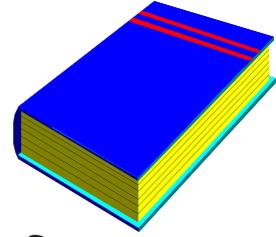
1. **When might you refer someone to a Client Assistance Program?**
2. **What is the role of the Family Resource Network?**
3. **If a family is having problems with the special education services for their child, to whom would you refer them?**
4. **What does the law require regarding the reporting of suspected abuse? to whom?**

Advocacy Agencies

Suggested Activities

1. Visit the Protection and Advocacy website at <http://www.pai-ca.org/> and find more about the Office of Client Rights Assistance.
2. If there is a Client Rights Advocate in your Regional Center office, make a visit to find out more about his or her job.
3. Attend a meeting of the local Area Board. What seems to be the focus of their work in your area?
4. Find out where the Family Resource Network is located in your area and visit their lending library.
5. Call the closest family resource center (see TASK, PHP, or MATRIX in the resource list) and ask for printed information on special education advocacy.
6. Talk to a *veteran* service coordinator about the effectiveness of Adult Protective Services in your area.

Resources for Individual Rights



A New Look at Guardianship: Protective Services That Support Personalized Living

By Tony Apolloni and Thomas P. Cooke (1984); Brookes; ISBN: 0933716370

From the back cover: "This thoughtful book explores the alternatives available to parents and other care providers in searching for an answer to the question of guardianship. *A New Look at Guardianship* moves beyond the traditional alternatives (relatives, friends, bankers, lawyers) to describe an emerging option: group guardianship models—including public guardianship and corporate (private) guardianship programs—that are designed to provide lifelong protection and advocacy for individuals with mental and/or physical disabilities who need some assistance to maintain a decent quality of life."

Developing Personal Safety Skills in Children with Disabilities

By Freda Ingle Briggs; Paul H. Brookes Publishing Company (1995); ISBN: 1557661847

All children are vulnerable to sexual abuse or danger, but for children with disabilities, the risks of being harmed are greatly magnified. This essential resource addresses these risks, presenting useful information and effective techniques that are designed to help parents, educators, and service providers teach children with disabilities how to protect themselves.

Disability and the Family: A Guide to Decisions for Adulthood

By H. Rutherford Turnbull, III, and others (1989); Brookes; ISBN: 1557660042

From the back cover: "[This book] introduces guidelines for making plans that are legally and financially effective, that consider real-life choices and preferences, and that take into account the social, leisure, residential, and vocational options that can help ensure a desired quality of life for persons with disabilities and their families."

HIV and Developmental Disabilities: An AIDS Resource Manual

By Mary Lou Scavarda (1993 edition); Association of Regional Center Agencies

This book, which was developed with a grant from the California office on AIDS and by the Association of Regional Center Agencies, covers medical information, transmission and prevention of HIV, and pediatric HIV. It also reviews legal and ethical issues about HIV for people with developmental disabilities – discrimination, access to services, testing, confidentiality, record keeping, and sexuality.

Advocacy Agencies

Legal Services Programs for Persons with Disabilities in California

By State Bar of California, Legal Services Section, Standing Committee of Legal Rights of Persons with Disabilities, 555 Franklin Street, San Francisco, CA 94102-4498.

This directory lists programs whose primary function is the provision of legal services on a free or reduced-fee basis to persons with disabilities in California. It provides direct referrals to the most appropriate offices, and information on existing services. Available for \$10.

Regional Center Resource Manual: A Guide to Resources Available to Individuals with Developmental Disabilities

Produced by Health & Education Communication Consultants for California Department of Developmental Services (1993)

Regional Centers are mandated by the Lanterman Act to use generic services prior to expending Regional Center funds. Identifying and using these generic resources can be a daunting task. This publication as a guide to programs and services that are available to Regional Center clients and their families.

The Conservatorship Book: A Legal Guide for Californians

By Lisa Goldoftas and Carolyn Farren (September 1994); Nolo Press; ISBN: 0873372727

This "self-help" book also has tear-out forms, and provides a wealth of information about conservatorship in California. The California Law Center on Long Term Care writes: "... a useful tool for family members and friends. It provides critical information on conservator's duties and responsibilities. Recommended for anyone considering becoming a conservator."

The Guardianship Book: How to Become a Child's Guardian in California

By David Brown and Lisa Goldoftas (April 1989); Nolo Press; ISBN: 0873370988

Thousands of children in California are raised by people other than their parents, for one reason or another. If the parents have died, abandoned the child, or are otherwise unable to care for the child (e.g., parental rights have been lost), and if the child is not adopted by another family, an adult may need to be appointed the child's legal guardian. The book explains guardianship and contains tear-out forms that one can use by those who wish to pursue guardianship status without a lawyer.

Understanding Child Abuse and Neglect

By Cynthia Crosson-Tower; Allyn & Bacon (1989); ISBN: 0205287808

Every ten seconds a child is being abused or neglected. But while child abuse and neglect are not new, the problem has become monumental in today's society. But why? Perhaps we live in a more violent society, or maybe the child protection system is not working. This book explores the issues surrounding abuse and neglect from several vantage points, addressing both the problems and the possible solutions that are crucial to the proper protection of our children.

Violence & Disability: An Annotated Bibliography

By Richard Sobsey; Paul H. Brookes Publishing Company (1995); ISBN: 1557661723

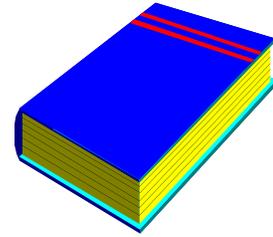
Most people with disabilities will experience some form of abuse during their lives. Studies constantly show that individuals with disabilities are significantly more likely to be physically or sexually abused than people without disabilities. This comprehensive reference provides professionals and advocates with an alphabetized, cross-referenced listing of literature pertinent to issues of disability, violence, and abuse.

Your Regional Center Policies and Procedures on Suspected Abuse and Reporting Special Incidents

All Regional Centers have developed reporting procedures. It's important that you have one and that it includes the local reporting numbers for Child Protective Services, Adult Protective Services and the Ombudsman Program.

Advocacy Agencies

References for Individual Rights



A New Look at Guardianship: Protective Services That Support Personalized Living

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By Mary Lou Scavarda (1993 edition); Association of Regional Center Agencies

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Organization of Area Boards

Lanterman Regional Center Website at

<http://www.lanterman.org/>

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<http://infoline-la.org/index.html>

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The Conservatorship Book: A Legal Guide for Californians

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Advocacy Agencies

Learn the Basics:

Individual Considerations



Learn the Basics:

Life Cycle Issues

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to provide you with an introduction to some needs and issues faced by many individuals (and families) across the life cycle, and to assist you in responding well, being sensitive to individual (and cultural) differences.

Objectives: Upon completion of this module, you should be able to:

- (1) Be able to identify at least two issues that typically occur (a) when first learning about a disability; (b) during childhood and adolescence; and (c) in adulthood.
- (2) Describe some challenges facing nearly all parents, and some that primarily affect parents of children with significant disabilities.
- (3) Be able to explain why major life transitions can be difficult, especially when the individual and family have their hearts set on certain outcomes (e.g., a regular job, new friends, a different living arrangement).
- (4) Explain why certain issues, such as independence, inclusion, empowerment, health and health care cut across the life cycle, and how aging can affect preferences and opportunities.

Method:

- (1) Group presentation and discussion or self-directed review of *Life Cycle Overview* on PowerPoint, overheads or hard copy;
- (2) Self-directed reading of *Some Typical Issues Over the Life Cycle*;
- (3) Group discussion or self-directed completion of *Suggested Activities*; and,
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint Presentation or Overheads of Life Cycle Issues Overview</i>	15 minutes
<i>Some Typical Issues Over the Life Cycle</i>	40 minutes
<i>Suggested Activity</i>	30 minutes
<i>Review</i>	20 minutes

Materials:

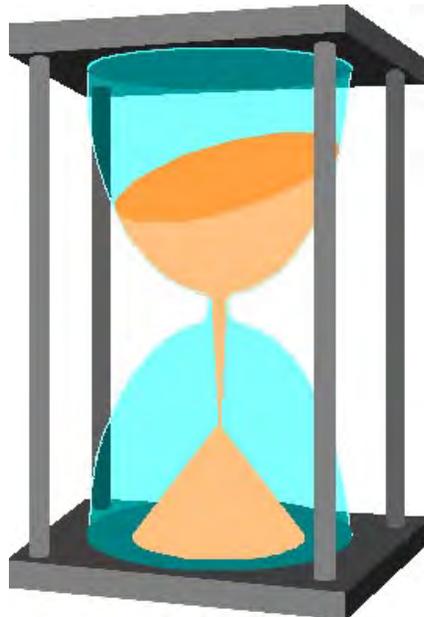
- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *Purchase of Service Standards and Procedures Overview* ;
- *Learn the Basics - Life Cycle*

Some Typical Issues Over the Life Cycle

Introduction

There are some typical experiences, thoughts, feelings, and needs at various points in the life cycle. Some stem from surprises (e.g., the fact of a disabling condition). Some are associated with transitions. Some emanate from changes in health. Some stem from new opportunities. Subject to the important caveat that each person is unique and responds uniquely, this module is designed to alert you to common patterns across the life cycle. Knowing these will help you listen, and allow you to choose responses that are both empathic and helpful.

The Life Cycle



Life Cycle Issues

Each of us is born and reared through childhood. Most of us experience adolescence, and test our wings in early adulthood, often pairing up and forming a new household. In the middle years, work and rearing children are demands for many of us. At some point (typically ages 55 to 70), we step away from our main pursuit (job, career), and do other things in retirement.

While this overview of the life cycle is without surprises, discovering that one's child has a significant disability can dramatically change the pattern. One parent may decide to stay home for awhile, rather than return early to the work force. Or, a parent who intended to stay home may return to work for medical insurance reasons. Decisions about having other children may be modified. The family may move to be closer to services. The child with a disability may remain with his family well beyond high school.

Childhood and Adolescence



Loss, grief, confusion, and acceptance

Children with genetic or other physical differences (e.g., Down Syndrome; cerebral palsy; spina bifida) are usually identified at (and sometimes before) birth. Others, with behavior, emotional and/or language difficulties may not be diagnosed until later (sometimes much later).

Shock and anguish are typical initial responses of parents. Some parents shop for better diagnoses. Denial and anger are common. Whether they talk about it or not, most parents dream about their yet-to-be-born children and fantasize about their lives. Illustrating this point, parents of newborns who are blind typically ask: "Will my son or daughter go to college? drive a car? get married? have children?"

Beyond the initial shock, many parents read a lot, surf the web for information, and spend time with doctors and other professionals, trying to sort things out. Guilt (usually misplaced) shame and blame (including self-blame) are not uncommon feelings. It is well to remember that even in situations like Fetal Alcohol Syndrome, harming the fetus is rarely (if ever) intentional. Once more prevalent than today, feelings of shame often stem from an earlier time (1910s – 1940s) when mental retardation (or, feeble-mindedness) was considered the basis of several social problems, including criminality, promiscuity, poverty, and the like.

Once the shock wears off, there may be a rather long period of uncertainty or emptiness as Mom and Dad deal with the day-to-day realities of coping with

their child's disability, and struggle to reconcile the new realities with earlier views of how life would be. It takes time to figure out what impact the disability will have over the long pull, and how the parents ultimately want to proceed. If feelings have been aired, and if parents have an opportunity to talk (and be with) other parents in similar circumstances, and if professionals are thoughtful and supportive, reconciliation and acceptance will generally occur. Acceptance is about restructuring one's thoughts (e.g., cognitive coping), building strength, moving ahead in ways that are respectful of everyone's needs and desires. As a service coordinator, here are several things you can do to help:

- express genuine and positive interest in the child with a disability;
- be open and friendly with all family members (including dads and siblings);
- listen with interest and understanding;
- avoid being drawn in to support certain points of view (e.g., blame; anger), unless the point is how wonderful this child and this family is;
- talk about possibilities and opportunities;
- support loving every child; and
- be resourceful (e.g., information on support groups, if asked); and
- through time, help the family

develop expectations that are reasonable (neither too high, nor too low) and challenging for the child with a disability.

Parenting

Parenting is a challenge, whether the child has a disability or not. Many questions and issues are common; others relate to the disability, or are affected by the fact of disability. Early on, many parents will have many appointments with doctors, therapists and the like. This can be exhausting. Many parents will want to "do or try everything, so they won't look back later and feel they didn't do enough." Some of what they will want may, in the opinion of some professionals, not be a wise use of resources. But, every child is unique, and parents will be thinking that an intervention either will help or won't help. For one family, statistical averages mean very little.

Some parenting matters are affected by the disability. Some parents, for example, will appear to be overprotective and not allow their children to learn from the "rough and tumble" of life. Other parents will deal with the child with a disability much as they would their other children. If both parents work, many issues will be typical of any family: affordable child care, health insurance, finding babysitters, and so forth.

Depending on how open parents are to expressing their real feelings, and how creative they are (e.g., in finding time for themselves), certain marital and related issues may emerge. Support groups of various kinds (for parents; moms; dad; siblings) are an excellent resource for these and other reasons.

As time goes on, many parents become

Life Cycle Issues

somewhat isolated, especially if their only child has a disability and it is substantial or complicated. In part, this often stems from connecting with other parents "who understand" and who deal with disability-related issues themselves. These relationships can be extremely helpful, especially where parents have a need for specialized information (e.g., a dentist that works with children with behavior difficulties, etc.). But, the upshot is that parents may feel somewhat alienated from parents who are not facing disabilities or major illnesses.

Many parents have issues with schooling and related services. And, they may want a friend to assist them in confronting school-related issues such as: inclusion; aides; access to courses; work experience opportunities; etc.

Adolescence may be especially trying, as it is for many families of children without disabilities. Such issues as allowance, having friends over, getting oneself up in the morning, dressing like other children, and puberty are common. Because the child with a disability may need extra support, the child may end up foregoing many typical teenage experiences. Then, there is the matter of "life beyond high school," and the child may need extra support to pursue his or her dreams.

Siblings and extended family

Having a brother or sister with a disability

poses some unique challenges. How will they relate to one another? What about friendships? Is everyone comfortable about airing feelings? Many siblings report that properly directed, sibling support groups can be very valuable. One gets a feeling "one is not alone." It is okay to express some feelings that would be a risk in talking with Mom and Dad, such as "guilt," "jealousy," "anger," etc. We know that, unexpressed, feelings can have pernicious repercussions. Better to know and understand, and then to move on to ways of including disability within the normal course of family life.

Grandparents feel deeply, often, for both their grandchild and their own offspring. It is a kind of "double whammy." They will need time (and support) in finding ways to include disability within their usual pattern of life. It is extraordinarily healthy for all the adults to talk with one another, and support one another, and find ways of helping each other.

Sexuality

Sexuality is a positive and fulfilling aspect of life that, if not addressed through education and support, can result in negative (e.g., abusive) outcomes. It is a sometimes a difficult issue to address with individuals and families, and deeply embedded in the culture are some beliefs that can stand in the way of dealing with sexual issues sensibly. A parent may believe that the child is (or will be) asexual, and provide too little information and counsel too late, or keep their child out of sex education at school. Parents may dread pregnancy so much that they interfere with typical dating patterns. They may close in, and overprotect the child. There are materials on sexuality, adapted to the

learning needs and styles of people with intellectual impairments, and you may need to track these down.

Transitions

With a greater need for support, and constrained options, transitions are likely to demand of parents and others more time than they do for people without disabilities. Then, too, anxiety may be heightened because of the vulnerability of the child, and the focus person's inability (or impaired capacity) to fend well for him- or herself. In childhood, the individual and family face several important transitions: (1) birth center to home; (2) home to Early Start services; (3) Early Start to pre-school; (4) pre-school to elementary school; (5) elementary to middle school; and (6) middle school to high school. In adulthood, some issues, such as divorce, children leaving the nest, and retirement are not as frequently encountered among adults with disabilities, or are not always encountered in the same way as they are with others. Around transitions, here are some ways you can help:

- provide information about options, or put the family in touch with those who can;
- develop a plan, and assist in its implementation;
- urge the child and family to talk extensively about their desired futures;
- accompany to meetings, and advocate for collaborative services in line with how the child (and family) envision a desired future;

- speak up and, as appropriate, suggest a "review date and time" for team members to get back together to assess whether their plan is working; and
- be sure someone is willing and able to serve as "quarterback" for any team effort that involves multiple steps by many individuals.

The Adult Years

Life beyond school

In the adult years, the "ideal" is regular lives, meaning lives that are as similar as possible to those of low-income adults without disabilities, with *inclusion*, *independence*, *productivity*, *interdependence*, and *empowerment* given expression in various ways consistent with each person's personality, values, and the like.

1. Work, training, day activity

– How will an adult with a developmental disability, of working age (say 18 to 64) and no longer attending school, spend the work day? The answer depends on several factors:

- What the person wants to do.
- What capabilities, interests, and motivation the person possesses.
- What cultural expectations (and protective strategies) are in place.
- What range of opportunities exist.

Transition Services*

Transition services are provided through special education in local schools. They are mandated through Federal Legislation, beginning at least by age 16 and preferably at 14. Transition services include:

- (a) Training programs, resource materials, and handbooks that describe transition services.
- (b) Identification of the role and responsibilities of special education in the transition process.
- (c) Implementation of systematic vocational education curriculum.
- (d) Materials, resource manuals and training programs to support active participation of families in the planning and implementation of transition related goals and activities.
- (e) Identification of resources and training that will support the implementation of individualized transition planning.
- (f) Coordination with other specialized programs that serve students who face barriers to successful transition.

A coordinated transition planning meeting (conducted along with the IEP) should include representatives of agencies who would serve the individual after graduation. Transition is a purposeful, organized and outcome-oriented process designated to help students with developmental disabilities move from school to employment and a quality adult life.

Expected student outcomes of a successful transition include meaningful employment, a further education, and participation in the community (for example, living arrangements, social activities, recreational activities, on-going educational opportunities, etc.). The California educational system is responsible for providing quality educational opportunities and for coordinating with other service delivery systems to provide a broad array of services and activities to help the student move to a successful adult life.

* Adapted from the Inland Regional Center website

- What formal and informal supports are available, and for what purpose(s).

Regarding options, most communities offer a variety of education and training opportunities, in the form of community college programs, adult school, employment training programs, and proprietary schooling. Most communities also offer *supported employment* services, funded through the Department of Rehabilitation and/or the Department of Developmental Services (via Regional Centers). *Supported employment* typically involves working 20 or more hours per week at or above the minimum wage, in a job in the community, with assistance from a job coach. Individual placements, work crews, and enclaves represent typical patterns. "Community integrated work," or a similar term, typically refers to regional-center funded services that are similar to *supported employment*. While the jobs are with or around people without disabilities, sometimes the person is paid a sub-minimum wage or the work may involve fewer than 20 hours a week.

Work Activity Programs (WAPs) involve extended evaluation or long-term sheltered employment, often at a center or workshop. Pay is often well below the minimum wage, but the emphasis is on work. The Department of Rehabilitation supports such programs financially. The effective staff:client ratio is often quite high, exceeding 6:1. Indeed, it is often twice that. Regional Centers

fund an array of day programs within several programmatic categories. Each assumes a somewhat different staff:client ratio. In general, there are *Day Training Activity Centers* (DTACs); *Adult Development Centers* (ADC); and *Behavioral Service Programs* (BSPs), with typical ratios of 6:1, 4:1, and 3:1. In addition, some agencies offer 2:1 and 1:1 services, if needed. Both Mental Health (MH) and Health Services fund employment, activity, or training programs of one kind or another, with mental or physical health services added. Some Regional Center clients (e.g., with dual diagnoses) use *Club House* and other MH services. Adults with significant physical health care needs may participate in Medicaid-funded *Adult Day Health Services*.

As a service coordinator, you can help individuals (and families) set and achieve their goals in several ways:

- listen carefully to hopes and dreams;
- encourage regular lives (e.g., competitive or supported employment);
- suggest that individuals (and families) visit agencies providing day program services;
- find ways (e.g., videotape; interviews; written stories) that people can learn from those in regular jobs;
- counsel individuals about differences in service availability

Life Cycle Issues

(e.g., one may not be able to be placed in a regular job for some time, whereas entering a traditional day program could be overnight); and

- help the person figure out how to spend their time while waiting for their preferred services (e.g., volunteering at the local food bank).

2. Where to live (alone or with others) –

Many young adults, with or without disabilities, live with their families of orientation (mom, dad, siblings) in the years just beyond high school. Indeed, many continue living with families well into middle age. If this is mutually agreeable and mutually beneficial, society supports it. There is much greater tolerance today than two or three decades ago for diversity in how people live. If not living with family, the options generally include:

- an *independent living arrangement*, with some training and support (often about 40 hours per month initially), fading to little or no paid support after two years or so;
- a *supported living arrangement*, alone or with one or two others, with as much support as needed to live successfully in one's own home;
- a *licensed community-care facility (CCF)*, often serving six individuals with roughly comparable needs and interests, with an effective ratio

(depending on designated service level) of 6:1 to 2:1;

- a *licensed health-care facility (HCF)*, typically serving 4 to 15 individuals who need extra nursing support because of self-care deficits, behavior difficulties, or on-going health-care needs; or
- a certified *foster or family home* for one or two children or adults living with individuals or families who provide support.

A service coordinator can help individuals (and families) in much the same way as with major day activity (outlined earlier). Fundamentally important is how the person wants to live. In addition, support groups (or transition classes) can help. To grow up and leave school can be traumatic for everyone. But, to leave the parental home typically involves even more emotionality, including feelings as to whether the son or daughter will be safe, well cared for, and still eager to be with family and friends. Parents who have devoted time and attention to child-rearing may, in addition, be at "loose ends" regarding what they want to do once that part of their work has been completed.

3. Relationships and leisure –

None of us is "all work and no play."

In adulthood, some individuals with developmental disabilities will form intimate (often lasting) relationships. Some will marry; others will live together; still others will live apart, but still see each other often. If a person is moving from one setting (e.g., school) to another (e.g., a job, or an agency setting), maintaining old relationships, as well as forming new ones, may be vital for the person's well-being. And friendship formation and maintenance can be assisted by the right kind of services and supports.

Leisure-time pursuits, and recreation, are important at all ages. Over the middle years, the kinds of pursuits are often like those of the general population: church, sports, fitness activities, hobbies and collecting, visual and performing arts, politics, service clubs, and simply getting out to see and do things (farmer markets; craft fairs; etc.). In this area, the service coordinator can help by:

- acknowledging the importance of relationships and leisure-time pursuits for mental and physical health, and sense of well-being;
- promoting services which help support and maintain relationships and leisure time activities.

Planning for the future typically refers to steps that families take to provide support for their child with a disability once parents are dead or incapacitated. The concept includes discussions (and informal plans) within the family; the writing down of basic knowledge possessed by family members and the articulation of family hopes for the future (e.g., a *letter of intent*); a decision to seek (or not seek) limited conservatorship of the person; the writing of wills; estate planning and use of special needs trust instruments; and the like (e.g., making of funeral arrangements).

Interest (and concern) in these areas can surface at any time. A young couple, for example, may be taking a vacation and worry about what will happen to their children if they were to die in a airplane crash. Discussions within the family are likely to be ongoing, and reflect what is happening to siblings as they grow to maturity. Location, marital and family status, demonstrated interest in the sibling with a disability – these and other factors play a part in the thinking of most parents.

Service coordinators can help by:

- bringing appropriate learning opportunities to the attention of families (e.g., workshops on special needs trusts);
- urging parents to have properly executed wills that acknowledge all of their children;
- explaining how *Supplemental Security Income* (SSI), and other benefits, may be affected by

Planning for the Future

Life Cycle Issues

inheritances that are not carefully considered; and

- maintaining a list of lawyers (and parent organizations) who specialize in disability-related issues, or know those who do.

Retirement

Retirement is very much an individual issue. Some elders, whether they have a developmental disability or not, want to retire in order to pursue other interests (e.g., further education; spiritual renewal; travel; and so forth). Some, however, want to continue with life, pretty much as is. A lot depends on aspirations, financial resources, health status, and the kinds of services and supports that are available. Residential Care Facilities for the Elderly (RCFE) and nursing homes offer some retirement-related services. Elders who continue to live in their family homes – beyond the lives of parents – often want to continue "in their own homes," and may benefit from *Senior Companions* or similar services. Elders who reside in regular care homes may have to "go with the flow" and subordinate their personal desires to those of the care-provider or other residents. All too often, an elder is forced to continue working or attending a day program, because of a need for supervision and the "pinch" that staying home puts on the residential service provider.

Issues that Cut across the Life Cycle

Several issues cut across the life cycle.

Independence

How independent does a person want to be? How independent can a person be? Being able to take care of personal needs, and being able to perform most activities of daily living (ADL), such as shopping, cooking, banking, and the like, is wholly positive, not only because of the freedom (and choice) such capabilities support, but fewer paid services are needed. *Independence* is only one of many positive values, and can conflict with interdependence, inclusion, and the like. If an adult is independent, for example, and lives alone with few (if any) friendships, and feels lonely or isolated, then some rebalancing is needed. It is important to observe, to inquire, and to listen carefully – and not jump to conclusions as to how a person should live. With advancing years, especially in the face of any health and safety needs, a person may ask for less independence by, for example, trading independent living for assisted living of some kind.

Inclusion and community

How much (and how likely) one is to be included in family, neighborhood, and community life can be an issue at any age. In childhood, it may mean going to the neighborhood school, playing with neighborhood children, and the like. As an adult, it may mean spending time off the job with co-workers, or being included with community groups of one kind or another (e.g., a model train club; a health and fitness group; a

church). As a senior citizen, it may be participating in activities for elders.

Empowerment

Being *empowered* means knowing what you want, being motivated to seek it out, and having the resources (knowledge; experience; dollars) to get it. In other words, empowerment is about (1) preferences and drive (2) knowledge of options; and (3) the capacity to get what we want. As with independence and inclusion, empowerment is an issue cutting across the lifecycle.

Health and health care

A person with a disability, especially a physical one, may need a lot of health services early in life (e.g., multiple operations), and late in life. In the intervening years, from early childhood to old age, both health and health care needs may be little different from that of a person without a disability.

Yet, over the years, a variety of questions (or issues) can arise, including:

- paying for health care (e.g., staying on a parent's insurance policy);
- eating right and staying physically fit;
- being comfortable when examined by a nurse or doctor;
- working effectively within a managed care environment;
- getting needed preventive care

(e.g., immunizations; pelvic examinations; mammograms; PSA tests; etc.);

- managing chronic conditions (e.g., seizures; asthma; diabetes; high blood pressure);
- getting needed health care advocacy; and
- having access to health care professionals who are caring and competent.

Clearly, some of these matters vary by age and other factors. And, stereotypes sometimes get in the way of proper practice. Many women with developmental disabilities, for example, are not sexually active. Some people assume that female reproductive health issues are, therefore, of no great importance. This, of course, is not the case.



Review

- 1. What are some major stages of a person's life cycle? When a child is born with a developmental disability, a variety of life cycle issues can (and do) arise. Please explain.**
- 2. When a child with a disability is born, key family members may go through several stages, like (1) shock or confusion; (2) emptiness; and (3) acceptance. Please explain.**
- 3. Parenting is a challenge for all parents. Please identify at least three parenting issues that stem from the child's disability.**
- 4. In assisting individuals through transitions (e.g., from school to**

adult life), identify three ways you, as a service coordinator, can be helpful?

5. For adults with developmental disabilities no longer in high school, identify at least three (a) major day activities and (b) living arrangements.

6. Why is it said that certain issues, like independence, inclusion, and health, cut across the life cycle?

Suggested Activities



Stages of the Life Cycle

Interview someone on your caseload (or ask for this opportunity) who is in high school, or one who is at least 60 years of age. Ask a series of questions to learn what each person is thinking, doing, and (perhaps) planning to do in the not-too-distant future.

1. Where do you live? What do you like about your present living arrangement? Where would you like to be living five years from now?

2. What do you do during the week – that is, what is your major day activity: going to school? working? doing something else? What do you like about what you are doing now? What could be better? What do you hope to be doing five years from now?

3. Who are your friends? What kinds of things do you do for fun? What do you like about your friends, and about the things you do? Five years from now, what will you be doing for fun? Who will your friends be?

Learn the Basics:

Natural Supports

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to assist you in understanding and encouraging the appropriate use of natural supports in the lives of individuals and families.

Objectives: Upon completion of this module, you should be able to:

- (1) Distinguish between natural supports, generic services, and developmental services and supports.
- (2) Explain the concept of Circle-of-Support, indicating something about typical composition and ways such circles can be helpful.
- (3) Provide at least three examples of peer age-mates providing natural support.
- (4) Describe at least two associations that, while largely segregated, are often valued as natural supports; and describe at least two others that serve a wider array of citizens.
- (5) Explain ways, as a service coordinator, you can assist individuals and families access appropriate natural supports.

Method:

- (1) Group presentation and discussion or self-directed review of *Natural Supports Overview* on PowerPoint, overheads or hard copy;
- (2) Self-directed reading of *Natural Supports: Family, Friends, Co-Workers, and Associates*;
- (3) Group discussion or self-directed completion of *Suggested Activities*; and,
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint Presentation or Overheads of Natural Supports Overview</i>	15 minutes
<i>Natural Supports: Family, Friends, Co-Workers, and Associates</i>	40 minutes
<i>Suggested Activity</i>	30 minutes
<i>Review</i>	20 minutes

Materials:

- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *Natural Supports Overview* ;
- *Learn the Basics - Natural Supports*

Natural Supports: Family, Friends, Co-Workers, and Associates

Introduction

Service coordinators are obliged to encourage the appropriate use of natural supports (e.g., family, friends, associations) and of generic services. The latter includes Medi-Cal, California Childrens Services, the public school system, Department of Rehabilitation, Social Services, Mental Health, the local housing authority, and other publicly-supported services which are generic in the sense that they are not restricted to people with developmental disabilities. Such services are addressed in a separate module on *Generic and Regional Center Funded Services*.

What are natural supports and how does one encourage their use, where appropriate? This module will assist in answering these two questions.



Natural Supports

Natural Supports

Natural supports are services and supports, freely available, from family members, friends, co-workers, and associations of one kind or another (e.g., churches; clubs; community service organizations). Sometimes, the concept is extended to community infrastructure, and includes parks, streets, stores, essential public services (such as fire protection, police, and library) and public utilities. In the case of a person with a developmental disability, questions arise:

- Is the *natural support* needed by the person?
- Is the *natural support* available to the person?
- Does the *natural support* meet the person's needs?
- Does the person need assistance in using the *natural support*?
- Does use of the *natural support* affect typical relationships?

These questions are important. If a parent is in jail, he/she is not available to perform many parenting tasks. While a 12-step program (Alcoholics Anonymous) might be available, it may not meet the person's needs because the language may be inaccessible or the group inhospitable. A teenager, on a school's swimming team, may need someone to watch him in the pool because of uncontrolled epilepsy. An adult may want someone other than a family member to help with personal care needs, so that the ordinary parent-child relationship can be sustained.

Family and Friends

Family (parents; siblings; extended family)

Human beings face an extended period of dependency, whether born with a disability or not. Families provide most of the support young children need. So, except for *early intervention* or related specialized services designed to ameliorate the disabling condition, families are expected (directly, or indirectly) to provide most of the ordinary care and support the young child needs. And, as with children without disabilities, one hopes that grandparents, other extended family members, and siblings will – at a minimum – play their conventional roles, which vary from family to family.

Are there services and support needs that grow out of the disabling condition? Yes, here are a few that the family of a child may need:

- counseling;
- parent support groups;
- various therapies (speech; nutrition; etc.);
- respite;
- behavioral support; and
- camp.

Counseling, in this instance, relates to issues stemming from the disability. Over and above regular education, various therapies may be beneficial and they can be funded privately, through the schools, through health insurance,

or through the Regional Center. Babysitting and child-care are in the natural supports and generic services domain, unless specialized knowledge, training, equipment, or extra space is needed. Behavioral support often relates to unusual needs associated with the disability. Specialized camps (or camps with extra assistance) may be needed. In general, it is good practice – based on values of *inclusion* and *community* – to assist *natural supports* and *generic services* to be responsive to specialized needs, or to assist in meeting the extra cost of services, rather than to create a *specialized*, typically segregated service to take its place.

Circles of Support (family; friends; others)

A Circle of Support typically has a majority of members who are family or unpaid friends or co-workers. It is a group that comes together to discuss, plan, and assist the individual in various ways. Composition is up to the person with a disability (or family of a child). What circle members do depends a lot on what the person needs and wants. If, for example, a Circle of Support is generated to assist with inclusion at school, many of the members will typically be children attending the same school. If a Circle of Support is asked to assist with leisure and recreational pursuits, it may include neighbors and friends, who are willing to share time and interests with the person with a disability. Social networks, circles of friends, Joshua committees, and similar names are sometimes used in referring to such groups.

Peer Support: Neighborhood, School, and Work

Neighborhood children, and the children of friends

Children enjoy being with age-mates, playing and doing things together. Disabilities are secondary to who each person is. Yet, awkwardness and reservation are not uncommon reactions of age-mates, upon first encountering each other, if one has an obvious disabling condition. The nature and extent of professional services sometimes sends the wrong message to by-standers. With humor, encouragement, and support, children can be a wonderful resource for one another. Parents typically figure out ways to include neighborhood children and their parents. As with all cooperative relationships, reciprocity is the key. Encouraging the child with a disability to do nice things for his age-mates, celebrations (parties), treats, listening to each child, being personable with parents, trading rides, and acknowledging each child are important in nurturing these relationships.

Children at school

The tradition in schools is for some children without disabilities to be peer tutors, and to relate to the child with a disability as a teacher's aide might. With emphasis on full inclusion, children with significant disabilities are finding friendships that are not based on the "helping relationship," but just being children who like to be with one another. Teachers and other school personnel play an important role. Special education teachers, in particular, have to befriend all of the children and provide discrete,

Ties and Connections

There are a number of important ways that people relate to each other. The list below includes a number of types of ties and connections, all of which can lead to a greater sense of community and belonging.

- **Friendship:** having friends, relationships, including a “best friend.” Mostly these can be described as “strong ties”
- **Acquaintance:** having a network of acquaintances
- **Membership:** being a member of associations and organizations
- **Keeping in touch:** with trends and movements of interest; subscribing to them; belonging to “social worlds”
- **Being part of a family:** having an active connection with family life
- **Having a partner:** or someone to whom a long-term commitment has been made
- **Being a neighbor:** living next door to, or at least near to someone (down the street or across the road)
- **Knowing or being known in a neighborhood:** using the resources of the neighborhood (usually the area within easy walking distance from where you live) and recognizing and being recognized by others who use them too

Four main themes to consider which impact all relationships are:

- **Time:** The amount of time people spend together and the length of time they have spent together in the past
- **Intensity:** Some ties and connections are invested with a lot of emotion. They mean a lot to us, perhaps more than anything or anyone else. Others are less important, and some not very important at all.
- **Intimacy:** We share confidences with some people more than with others. Some of our ties and connections involve a lot of trust.
- **Reciprocity:** The exchange of services between people. This may range from simply following the rules of politeness, to providing practical help, to sharing major parts of our life and work.

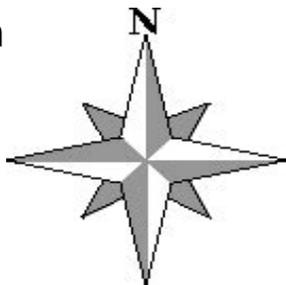
*(Adapted from *Friends: A Manual for Connecting Persons with Disabilities and Community Members*, Amado, Conklin and Wells, and *Ties and Connections*, Ordinary Life Working Group, King's Fund Centre)*

needed support to the child with a disability (e.g., curriculum materials), the regular education teacher(s), and other children. If the message is sent that the special education teacher "owns the child with a disability," it is difficult to establish and nurture relationships. Beyond this ideal, there are a number of structured interventions that can be positive, such as formation of school-based circles of friends, and the like.

Co-Workers

In supported employment, a job coach from an outside agency typically analyzes the work, trains the worker with a disability, and sticks around to problem-solve. This approach is a bit artificial, because workers without disabilities typically learn the ropes from co-workers or supervisors. Some of the best employment work, these days, involves co-workers and supervisors from the "get-go." The job coach may end up coaching regular employees in ways they can assist the person with a disability to be a good worker. Some would say its human nature for people taking responsibility at the beginning to become invested in the success of their work. There is abundant evidence that co-workers can contribute importantly to the quality of a person's work life, as well as life after work (e.g., bowling league; birthday parties; etc.)

Associations or Community Organ



America is a land of voluntary association with one another. Most local newspapers have "community calendars" that announce meetings and other get-togethers. Some groups and organizations are designed expressly to meet some of the needs and interests of people with disabilities. Others are accessible and responsive, if one takes the time to access them.

Specifically addressing needs/ interests of individuals with disabilities (and families)

Groups, such as those outlined below, specifically address issues and interests of people with disabilities. Inclusion is a dominant value vis-à-vis segregation. Hence, use of these groups is sometimes an issue for individuals, families and professionals. Most people support self-advocacy groups, because the value of self-determination is seen as overriding that of segregation. Many people support other associations, such as Special Olympics or "Best Buddies," even though they are unbalanced in favor of individuals with disabilities, so long as the person and family find them responsive to their interests and needs.

- (1) **Self-advocacy groups** – People First is a national self-advocacy organization, and there are chapters not only at the State level, but within many local communities. Such groups are typically facilitated by a person without a developmental disability. Some local chapters emphasize social life. Others emphasize advocacy (e.g., extending bus routes). Many do some of both. Beyond People

Natural Supports

First and similar self-advocacy groups for individuals with developmental disabilities, there are other disability groups, such as ADAPT (Americans Disabled for Attendant Programs Today) and Not Dead Yet! The former leads the fight for attendant care rather than nursing homes; the latter for valued lives and opposition to physician-assisted suicide.

- (2) **"Best Buddies"** – This organization was established in 1987 at Georgetown University by President Anthony Kennedy Shriver and several of his friends. The purpose is for college students and persons with mild or moderate mental retardation to befriend each other. Chapters exist on more than 200 campuses, both four-year and two-year. Best Buddies helps to develop relationships through activities such as going to the movies, sporting events, concerts, museums, or just "hanging out" together. Best Buddies are expected to contact their buddy (by phone and/or mail) once a week, and to see their buddy twice a month. The generic equivalent, historically, has been Big Brothers/Big Sisters. (**Note:** Best Buddies provides vendored employment and recreation services in some areas, but here we refer to the voluntary, social support component provided by college campus chapters.)
- (3) **Special Olympics** – Special Olympics was started by Eunice Kennedy Shriver, with the

first World Games at Soldiers Field in Chicago in 1968. Most communities have local organizations, and offer training, participation, and competition in a variety of sports, including athletics, bowling, volleyball, floor hockey, tennis, bocce ball, skiing, and so forth. Volunteer coaches are offered training and certification. As a program emphasis within Special Olympics, *Unified Sports* has been growing in popularity, because it provides opportunities for athletes with special needs to participate alongside non-disabled peers (e.g., community basketball teams, etc.).

Addressing needs/interests of a broader array of citizens

The associations (groups, clubs, organizations) listed below, a few among many, started out serving the entire community, meaning those who did not need accommodations or extra support. In recent times, many organizations such as these have reached out to include individuals with disabilities.

- (1) **Challenger division of Little League** – The Challenger Division of Little League is open to eight to eighteen-year-olds who are receiving special educational services. Special rules govern play. Regular Little League athletes serve as peer buddies, and assist those with special needs to play and enjoy the game of baseball.
- (2) **Scouting** – Scouting has reached out as well. While there are some older troops (beyond age

18) exclusively for individuals with disabilities, some regular scouting troops accommodate children with disabilities.

Disability Awareness is a merit badge within scouting. Many troops across the country, have patrols that consist largely of children with special needs. If one or two children with special needs participate, they are typically included within the existing structure of the local troop.

(3) Other community groups and clubs (Knights of Columbus; Kiwanis; Rotary; Churches; Train Club; Running Club; 12-step programs; 4-H) – There is almost an endless variety of associations in local communities, and these days many welcome children and adults with special needs, especially if those needs are not great or the person comes with some support.

Issues and Opportunities

In making the best possible use of natural supports, there are opportunities, barriers, and solutions. The new service coordinator can see, in the examples that follow, several ways to contribute to greater use of appropriate natural supports.

Getting beyond hesitancy

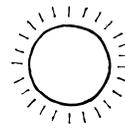
Many individuals (and families) do not like to ask for help. They may fear rejection, or simply not want to bother people. Or, the person with a disability may have such significant needs (e.g.,

stemming from behavioral disturbance), that those around the individual say "why bother?" The service coordinator can help by counseling the person (or family), rehearsing what to say or do, by making connections, and by accompanying the person or family in accessing beneficial natural supports.

When change (or special supports) are needed

Often, an association will not be aware of how they can be responsive to someone with a developmental disability. For example, 12-step programs, community service organizations, churches, and clubs of various kinds. Here, the service coordinator can assist by identifying someone in the organization who may be able to help, talking with that person, and sitting down with people to figure out ways to include the person with a disability. In the interest of empowerment, it makes sense to do this in tandem with a person with a disability or with a group (e.g., the person's family). That way, if successful, the person or family may feel strong enough to approach others in the future.

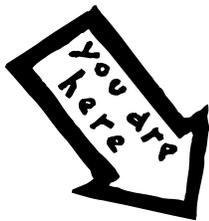
In some instances, it may make sense to assist in the use of natural supports by paying someone to accompany and to assist the individual. For example, one may find within a church a group of people who will welcome a person who uses a wheelchair and needs attendant care around eating or toileting needs. For relationship and other reasons (e.g., inexperience), that group may not be willing to meet these intimate, personal needs.



This map provides you with a structured opportunity to explore the various places in your own community that might be a potential source of natural supports.



Where do people go on the weekends?



What do people do for fun?



Where do people gather?



What clubs do people

TAKE A WALK AROUND YOUR



What are the major streets for shopping, services, enter-



What are the public places (library, community center) that people go?



Where is the center of the community? What's there?



What are favorite places to



What is unique to your community?

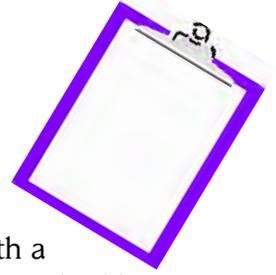
COMMUNITY, WHAT DO YOU

Characteristics of a Community Connector

- has confidence in his/her *understanding* of the person with disabilities
- *trusts* in community members
- someone with *high expectations*
- someone who can trust people to work out problems on their own and at the same time,
- *sensitive* to and *gently assists* when there are problems or difficulties
- has no hesitation in *calling on and requesting* others' willingness
- is *well connected* themselves and understand the value of community connections
- *focuses on the gifts* and capacities of people with disabilities
- believes that the community is filled with *hospitality* for strangers
- is a "*people person*" - an enduring confidence in the capacity of people to do what is right, knowing they will not always live up to their ideas
- has replenished capacity to *forgive others for mistakes*; yet remembering that people with disabilities cannot afford to have more mistakes made in their lives
- has *flexibility, maturity and a willingness to laugh* when things go wrong

Adapted from *A Guide to Developing Community Connections*;
Compiled by Patsy Davies and Claudia Bolton (1996)

Suggested Activities



The Making of Connections: A Role-Playing Exercise

Listed below are several situations, involving three people: (1) an individual with a disability (or that person's family); (2) a go-between; and (3) a person to be approached in hopes of gaining access to a naturally occurring resource. Role-play with two other people. Once you have played one role, rotate the roles and play out the situation again. Do this a third time, so that you have had experience with all three roles. Talk about what worked (and what didn't) in gaining access to appropriate and useful naturally occurring resources.

Situation A

- (1) Joe, a young man with autism who uses few if any words, jogs 20 miles a week and likes to run in local road races. He is new to town.
- (2) Raul is the head of a local running club, with about 30 members. Raul is "into his sport" but has no experience with people with developmental disabilities.
- (3) As the go-between, your job is to introduce Joe to Raul, and to enlist Raul's assistance in finding someone willing to run with Joe occasionally and to take him to local road races.

Situation B

- (4) Sally has just moved into town, and wants very much to attend a Methodist Church close to her group home.
- (5) Rev. White supports diversity, but wonders whether Sally might be more comfortable going out to the neighboring developmental center to worship.
- (6) As the go-between, your job is to introduce Sally to Rev. White, and to find a way for Sally to be welcomed into their church community.

Natural Supports

Suggested Activities



Situation C

- (7) Bill, who has been living with his parents, wants to move to an affordable apartment and to learn to be more independent.
- (8) Joan is a property manager of a complex that may have an affordable studio or 1-bedroom apartment available. She had a tenant with an intellectual handicap who didn't pay his rent, played loud music late at night, and had to be evicted. She doesn't want the same thing to happen again.
- (9) As the go-between, and with approval from Bill that your Regional Center be his representative payee if necessary, your job is to introduce Bill to Joan and to get a commitment that he can rent the apartment.

Situation D

- (10) Candace has always wanted to be like her mother, and to be a member of Soroptomists, a service organization principally for women.
- (11) Emily is the membership chairman of the local chapter. She is generous to a fault, and likes to give money to charitable causes. She is hesitant, however, about how her fellow members might respond to Candace, who uses a wheelchair and has a cognitive impairment. What if she is at a meeting (or activity) and needs help going to the bathroom?
- (12) As the go-between, your job is to introduce Candace to Emily and to convince the Soroptomists to welcome Candace into their club.

Learn the Basics:

Local Issues in Community

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to provide an overview of community participation issues pertinent to people with developmental disabilities in Southern California and to identify some resources for meeting those needs

Objectives: Upon completion of this module, you should be able to:

- (1) Describe how Section 8 of HUD can assist individuals in need of support for housing.
- (2) Outline ADA requirements for accessible transportation.
- (3) Identify four leisure/recreation resources in community.
- (4) Describe the Regional Center's responsibility to integrate people into community according to the Lanterman Act.
- (5) Identify information required for a PASS (Plan for Achieving Self Sufficiency).

Method:

- (1) Group presentation and discussion or self-directed review of *Local Issues in Community Participation Overview* on PowerPoint, overheads or hard copy;
- (2) Self-directed reading of *Local Issues in Community Participation: Southern California*;
- (3) Group discussion or self-directed completion of *Suggested Activities*; and,
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint Presentation or Overheads of Local Issues in Community Participation Overview</i>	10 minutes
<i>Local Issues in Community Participation: Southern California</i>	20 minutes
<i>Suggested Activity</i>	15 minutes
<i>Review</i>	10 minutes

Materials:

- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *Local Issues in Community Participation Overview* ;
- *Learn the Basics - Local Issues in Community Participation*

Local Issues in Community Participation: Southern California

Introduction

While there are issues common to all Regional Center areas (e.g., lack of affordable housing), there are also issues unique to each due to economic, geographic, and political factors. It's important for service coordinators to know and understand these local issues as they can and do affect the development and delivery of individual services and supports. Issues pertinent to Southern California (housing, transportation, community integration, employment, social and recreational activities, health services, and special education) will be addressed in this module with ideas for meeting these challenges.



Local Issues in Community Participation

Affordable Housing and Housing Subsidies

Southern California can be a very expensive place to live. Given the limited income of most of the people on your caseload, finding affordable housing can make a significant difference to adults seeking to live outside their family home, as well as to families trying to keep a child in their family home.

Public Housing, a program of HUD (United States Department of Housing and Urban Development), makes it possible for low-income families, seniors and people with disabilities to live in subsidized housing. The rental cost to the tenant is no more than 30% of their income. The Southern California contacts for housing are in the city or county offices nearest to you.

Section 8 Rental Assistance is another public housing subsidy for people with low incomes also administered by the city or county housing office. Section 8 certificates are issued on a periodic basis, and there is no systematic way in which people waiting for certificates are notified. The certificate and the agreement of the landlord gets a person



a predetermined, lowered rental rate. There are also Section 8 vouchers which allow a landlord to charge less than the going rate for the units being rented, and HUD pays the remainder of the rent.

Some communities have someone who coordinates After Care certificates and vouchers. These are specifically for people with disabilities. Many of the larger programs supporting people in their own homes are well versed in workings of the housing authorities in each community.

There are also some public housing units available in various parts of Southern California. The best place to start is at the Housing office in your local community or in the area where the person on your caseload wishes to reside.

Accessible Transportation

The Americans with Disabilities Act (ADA) requires that all new public transit busses be accessible and that supplementary paratransit services be provided for individuals with disabilities who cannot use fixed route services. Public transportation services are administered by local transportation boards in cities and counties. Los Angeles County, for example, has Access Services for people with disabilities. Individuals need to be pre-qualified to ride, and must reserve a door-to-door ride early. The cost for services, depending on the distance transported (and in Los Angeles County only), is no greater than \$4.00. Some communities also have a Dial-A-Ride program for medical appointments.

Local Issues in Community Participation

Some Regional Centers also have a transportation coordinator who assists individuals in accessing either taxi service, public bus passes, or paratransit services, in addition to coordinating Regional Center funded transportation services.

Transportation is a major issue in Southern California, making employment and recreation for people with developmental disabilities quite challenging.

Community Integration

It is an expectation in the Lanterman Act that people with developmental disabilities be integrated into the mainstream life of their natural communities. Regional Centers are responsible for expanding opportunities for the full and equal participation of people in their local communities through:

- Outreach, training, and education to and of community service agencies, programs, businesses and community activity providers
- Developing a community resources list

- Expanding community integration options in the areas of work, recreation, social, community service, education and public services
- Using innovative methods of contracting with community members to provide support
- Providing technical assistance to community support facilitators

Planning with people should include ways in which people take a valued role in their communities, and participate in activities that are enjoyable.

Employment

Some people who are supported with Regional Center services are competitively employed, working a variety of hours. Some people will require the services of a job coach, which is arranged through the Department of Rehabilitation (see module titled Generic and Developmental Services). Some will work in sheltered work settings, also arranged through the Department of Rehabilitation. Many adults want to work. In addition to employment possibilities through Department of Rehabilitation, some people may use other job-finding services.

The Employment Development Department (EDD), most noted for providing assistance to unemployed people, also provides job leads to people not receiving unemployment benefits. There is also a way for people with developmental disabilities to be self-

Local Issues in Community Participation

supporting. A PASS (Plan for achieving self-support) can be developed and approved by the local social security representative. A PASS can be developed for education and training, getting tools, getting a van or car, getting enough money saved to be self-employed, relocating. The income and resources earned during a specified period of time are not counted against SSI benefits, so a person with a PASS would not be in imminent danger of losing valuable benefits in the course of preparing for self-support. Some people have used a PASS to pay for a computer so they could start their own business; some have used a PASS to gain enough skills to become competitively employed. Social Security needs information on exact costs and a plan for how funds are spent and outcomes expected. Periodically, PASS requests are “put on hold” dependent on funding availability. If you are interested in getting more information with an individual about PASS, contact your local social security office.

In some communities, the professionals concerned about work opportunities have joined with local businesses to facilitate the increase of available employment opportunities. In addition, others work toward full integration of people with disabilities by recognizing that just having a job does not mean that a person is truly a part of the community. For example, in addition to job-related skills, many job coaches assist people to be a part of their workplace – by participating in after work activities, like baseball leagues, and joining other employees for lunch, etc. The County Boards of Education, in conjunction with local school districts

and local businesses administer the Regional Occupational Programs (ROP). ROPs provide job training and work with local employers and many classes offer internships for on-the-job training. Classes available typically include business, medical, and trade or technical services.

Social and Recreation Activities

The parks and recreation programs in all communities (cities or counties) present an incredible array of activities in which people can participate. These might include sports, crafts, arts, cooking, dance, exercise, pools, camping, etc. The best place to start to look is in the government section of the phone book. Some park programs have added health and exercise equipment specifically for people with physical needs.

YMCA and YWCA provides local programs designed to meet the community needs of people of all ages, races, religions, abilities, and income. Activities include group and club activities, facilities for physical and health education and training, aquatics instruction, camping and counseling. Each “Y” program functions independently to meet the needs of the community it serves.

Many religious and ethnic groups offer recreation and leisure activities for specific populations. Contact local groups for further information about opportunities, as well as contact local churches, synagogues or the local planning division for larger religious

Local Issues in Community Participation

groups.

The local community colleges and adult education programs and extension programs also provide a wide variety of classes and services for people who are served by Regional Centers. Here are just a few of the possibilities found in a recent catalog from a community college extension program:

- Exercise for the rest of us
- Acting for the fun of it
- East Coast Swing
- Folk Dancing
- Gourmet Cooking
- Stained Glass
- Horseback Riding
- Auto Mechanics
- Stress Management
- Volleyball
- Where to go backpacking
- Building Self Confidence
- Jazz Exercise
- Water Aerobics

As you are planning with people, these opportunities should be kept in mind. Some people like to travel, but continue to need attendant care or other support. There are several companies who specialize in providing travel services and organized vacations for people with disabilities. Check in the resource section for further information.

Access to Medi-Cal Funded Health and Dental Services

In most parts of Southern California, people eligible for Medi-Cal (including those who receive Supplemental Security Income – SSI who automatically qualify)

are served through both managed health care plans and through primary care physicians. In Orange County, for example, CalOPTIMA manages the county's Medi-Cal program. People must sign on for a health care plan and receive services through their primary care physician. In other counties, individuals can choose to remain in the care of a private physician who bills Medi-Cal, if a prior relationship can be established.

For adults living in residential care homes, the responsibility for locating medical and dental care rests with the service provider. For others, accessing care may be a little more difficult. The county health departments can provide some routine immunizations, as well as flu shots. Some may make referrals to local doctors as necessary.

Some Regional Centers maintain a list of dentists, physicians, and psychologists who are Medi-Cal providers. Dial-A-Dentist lists only dentists who accept Medi-Cal. Your local Medi-Cal office may have information as well.

Special Education

Each local area has a SELPA (Special Education Local Planning Agency) which coordinates the services of the special education programs. Systemic issues and concerns (e.g., lack of resource personnel, need for community integration opportunities) can be brought to the Community Advisory Committee (CAC) for resolution.

Local Issues in Community Participation

mental disabilities. What does the ADA require? What steps would you take to help a person who uses a wheelchair and needs transportation to get to a job he really wants to keep?

- 5) How does a section 8 certificate benefit individuals or families you know. Would a voucher serve people better? Explain the difference.**

Learn the Basics:

Cultural Diversity

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to provide an overview of how the culture of an individual or family can affect your perceptions and subsequent actions.

Objectives: Upon completion of this module, you should be able to:

- (1) Describe the demographic shift in California for people with and without developmental disabilities.
- (2) Define cultural competence and how it can enhance your role as *planner, consultant, and collaborator*.
- (3) List the basis process in building an effective working relationship.
- (4) Describe the difference between high- and low-context communication.
- (5) List the basic qualities of effective, cross-cultural communication.

Method:

- (1) Group presentation and discussion or self-directed review of *Cultural Diversity Overview* on PowerPoint, overheads or hard copy;
- (2) Self-directed reading of *Cultural Diversity: Working Effectively with Individuals and Families of Different Cultural Backgrounds*;
- (3) Group discussion or self-directed completion of *Suggested Activity*; and,
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint Presentation or Overheads of Cultural Diversity Overview</i>	20 minutes
<i>Cultural Diversity: Working Effectively with Individuals and Families of Different Cultural Backgrounds</i>	20 minutes
<i>Suggested Activity</i>	30 minutes
<i>Review</i>	20 minutes

Materials:

- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *Cultural Diversity Overview*;
- *Learn the Basics - Cultural Competence*

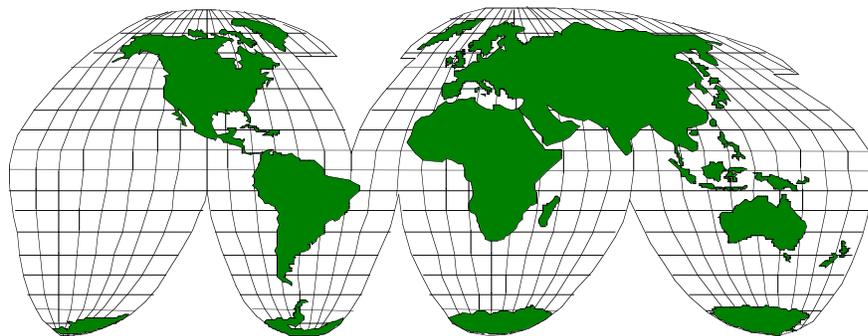
Cultural Diversity: Working Effectively with Individuals and Families of Different Cultural Backgrounds

Introduction

We all have an opportunity to experience diversity every day. It may be diversity in age, ethnicity, nationality, religion or gender. Our experience, knowledge and openness will determine whether we thrive in diversity or struggle with it. This module will focus on cultural diversity and ways to thrive with it as a service coordinator.

It's projected that by the year 2000, the majority of individuals with developmental disabilities in California will be nonwhite and non-Anglo. You can also see from the Lanterman Act excerpts on the following page, that sensitivity to diversity and cultural differences is an important value in the developmental service system.

Even without such compelling information, it makes good sense to be as culturally aware as possible in your job as a service coordinator. Your roles as *planner*, *problem solver*, *information seeker*, *consultant* and *collaborator* require you to accept, understand, and value the lifestyles of the individuals and families you will support.



Cultural Diversity

Some Selected Excerpts from The Lanterman Act Regarding Culture and Diversity

4513 (e) "Natural Supports means personal associations and relationships typically developed in the community that enhance the quality and security of life for people, including, . . . , friendship reflecting the diversity of the neighborhood and the community;

4646. 5. (a) "The planning process for the individual program plan ... shall include all of the following: (1) Gathering information and conducting assessments to determine the life goals, . . . - The assessment process shall reflect awareness of, and sensitivity to, the lifestyle and cultural background of the consumer and the family."

(b) It is the intent of the legislature that Regional Centers provide or secure family support services that do all of the following: (1), (2), (3), (4) Be designed to meet the cultural preferences, values, and lifestyles of families.

4830. (a), (b) "Normalization" means making available programs, methods, and titles which are culturally normative, and patterns and conditions of everyday life which are as close as possible to the norms and patterns of the mainstream of society.

What is it to be culturally sensitive?

Sensitivity is the awareness of the feelings, values and attitudes of others. As a service coordinator, it's important to understand those differences and to look at each individual and family as unique. To be *culturally sensitive* is to remember that an individual is made up of a variety of learning experiences which are in many ways similar to other individuals from the same cultural group and in some ways similar to other cultural groups. To be *culturally sensitive*, it's important to:

- Let yourself try to experience life situations from the perspective of the individuals and families you support.
- Be aware of your own thoughts which might exaggerate and misinterpret the differences of individuals from another culture.
- Remember that, your role is not one of decision-maker, but rather of a consultant who respects the decisions of individuals and families.
- Continue to ask *am I getting this right?* and *what does this mean to you?*

All Kinds of Diversity

Individuals Served by Regional Centers by Ethnicity

(Source: California Department of Developmental Services, October, 1998)

	Number	Percent
Asian	6,806	5%
African-American	15,420	10%
Filipino	2,395	2%
Native American	581	< 1%
Pacific Islander	244	< 1%
Hispanic	39,279	26%
White	68,915	46%
Other	16,045	11%

by Residence Type

	Number	Percent
Own Home (with Family)	99,391	66%
Independent Living*	12,793	9%
Developmental Center	3,971	3%
Skilled Nursing Facility or Intermediate Care Facility**	8,112	5%
Community Care Facility	25,418	17%

* Includes Supported Living

** Includes ICF/DD, ICF/DD-H, and ICF/DD-N

by Age

	Number	Percent
0 to 2 Years	15,192	10%
3 to 13	41,677	28%
14 to 21	22,244	15%
22 to 31	23,607	16%
32 to 41	22,641	15%
42 to 51	14,879	10%
52 to 61	5,941	4%
62 and Older	3,504	2%

Note: Numbers are based on the Client Master File and includes individuals with a current CDER (Client Developmental Evaluation Report) and active status with the department plus individuals who are engaged in the intake and assessment process to determine eligibility and children who are at risk of having a developmental disability.

Cultural Diversity

Learning About Other Cultures Builds Effective Working Relationships

It's important to be culturally sensitive, but it's not always enough. Using a *cross-cultural competency* approach gives you the additional skills needed to develop effective working relationships with people of different cultures. This approach stresses the importance of trying to understand the individual or family's perspective of both the issues at hand as well as their solutions. It also requires you to be aware of your own biases in interpreting those issues and the ways that different individuals and families deal with them.

Instead of presenting a buffet of generalizations about how different cultures view disability and related issues, it's more important to understand some basic ideas about how to build a culturally sensitive relationship with an individual or family. Once you develop the relationship, it's considerably easier to understand the issues which confront them. The first step is to focus attention on the individual and family and their need.

First Steps in Building the Relationship

The way you greet someone from a different culture is important. You should first introduce yourself. In most situations, offering a hand to shake is considered a friendly gesture. It is also a good idea to ask the person how their name is pronounced and what they

would prefer to be called. Engaging in small talk at first will serve to set a friendly tone. For example, *did you have any trouble finding our office? Is it still raining outside?*

Building a relationship also requires that the individual or family feels that you are paying attention. Methods of attention include: eye contact, or, looking (not staring at) someone in the eyes; listening, or, attentively hearing what the individual is saying; and, following, or, making sure that your comments or questions come directly from what the individual is saying.

If an individual or family has made an appointment to meet with you, do not assume that the purpose of your working relationship is understood. It is particularly important for you to describe your role. In fact, in some countries, there may not be an equivalent of your position.

So, to reiterate, the first steps in building a relationship are:

- relax and prepare for the meeting;
- greet the individual or family;
- state your role;
- establish and vary your eye contact;
- listen attentively; and
- go where the conversation leads you.

Basic Communication Skills

Basic communication skills are simple techniques that can be used to maintain the flow of a conversation. The following are examples:

- nodding your head in agreement;
- saying *that's great* or *I'd like to hear more about that*; and
- repeating 1 or 2 words of used by the individual.

Specific Communication Skills

These are communication skills which serve additional functions in addition to supporting the conversation. They may help someone put feelings into words, or elicit more information, or confirm that you understand what is being said. Paraphrasing, reflecting, indirect questions, open-ended questions, and summarizing are examples of specific communication skills. All of these techniques are described in detail in the module titled *Communication*.



Understanding the Individual or Family's Perspective

The highest level of skill in cross-cultural competency is understanding an issue or concern from the individual or family's perspective. To do this, it is to determine how the individual or family defines the problem. It is equally important to determine what is seen as the solution to the problem. Examples of questions which can be used to understand the individual or family's perspective are:

- Tell me about your concerns.
- How do you view the issues?
- What does this mean to you?
- What does this mean to your family?
- What do you recommend be done?
- Am I understanding you correctly?

By getting to meaning, the meaning of the issue from the individual or family's perspective, you get to the *cultural essence*.

President's Initiative on Race

<http://www.whitehouse.gov/Initiatives/OneAmerica/face.html>

Our diversity is one of the most valued attributes of our nation. The success of this country is built upon the unique contributions of every racial and ethnic group. Throughout history people came to America from different parts of the world, and have played vital roles in our growth and strength.

Today, the Face of America is 72.7 percent White, 11 percent Hispanic, 12.1 percent African American, 3.6 percent Asian/Pacific Islander, and 0.7 percent Native American.*

Statistics indicate that in the 21st century, America's racial landscape will continue to shift. In 2050, the population in the United States will be approximately 53 percent White, 25 percent Hispanic, 14 percent Black, 8 percent Asian/Pacific Islander, and 1 percent Native American.

As the Face of America continues to change, the goal of the President's Initiative on Race is to strengthen our foundation as Americans, while celebrating our differences, so that we live in an atmosphere of trust and mutual respect. All Americans have reason to invest in creating One America so that we, as a nation, can effectively move forward together to fulfill the promise of the American dream in the 21st century.

*This number also includes Eskimo and Aleut.

Effective Cross-Cultural Communication

Cultural competence does not mean knowing everything about every culture. As stated earlier, it occurs when you have a respect for differences, an eagerness to learn, and a willingness to accept that there are many ways of viewing the world. There are some important differences in communication style that are influenced by cultural experience as well. Here are some things to think about in communicating with individuals or families who are culturally different from you.

High-Context and Low-Context Communication

High-context cultures emphasize understanding through shared experience, history, and implicit messages. Fewer words are spoken and less emphasis is placed upon words. Asians, Native Americans, Arabs, Latinos, and African Americans typically use high-context language.

Anglo-European Americans, Swiss, Germans, and Scandinavians, typically focus much more on direct, verbal communication and want to get to the point quickly. This is called low-context communication. As you can imagine, communication between high- and low-context cultures can be problematic.

Eye Contact and Facial Expressions

Anglo-European Americans typically value eye contact in interpersonal interaction while among many Asian cultures, eye contact between strangers may be considered shameful and prolonged eye contact may be interpreted as disrespectful.

Many Anglo-European Americans show emotion through facial expressions. Native Americans and Asians may not communicate emotion through facial expressions unless they know the person well.

Proximity and Touching

Anglo-European Americans tend to maintain a distance of about 3 feet, or an arm's length, between themselves and others during conversations. Many Latinos, are comfortable with closer conversational distances, whereas many Asians prefer more space between the speaker and listener.

Among many Chinese and other Asian groups, hugging, back slapping, and handshaking are not typical and should be avoided. Among Muslims and some non-Muslim Middle Easterners, use of the left hand to touch another person is inappropriate because the left hand is associated with more personal bodily functions.

Many Americans show affection for children by patting them on the head. This is not an acceptable form of touch among many Asians who believe that the head is the where the soul lives and some East Indians believe that the head is fragile and should not be touched.

Cultural Diversity

Gestures

Anglo-European Americans tend to use some gesturing to accompany their talk. Some Latinos, Middle Easterners, and southern Europeans use large gestures and considerable arm waving when they communicate.

Nodding the head up and down is taken as a sign of understanding and agreement in many cultures, but among Asian, Native American, Middle Eastern, and Pacific Island groups, it often means, "I hear you speaking." It does not signal that the listener understands the message nor does it suggest that he or she agrees.

Also, Americans often ask people to come their way by pointing with the index finger palm up and curling it toward the body while people from other cultures use this gesture only when summoning animals. It is never used with children or adults in such cultures.

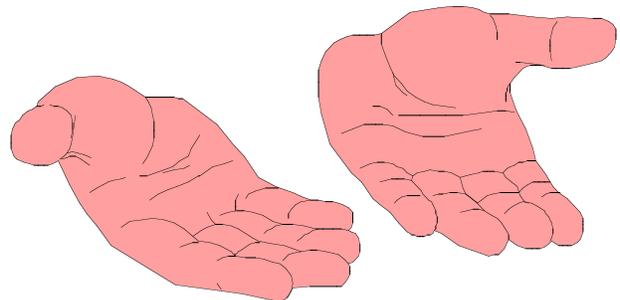
General Characteristics of Effective Cross-Cultural Communicators*

In addition to the specific communicative behaviors that have been discussed for increasing one's competence in cross-cultural interactions, there is an extensive literature on the characteristics found to be common among those who are successful in cross-cultural settings. This literature is extremely complex, driven by a multiplicity of sometimes contradictory theories, and complicated by a stronger interest in sojourners' effectiveness overseas than their effectiveness in

intercultural interactions at home. However, even though different researchers and different studies have chosen varying theories, definitions, methodologies, and subjects, there are several characteristics that seem to be shared by people who are effective cross-cultural communicators that are intuitively clear. Communication effectiveness is significantly improved when the [service coordinator]:

- respects individuals from other cultures;
- makes continued and sincere attempts to understand the world from others' points of view;
- is open to new learning;
- is flexible;
- has a sense of humor;
- tolerates ambiguity well; and
- approaches others with a desire to learn.

**from *Developing Cross-Cultural Competence* by Eleanor W. Lynch and Marci J. Hanson, Brookes Publishing, 1992.*



Review

1. **What are the demographic trends in California?**
2. **How can cultural sensitivity help you do your job?**
3. **What are some examples of questions which can help you identify the individual or family perspective on an issue or concern?**
4. **What are some characteristics of effective cross-cultural communication?**

Cultural Diversity

5. Describe high context communication.

6. It's your first meeting with an individual or family. Describe the first steps in building a relationship.

Suggested Activity

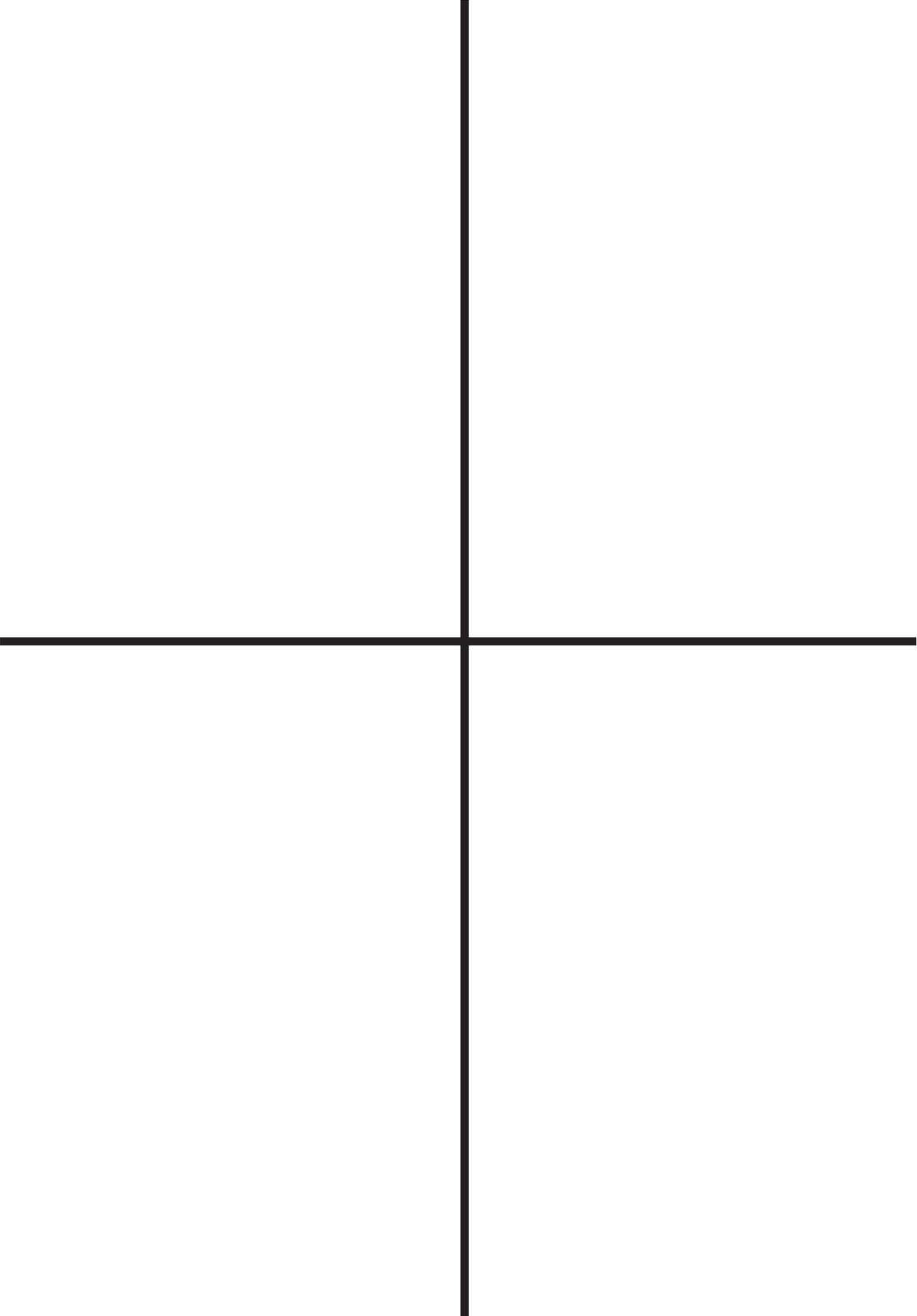
Where Do Your Ideas About Different Cultures Come From?

Using the quadrant on the opposite page:

1. Give each quadrant a different title, each representing a different cultural group. One quadrant should have the name of your cultural group. Examples: African Americans, Latinos, Asian Americans, Native Americans, Jews, etc.
2. Next, start with the quadrant on the upper left side of the page and list all of the words that you think of that describe that particular cultural group. Be open, don't filter or edit your words. No one will see your responses.
3. Repeat the procedure for the next three quadrants.
4. Now, look at the descriptive words in each quadrant and determine the origin of the perception expressed:
 - if this perception is based on your own personal experience with members of this cultural group, write a **P** next to the word.
 - if this perception was developed through images portrayed of the cultural group in written and visual forms of media (television, movies, books, etc.), write a **M** next to the word.
 - if this perception developed through your education in schools, write an **E** next to the word.
 - if you don't know where the perception came from, write a **D** next to the word.

Now, turn to the next page.

Cultural Diversity



Some Things to Think About . . .

What were the major words in your listings for each quadrant?

Was it easier, or more difficult, for you to describe your own cultural group? Why?

How did it feel to label? Be labeled?

What did you learn about how you have developed perceptions of others?

Learn the Basics:

Best Practices

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to provide information about some "best practices," in several areas, and to relate such practices to values of normalization, inclusion, and support.

Objectives: Upon completion of this module, you should be able to:

- (1) Explain why some practices are called "best practices."
- (2) Describe the way in which people with disabilities have been viewed over the centuries through the present.
- (3) Describe one or more "best practices" within three of the following areas of service: employment; early intervention; education; transition planning; personalized living arrangements; retirement; and wellness.
- (4) Be able to explain why some "best practices," involving choice, support, individualization, and technology are said to cut across various stages of life.

Method:

- (1) Group presentation and discussion or self-directed review of *Best Practices Overview* on PowerPoint, overheads or hard copy;
- (2) Self-directed reading of *Best Practices: Learning from the Leaders and Innovators*;
- (3) Group discussion or self-directed completion of *Suggested Activities*; and,
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint Presentation or Overheads of Best Practices Overview</i>	15 minutes
<i>Best Practices: Learning from the Leaders and Innovators</i>	40 minutes
<i>Suggested Activity</i>	30 minutes
<i>Review</i>	20 minutes

Materials:

- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *Best Practices Overview* ;
- *Learn the Basics - Best Practices*

Best Practices: Learning from the Leaders and Innovators

Introduction

Service coordinators will encounter great diversity in their work. They may see noon-hour mother's groups, as well as other programs that go the extra mile to accommodate fathers and siblings. They will run into people in school settings who "get it," and others who do not. They will see old-fashioned day programs, alongside people receiving support to retain (and progress) in regular jobs. They will see traditional group homes, specialized foster care, and adults living in their own homes with support. They will see the old and the new.

Due to a host of circumstances, aspirations and preferences change through time. New services come to the fore, embodying the fruits of learning and shifts in perspective. Some come from well-established organizations that are adaptable. In many instances, new people (and new organizations) are in the forefront of change.

What are "Best Practices"?

Best practices are ways that leaders do things that work better than other ways. Best practices are generally more responsive to what customers want and need. Such practices typically get better results (effectiveness), often with better use of available resources (efficiency). For more than twenty-five years, the concept of *normalization* has been near the forefront of efforts to improve services. This concept, with its emphasis on age-appropriateness and *regular lives*, has – in its practical implementation – led to better services.

There are "best practices" across all walks of life. There are better (and worse) ways for service coordinators to do their work. There are better (and worse) ways that families deal with the disability-related issues within their families. There are better (and worse) ways that adults grapple with credit cards. There are better (and worse) ways of recruiting, selecting, directing, compensating, and evaluating direct service workers in day and residential programs. There are better (and worse) ways in delivering a variety of needed services.

Best Practices

Supported Employment

When viewpoints change, we try to keep what was good from the past and add approaches consistent with the new paradigm. Consider *supported employment*, which generically means people with disabilities working in regular jobs with whatever support they need. The sheltered workshop idea was (a) train; (b) place; and (c) hope for the best. For many people, learning occurred at such a slow pace, and an underlying "readiness logic" so dominated our thinking, that most people never made it to Steps (b) and (c).

The *supported employment* approach is: (a) understand the needs and desires of employers and potential employees; (b) make "good matches;" (c) figure out what the job requires; (d) teach and support the person in learning the job; (e) fade on-going support as much as possible to fellow workers; and (f) be available over time to support and problem-solve (e.g., dealing with problems off the job; helping new supervisors; teaching new elements in jobs; etc.).



Fathers and Siblings

Over the years, reflecting changes in the larger society (e.g., two-earner families; fathers staying home to care for the kids), "best practices" within early intervention now include encouragement and support of fathers and siblings. In the best programs, no longer are services designed (intentionally or unintentionally) exclusively for "baby and Mom." A lot has been learned about what many dads need (and want), and properly directed sibling support groups have been quite helpful.

Inclusive Education

As a society, the shift has been from specialized schools exclusively for children with severe disabilities, through schooling on a regular campus with limited mainstreaming, to support for the child, teacher, and fellow students, so that the child can be *fully included*, and get whatever assistance he/she needs because of the disability alongside non-disabled peers. "Best practices" deal with preparation and planning, assistance with curriculum and materials (adaptations), helping kids make connections, cooperative learning where it makes sense, encouraging children to help one another in ways that add value and do not detract from what every child learns, and so forth.

Transition Planning

Transition planning and assistance used to be "hit or miss," depending on the student, family, or interested others. Now, we know a great deal about how transitions affect emotions, the need for information about possibilities, and how transitions can be made more comfortable and successful. Transitions occur from hospital to home, from home to Early Start programs, from Early Start to preschool, from preschool to kindergarten, from elementary to middle school, from middle school to high school, from high school to "life beyond high school," and at subsequent points in people's lives.

In the transition from school to adult life, one will find a number of "best practice" ideas. Here are a few:

- training in self-determination as part of the high school curriculum;
- multiple work experiences while in school;
- beginning team planning early, so as to cover proficiencies, financial aid (if the child want to go to college), Section 8 rental assistance, and other matters that can be addressed during the school years;
- looking at options (e.g., visiting postsecondary institutions; schools and training programs; talking to people in regular jobs; etc.);
- career fairs;
- encouraging the child to do as much as possible for him- or herself;
- encouraging at least one person with the time, energy, and know-how to assist the student in following through (e.g., signing up with Department of Rehabilitation; getting needed applications and examinations completed);
- arranging for needed support if the transition involves a change in residence;
- arranging for needed support to be successful in work or training; and
- having someone accept responsibility as the personal team leader, encouraging the group to be mutually accountable for a successful transition.

Lifelong Learning

Whether through community colleges, adult school, or other postsecondary options, the emerging view of leaders within the disability community is that attractive options should be available to individuals who want to continue to learn in formal, school settings.

Transition Services*

Transition services are provided through special education in local schools. They are mandated through Federal Legislation, beginning at least by age 16 and preferably at 14. Transition services include:

- (a) Training programs, resource materials, and handbooks that describe transition services.
- (b) Identification of the role and responsibilities of special education in the transition process.
- (c) Implementation of systematic vocational education curriculum.
- (d) Materials, resource manuals and training programs to support active participation of families in the planning and implementation of transition related goals and activities.
- (e) Identification of resources and training that will support the implementation of individualized transition planning.
- (f) Coordination with other specialized programs that serve students who face barriers to successful transition.

A coordinated transition planning meeting (conducted along with the IEP) should include representatives of agencies who would serve the individual after graduation. Transition is a purposeful, organized and outcome-oriented process designated to help students with developmental disabilities move from school to employment and a quality adult life.

Expected student outcomes of a successful transition include meaningful employment, a further education, and participation in the community (for example, living arrangements, social activities, recreational activities, on-going educational opportunities, etc.). The California educational system is responsible for providing quality educational opportunities and for coordinating with other service delivery systems to provide a broad array of services and activities to help the student move to a successful adult life.

* Adapted from the Inland Regional Center website

Personalized Living Arrangements

Thirty years ago, for low- and middle-income families, about the only options for loved ones with developmental disabilities were to live in a developmental center (large, congregate care institution) or to live at home. Today, the options are much greater and will almost surely continue to expand. The prevailing value is that, with rare exceptions, *children should live in families*. With public schooling and Supplemental Security Income (SSI), the proportion of children with special needs who live with their families continues to rise, and is about 90%. If not possible, small family homes, foster homes under foster family agencies, and ICF/DD-Hs (*Intermediate-Care Facility/Developmentally Disabled-Habilitative*) and DD-Ns (*Developmentally Disabled-Nursing*) are possibilities. Services can be personalized and more responsive, typically, the smaller (or better staffed) the home.



Adults who live apart from their families of orientation typically live in care homes of one kind or another: Adult Residential Facilities (often serving six), or Residential Care Facilities for the Elderly. For more than twenty years, a small fraction of adults (5-10%) served through Regional Centers have lived "independently," with little or no paid support except that provided by service coordinators. Recent options such as supported living, generally permit greater individualization than in the past. Certainly, the values and philosophy of supported living encourages the personalization of a living arrangement.

Retirement: Toward More Regular Lives

Within the larger society, there is more peer-group segregation of both children and retirees than people in-between. With improved health care and other developments, proportionately more people with developmental disabilities are living into their sixties, seventies, and eighties. What services are appropriate at that age? What are "best practices"? Here are three:

- finding ways for seniors to continue to live in their own homes, if they want to and need support to do so;
- offering options for those in licensed residential settings to do "retirement type things" (classes, trips, games, sitting on the porch) if they wish, as opposed to continuing to attend workshops or traditional day programs; and

Considering the Alternatives in Living Arrangements* or One size does not fit all!

Introduction

When not living with their families, children with developmental disabilities typically live in community care facilities (e.g., small family homes), or in foster homes (1 or 2 children), or in health service facilities if considerable specialized behavioral or health care support is needed. Adults in the same category (i.e., developmentally disabled; not living with parents) tend to live in community care facilities, health care facilities, or live in their own homes or apartments, often with some support. Some adults (and a few children) live in state developmental centers, or in private facilities of one kind or another (e.g., skilled nursing facilities; large intermediate care facilities). A few live in college dormitories, fraternity or sorority houses, or in other atypical settings. Family homes for adults (1 or 2 adults living in a family's home), operating under the auspices of Family Home Agencies, are a new development in California.

Generally, an effort is made to match the needs and desires of the individual (and, as appropriate, parents and guardians) with the services offered by a home or program. Homes licensed through Health Service, for example, focus on individuals who have significant health or medical needs. Others called Community Care homes typically provide non-medical residential services. In addition, you will find different levels of staff support available depending on a designated level of service. (For example, homes which are designed as Level 4, have more resources than Level 2 or 3 homes, and therefore provide more services at better than a 1:6 staff-client ratio.)

* Excerpted from IRC website; originally developed by *Allen, Shea & Associates*

Licensed Living Arrangements

Community care facilities, or CCFs is a broad category which includes small family homes for children, adult residential facilities, or residential care facility for the elderly. Homes licensed by Health Services and known as *ICF/MR* (Small) facilities. Services at these community homes are funded through Medi-Cal, at rates established by the California Department of Health Services under federal/state agreements. *Foster family homes* are similar to Department of Public Social Services foster care.

Non-Licensed Living Arrangements

Independent Living Services (or programs) work to support individuals within their own homes and to provide them with tools, training and strategies to live as independently as possible. *Supported Living* is a relatively new living option in California. For individuals who will need substantial and ongoing assistance of one kind or another, supported living services (SLS) can enable that person (or, sometimes a few people living together) to live safely and well in their own home. SLS are typically provided by agencies and while there may be some instruction, other personal services (e.g., housekeeping; personal care; help with community access) are often paramount. As with other residential services, the level of funding and the nature and extent of services depends on the needs of the individual.

What's best?

All kinds of living arrangements have pros and cons. For any given individual or family, however, a feature generally considered a plus may be judged a minus. Few generalizations are possible. Independent living and supported living are for adults. In the case of children, the options to be considered might be: CCF (e.g., small family home); ICF/DD-H or DD-N (Intermediate Care Facilities for Developmentally Disabled: Habilitation or Nursing); or a foster family home. Aside from capacity to address physical health issues (e.g., frequent injections or other invasive procedures) and the availability of financial and other resources, one may find no consistent differences between providers in one category and another. Consider, for example, emphasis on relationships with non-disabled others, or welcoming the involvement of close family. In these and other areas, inquiry is important, because one will find providers in each category who do these things well, and others who give such matters little attention.

Best Practices

- participating in regular programs and services designed for elders (e.g., day health program).

Wellness

As the world of health care evolves, "best practices" change. The Department's *wellness initiative* is about improving health care, generally. Aspects involve training and support of health-care professionals, advocacy, behavioral support to improve access, more appropriate treatment, prevention, and the like.

Within this domain, "best practices" of many kinds can be found. Some relate to nutrition, diet, and exercise, and finding creative ways to intervene. Others relate to "standards of care," and involve screenings, vaccinations, pap smears, mammograms, and other preventive tests and interventions. Other "best practices" deal with management of diabetes, asthma, and other chronic conditions. Yet other "best practices" involve better *teamwork* in addressing complex health care needs (adults with dual diagnoses), and monitoring of psychotropic medicines.

(**Note:** The following four pages contain information about medical terms and medications you will likely encounter when using medical health services.)

Community Inclusion, and Individualized Services and Supports, and Choice

Except for choice at very young ages, the concepts of *inclusion*, *individualized services and supports*, and *choice* cut across the topical areas just examined. "Best practices" involve ways of including people with disabilities, honoring choice, and individualizing services and supports. Regarding the first, community building is the operant term, and some processes and practices are more successful than others. For instance, it often helps to approach civic leaders in neighborhoods and small towns for leads to people and organizations that will offer hospitality.

Regarding choice, knowing about preferences, identifying options that are consistent with preferences, and empowering the person to move toward an option that best meets his/her needs and expectations are "best practices," especially when done in non-intrusive ways, such as making introductions, helping the person with a disability to find supports, and the like. Individualizing services and supports begins with the use of person-centered planning techniques, followed by creativity in organizing and delivering what the person wants and needs. Some traditional organizations are finding success in this area by combining funds, creative scheduling, and reengineering processes to support a wider array of individual preferences (e.g., day services that extend to midnight on Friday nights, so that people can have dinner dates and the like, take in a movie, etc.).

Some Abbreviations Used By Physicians, Pharmacists, and Other Health-Care Professionals

Service coordinators often need to know what medications people are taking on a regular basis. The exact nature of a prescription may be unclear, unless one looks at an up-to-date label on the medicine. A medication label will typically state (1) name of the medication; (2) the form (e.g., cap, tab, fluid); (3) the content or volume (e.g., 200 mg tabs); (4) how many units are to be administered (or taken) at a time; and (5) when that dose is to be administered (or taken). Here is an example:

<u>Name</u>	<u>Unit</u>	<u>No. of units to be taken and when</u>
<i>Tegretol</i>	200 mg tabs	2 tabs at 7 a.m.; 2 tabs at 2 p.m.; and 1 tab at 9 p.m.

In this example, the person is taking five 200 mg tabs (or 1,000 mg) per day. It is being distributed TID (3 times a day). If a medicine interacts with food or drink, the prescriber (or pharmacist) will point that out and may say “not with meals; take at least one hour before eating.”

Common Abbreviations

BID	2 times a day (NOTE: Because many medicines are flushed from the human body, “bid” typically means the prescriber wants the medicine given 12 hours apart.)
Caps	Capsules
Mg	milligram
PRN	When needed (NOTE: The prescriber should clearly state the criteria to be used to determine whether the medication is “needed.”)
QID	4 times a day (NOTE: Typically, this will mean 6 hours apart, or a pattern close to that.)
Rx	Take
Tab	Tablets
TID	3 times a day (NOTE: Typically, means 8 hours apart, or a pattern close to that time period.)

Best Practices

Alphabetical List (by Abbreviation)

aa	of each	ml	milliliter
ac	before meals	non rep	not to be repeated
ad	to; up to	noct	in the night
ad lib	freely; as desired	NPO	nothing by mouth
BID	2 times a day	os	mouth
c	with	oz.	ounce
caps	capsules	p.c.	after meals
cc	centiliter	per	through or by
comp	compound	pil	pill
dil	dilute	PRN	when required
elix	elixir	qd	every morning
ext	extract	qh	every hour
fld	fluid	q2h	every 2 hours
gm	gram	q3h	every 3 hours
gtt	1 drop	q4h	every 4 hours
h	hour	QID	4 times a day
hs	hour of sleep	qs	as much as needed
i	one	R	rectally
ii	two	Rx	take
l	liter	s	without
M	Mix	sol	solution
m	minimum	ss	one-half
mixt	mixture	stat	immediately
mg	milligram	TID	3 times a day

Some Equivalencies

5 cc = 1 teaspoon

30 cc = 1 ounce

10 cc = 1 ml

1,000 mg = 1 gm

200 mg = 1/5 gm

1 mg = 1/1000 gm

Common Classes of Drugs

Antipsychotic Drugs

(Also known as *psychotropics* or *major tranquilizers*)

Brand Name	Generic Name
Compazine	Prochloroperazine
Haldol	Haloperidol
Mellaril	Thioridazine
Navane	Thiothixene
Prolixin	Fiuphenzaine
Serentil	Mesoridazine
Stelazine	Trifloroperazine
Thorazine	Chlorpromazine

Some possible side effects* of antipsychotic drugs are:

abdominal pain	increased appetite	muscle spasms
parkinsonian tremors	seizures	skin rash bizarre
dreams	blurred vision	decreased blood pressure
difficult or painful urination	drowsiness	headache
inability to remain seated	muscle rigidity	nausea
	restlessness	sensitivity to the sun
blood abnormalities	constipation	diarrhea
disturbed body temperature	dry mouth	stuffy nose

*In addition, long-term of use of antipsychotic drugs may cause eye changes and constant uncontrollable motor movements (tardive dyskinesia), which are irreversible.

Antianxiety Drugs

(also known as *minor tranquilizers*)

Brand Name	Generic Name
Adapin	Doxepin
Ativan	Lorazepam
Librium	Chlordiazepoxide hydrochloride
Serax	Oxazepam
Tranxene	Clorazepate dipotassium
Valium	Diazepam

The following are antihistamines with antianxiety properties:

Brand Name	Generic Name
Atarax	Hydroxyzine hydrochloride
Benedryl	Diphenhydramine hydrochloride

Best Practices

Vistaril

Hydroxyzine pamoate

Lithium Carbonate

Lithium carbonate is a mineral salt that is effective in treating the manic-depressive symptoms (bi-polar disorder) sometimes experienced by persons with autism and others developmental disabilities. Dosage has to be carefully monitored through frequent blood level tests to avoid numerous side effects. Lithium is sold under several brand names, including:

Brand Name	Generic Name
Eskalith	Lithonate
Lithane	Lithotabs

Anticonvulsant Drugs:

(Also known as antiepileptics)

Brand Name	Generic Name
Celontin	Methsuximide
Clonopin	Clonazepam
Depakane	Valproic
Dilantin	Phenytoin Sodium
Gemonil	Metharbital
Mebaral	Mephobarbitol
Mesantoin	Mephenytoin
Nilontin	Phensuxmide
Mysoline	Primidone
Phenobarbitol	Phenobarbitol sodium
Tegretol	Carbamazepine
Tridione	Trimethadione
Zarontin	Ethosuximide

Side effects observed most often in one or another of the anticonvulsant drugs are:

blood abnormalities	involuntary eyeball movement	rash
double vision	dizziness and drowsiness	

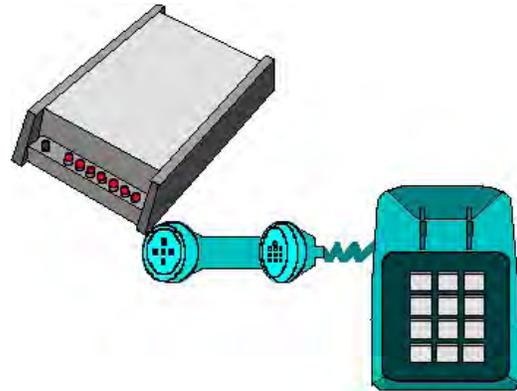
Depending on the drug used, many of the side effects associated with the antipsychotic drugs may also be observed in persons taking anticonvulsant drugs; such as: gum overgrowth is a unique side effect of Dilantin and Mesantoin; increased bronchial secretions may be observed in Celontin and Melontin; liver damage may occur in persons taking Depakene, Tegretol, Prolixin, and Tridione; and Bone marrow depression may occur with use of Tegretol.

Antidepressant Drugs

Brand Name	Generic Name
Aventyl	Nortriptyline hydrochloride
Elavil	Amitriptyline hydrochloride
Sinequan	Doxzepine hydrochloride
Tofranil	Impramine hydrochloride

Adaptive Equipment, Assistive Technology

Like inclusion and choice, adaptive equipment and assistive technology cuts across many of the topical areas discussed above. There are "best practices" in assessment, involving hands-on tryouts of computer hardware and software. There have been advances in augmentative and assistive communication. Agencies, such as the schools, Regional Centers, and the Department of Rehabilitation are finding creative ways to assure that wheelchairs and other assistive technology is available, when appropriate, in multiple settings without unnecessary duplication of effort and outlay.



Review

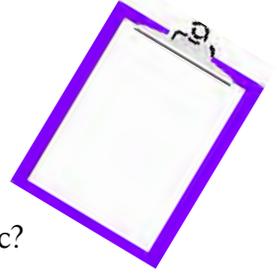
- 1. In general, what does the term "best practice" refer to? Why are they deemed "good" or "best"?**
- 2. The concepts of "normalization" and "support" typify two paradigm shifts evident over the past quarter-century. What does each term mean, and how did it change what people did?**
- 3. Why are sibling groups and outreach-to-fathers considered "best practices" in early intervention and related circles?**
- 4. Transition planning (say, from school to adult life) is an example**

of a collaboration "best practice." Please explain.

5. In terms of residential services, the trend has been toward a wider array of options, with the new ones "smaller" and "more individualized." Please illustrate.

6. "Best practices" in community inclusion, honoring choice, and assistive technology cut across the life span. Please explain.

Suggested Activities



3. What were existing (or earlier) practices, and why were they problematic?

4. What difficulties, if any, were encountered in the implementation of the "best practices"? Have these been addressed? If so, how?

Learn the Basics:

Person-Centered Planning

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to provide service coordinators with the basic information they need prior to intensive training in the person-centered planning process. This process is used to gather the information needed to develop the person-centered Individual Program Plan (IPP).

Objectives: Upon completion of this module, you should be able to:

- (1) Demonstrate the basic steps in the person-centered planning process.
- (2) Describe the key elements of the person-centered Individual Program Plan.
- (3) Discuss the difference between traditional planning and person-centered planning.
- (4) Describe how the process could be used for individuals who do not express themselves with words or who are students in school.

Method:

- (1) Group presentation and discussion or self-directed review of *Person-Centered Planning*;
- (2) Self-directed reading of *Planning for the Future: One Person at a Time*;
- (3) Group discussion or self-directed completion of *Suggested Activities*; and
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint or Overhead Presentation of Person-Centered Planning Overview</i>	15 minutes
<i>Planning for the Future: One Person at a Time</i>	30 minutes
<i>Suggested Activities</i>	1.5 hours
<i>Review</i>	20 minutes

Materials:

- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *Person-Centered Planning*;
- *Learn the Process - Person-Centered Planning*

Planning For the Future: One Person at a Time

Introduction or

Person centered planning, should we do it with everyone?

Written by Michael W. Smull

Over the past [few years], person centered planning has undergone a transformation. It has gone from something mysterious that only a few dedicated and skilled people did to something where nearly everyone says I have been doing person centered planning for years. Person centered planning and person centered services have become trendy. It has become a litmus test for being politically correct. Any activity where people are asked what they like or want is seen as person centered. Further, states, regions, and counties are beginning to require (or to consider requiring) person centered planning for everyone receiving services or entering services.

From my travels (and from the materials that get sent to me) I have learned that many of the alleged person centered plans and person centered services are not person centered at all. Plans are being written where what is important to those who provide services is written as if it were important to the person receiving services, that abuse the "voice" of the person (e.g. "I must be restrained"). People whose only real dream is to get out of the institution they live in have plans that say that it is their dream to live by themselves in a house in suburbia. People are asked questions where they do not have the life experiences necessary to give an informed answer. Questions are asked that have the answer built in. Equally troubling are the honest plans that are not implemented. Over and over again I hear of people who tell us things such as desperately wanting a new roommates who never get one. Much of what is being done represents no real change in practice. It is business as usual masquerading as being person centered.

Person centered planning is a means not an end. A person centered plan is a means and not an end. The life that the person wants is the outcome, not the plan that describes it. Person centered planning is a process of learning how a person wants to live and then describing what needs to be done to help the person move toward that life. It is a description of where the person wants their life to go and what needs to be done (and what needs to be maintained) to get there. Good plans are rooted in what is important to

Person-Centered Planning

the person while taking into account all of the other factors that impact on the person's life - the effects of the disability, the views of those who care about (and know) the person, and the opportunities as well as the limitations presented by the need for public funding.

A person-centered plan reflects a process:

- That is respectful of the person with the disability, the family, and those who support the individual;
- Where the time and effort necessary is spent to be sure that the "voice" of the person with the disability is heard, regardless of the severity and nature of the disability; and
- Where there is a focus on learning what is important to the person in how he or she wants to live, what is important to those who love the person, and any issues of health and safety (from the perspective of the person).

The resulting plan is a written description of what is important to the person, how any issues of health or safety must be addressed, and what needs to happen to support the person in their desired life. The plan cannot be separated from the process. A compromised process produces a compromised plan.

Beyond these common elements there is considerable variation. Some of the better known formal processes include: personal futures planning; PATH; essential lifestyle planning; individual service design; 24-hour planning; and

whole life planning. Additionally there are a host of processes that have been developed locally. These local processes are often unnamed and usually are a blend of the better known processes. However, the label of the process is not an indicator of the utility or integrity of the plan. When done well, what unites all of these efforts is a commitment to learning what is important to people and a commitment to implementing what was learned. They all require partnerships between: the person; those who know the person; those who develop the plan; and those who implement the plan.

What has been learned. Where careful planning and implementation have been done we have learned that:

- When we listen with skill and respect, we can learn what is important to each person regardless of severity of disability;
- Planning is a continuous effort, what people want tomorrow is different from what they want today;
- Growth and learning occur naturally when people have the opportunities that they want, opportunities that make sense in the context of what is important to them;
- Providing structure inside those opportunities helps people with severe disabilities access and learn more from those opportunities;
- Most of the behaviors that we have labeled as non-compliance, as challenging, or as problem

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behaviors, go away when what is important to people is present;

- Regardless of severity of disability, people are able to take positive control over their lives as we learn to listen and trust develops; and
- Building community, a network of self-sustaining reciprocal relationships, occurs but it usually takes years not months.

We have also learned that while what is most important to people is modest, implementation is affordable only if we change the way we do business. Unless we begin to fund people rather than capacity, individuals rather than houses, we cannot afford to implement plans where people are asking to change who they live with or what they do. We have learned that it is our own structures that are the barriers and that many of the reports of high costs reflect the rigidity of our responses.

Person-centered planning is also a promise. Shifting a system cannot be done by fiat and it cannot be done overnight. It requires the development of capacity, changing the structures that define where the system is going and what it should pay attention to, and it requires political courage and political capital. Some of the ingredients needed to change the system are:

- Training in person centered thinking for all of the people involved in planning and implementation;
- Requiring that those who do the plans demonstrate competency in person centered planning and that

some of their plans be periodically reviewed;

- Training for those who license and inspect and requiring that they be able to determine that plans meet criteria and that the plans are being implemented;
- Changing the rules for services and requirements for funding so that they support person-centered planning and implementation;
- Support (training and technical assistance) for agencies that want to change their practices and structures;
- Helping people with disabilities and their families build community before they are desperate, while families have the energy and resources to form a partnership; and
- Leaders who understand what real person centered planning is, the changes needed for their implementation, and a willingness to build support while defending the changes from those who feel threatened.

At its core, developing and implementing person centered plans is about shifting power and control. It is about sharing control with the people supported and their families. To many people this is an opportunity to be embraced but to others it represents a serious loss of power. Person-centered planning should be done with everyone only where there is the willingness to make the investments and changes necessary.

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However, those who lead must also sustain the change in the face of resistance and attacks. Those who wish to initiate the change need to develop the strategies necessary to sustain the change. In learning what is important to people we make an implicit promise to act on what we have learned. We should not make the promise unless we believe we can keep it.

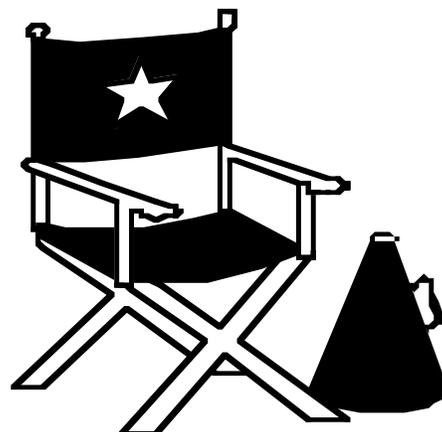
Written into the Lanterman Act

The process described in the Lanterman Act encompasses the major aspects of person-centered planning. Section 4646.5 (a) (1) and (2) state that planning must include:

Gathering information and conducting assessments to *determine the life goals, capabilities and strengths, preferences, barriers, and concerns or problems of the person with developmental disabilities*. For children with developmental disabilities, this process should include a review of the strengths, preferences, and needs of the child and the family unit as a whole. Assessments shall be conducted by qualified individuals and performed in natural environments whenever possible. *Information shall be taken from the consumer, his or her parents and other family members, his or her friends, advocates, providers of services and supports, and other agencies*. The assessment process shall reflect *awareness of, and sensitivity to, the*

lifestyle and cultural background of the consumer and the family.

A statement of *goals based on the needs, preferences, and life choices of the individual with developmental disabilities* and a statement of specific, time-limited objectives for implementing the person's goals and addressing his or her needs. These objectives shall be stated in terms that allow measurement of progress or monitoring of service delivery. These goals and objectives should *maximize opportunities for the consumer to develop relationships, be part of community life in the areas of community participation, housing, work, school, and leisure, increase control over his or her life, acquire increasingly positive roles in community life, and develop competencies to help accomplish these goals.*

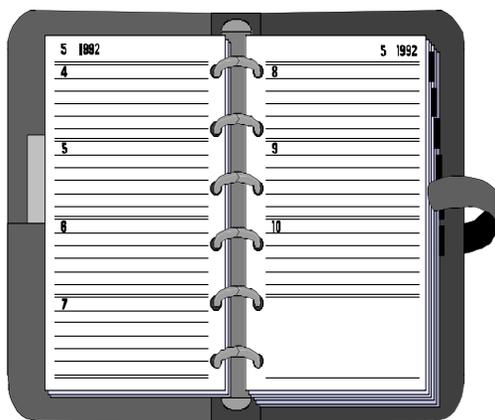


What is the Basic Process?

Getting to know someone. Getting to know someone is at the *core* of person-centered planning. Of course, the best way to get to know someone is to spend time doing things together, talking, listening, and watching to figure out what is important to him or her.

The person-centered planning process uses a series of open-ended questions that can help people (and their families and friends) think about and communicate the things that are important to them. While this kind of planning provides a *jump start* on getting to know someone, it should not be a substitute for spending time with the individual.

Once we listen carefully to how an individual wants to spend time each day, whom they want to spend time with, and their hopes and dreams for the future, we can understand more about an individual's lifestyle. The next step is, of course, to figure out ways to support that preferred lifestyle with natural, generic and vendored services and supports.



A team approach. As with most support and service planning, person-centered planning requires a team effort. Members of the team include the individual and people who know and support him or her (e.g., friends, family, and direct support service providers).

Team meetings that work Person-centered planning meetings work best when:

- they are held in a place where everyone is comfortable,
- everyone knows the meeting may take a long time because there's a lot to talk about, and
- what is important to people receiving services and their choices about how to live and work are discussed and supported by the team.

Team roles and responsibilities. When a team gets together to work on an person-centered plan, everyone has a job to do.

Focus Person and/or Family.

Provide information about needs, preferences, likes, and dislikes.

Team Leader or Facilitator.

Anyone on the team who wants to help keep the meeting going.

Team Recorder. Someone who will take notes about the meeting.

Team Members. Everyone who comes to support the person and his or her family in working on a plan.

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The language of the team makes a difference. If the focus person doesn't speak very well or at all or if someone speaks a different language, then a helper should also be on the team. This helper should be someone who knows the language of the individual and who knows him or her. Team members should use a conversational style that's easy for everyone to understand. It's important to make sure that people have all the information they need to make choices for themselves.

What happens when the team doesn't agree? When team members don't get along or don't support the choices the person makes for his/her life, it's up to the team leader or facilitator to help get things going again. This is an opportunity to use problem-solving or conflict resolution techniques.

Person-Centered Individual Program Plans. The preferences, needs and choices the person makes about his/her life are written into an person-centered IPP. Once everyone has an idea about the kinds of services needed to support the person now and in the future, the plan is developed. The plan includes:

- kinds of services and supports the individual needs,
- who will provide each service and support, and
- how these services and supports will assist the individual to have opportunities to experience what is important to him or her and to get moving towards his/her goals for the future.

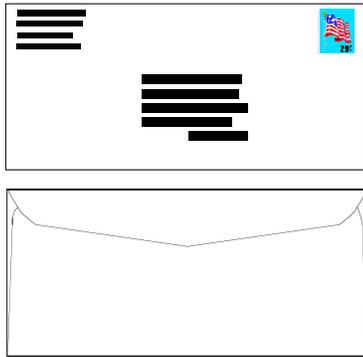
Some things to remember. When you are working on a person-centered plan, remember that it's about five things:

1. getting to know someone really well;
2. finding out about what is important to the person;
3. supporting someone's choices about where he or she wants to live, how he or she wants to spend each day, whom he or she wants to spend time with, and his or her hopes and dreams for the future;
4. working with others to come up with a way to make those choices a part of the person's everyday life; and
5. figuring out what supports and services someone needs and wants.

How One Regional Center Describes the Process

(**Note:** This section was downloaded from the website of *Lanterman Regional Center*.)

Person-centered planning refers to the type of planning process your planning team uses when assisting you to develop your IPP/IFSP. A planning process is person-centered when it focuses or centers on you, the individual or involved family member. Person-centered planning means focusing on strengths, capabilities and needs in developing a plan that assists you or your family member to achieve an independent, productive and satisfying life. When the



planning team uses a person-centered planning process to assist an individual in developing an IPP, it means that the planning team will:

- Invite people to the IPP meeting whom the individual wants on his/her team.
- Schedule the IPP meeting at a time that is convenient for the individual.
- Focus on the preferences and choices of the individual.
- Give the individual and people in his/her circle of support the information needed to make choices and decisions.
- Support the way the individual chooses to live and spend his/her time.
- Make sure that the services the individual receives are supporting his/her choices.
- Make sure that the services the individual receives make a difference in his/her life.

Moving Through the Process by Example

(Note: The process outlined below is provided to give you an example of how a person-centered planning meeting would flow. It is a combination of styles, so it would not be advised to use it as a guide or model for your meeting.)

The Focus Person. Joan was 22 years old when she and her family asked to participate in an person-centered planning process which would help them focus on her transition from school. They asked their service coordinator to be the facilitator.

With her help, they sent out a letter to family, friends, and others involved in Joan's life. The letter was an invitation to join Joan and her family at their house to talk about her transition from school and the kinds of support she would need to be successful.

Who is on Joan's team? There were eight people at Joan's meeting. After everyone got comfortable, Joan started the meeting. She thanked everyone for being there and asked Diane, her service coordinator, if she would help lead the meeting. Diane talked for a few minutes about why everyone was there and how they could help Joan develop her plan. She asked everyone to introduce themselves and to tell how he or she knew Joan.

Diane also mentioned a few ground rules for team members:

- (1) let everyone have a chance to talk without interruption;

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- (2) keep everything that is talked about in the room;
- (3) try not to judge anyone's ideas, because this is a time to be creative and to think about all of the possibilities; and
- (4) if you say you're going to do something, then do it.

Diane started the process by asking Joan: "Who is a part of your life? Who is on your team?" (It's important to ask the question of the focus person first and then ask others to contribute. It's also a good idea to have the focus person in attendance even if he or she cannot communicate well. This helps keep everyone thinking positively and thinking of the person first.)

Before the meeting, Diane had asked Bob (Joan's brother) to record the team's responses on some large sheets of poster paper. To record the answers to her first question, she asked Bob to draw a big circle with Joan in the middle and then to write Joan's answers around her. When Joan seemed to be done, Diane asked others if there were other important people in Joan's life.

What are some great things about Joan? This question helps set a positive tone for the planning session. It helps develop a picture of Joan's strengths and capacities. While Joan didn't have anything to share when asked this question (she shrugged her shoulders and looked at the floor), everyone else did. This is sometimes a very difficult question for people to answer. When everyone was done sharing, Diane repeated the list so that Joan could hear these great things again.

What would Joan's best and her worst day look like? Getting an idea of Joan's best and worst days helps focus the picture of what is important to her. The team spent a lot of time on this part of the process, and the list was very detailed. Diane asked some very specific questions, like, "What do you like to do the first thing in the morning?" and, "If you were having a bad day, what would you be doing?" Again, the idea here is to build on the picture of Joan and what's important to her. This will be very helpful when it comes time to develop a support services plan. This information could help a job developer or an independent living skills trainer if they were to get involved in Joan's life.

What are Joan's hopes and dreams for the future? Diane asked Joan, "All things possible, what are your hopes and dreams for the future?" Joan was quiet and didn't say anything. When Diane asked, "What do you see yourself doing in the next three to five years?", she got a quick answer. Diane asked others as well and reminded everyone on the team, "This is a chance to dream about what could be for Joan."

What is in the way? Diane wanted to find out if Joan or anyone on the team had any fears about Joan's plans for the future. This is a very important part of planning, even though it is sometimes hard to talk about in front of others. It was important for the team to find out about the health issues in Joan's life (remembering to take prescription medicines and preventing further hearing loss). Again, these are very important things for a job developer, skills trainer, or community support facilitator to know.

How can we support Joan? Diane asked Joan and the team, "What support would help most right now?" "How can we support Joan in moving toward her future?" "How can we support her in making those things that are important to her a part of her everyday life?" This part of the team meeting was really exciting. Everyone had some great ideas about the future and about what they could do right now to support Joan. This really helped reinforce everyone for working together as a team. The list you see here is a just a part of what the team discussed.

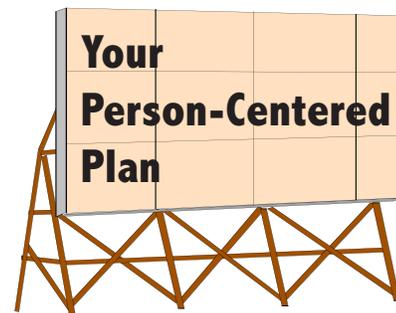
It's time to start working on a plan! Diane asked how everyone was feeling, and everyone was excited and tired at the same time. It had been about two hours, and Diane could see that Joan and others were starting to fade. She asked if everyone would be willing to get back together to work on a plan for Joan, and they all agreed to meet within a week. After the next meeting, it will be Diane's responsibility to write the Individual Program Plan with expected outcomes and plans.

Joan's team gets together again. Everyone on Joan's team stayed in touch by getting together to talk about how things were going. Six months after their first meeting, they decided to sit down together and help Joan update her plan. They used the same process as before of reporting and recording what had happened on each of Joan's goals.

Additional Tips On Person-Centered Planning

Here are some good tips to use as a reference list once you start using this process:

- A good facilitator keeps the conversation moving along, keeps things positive, and helps redirect when someone gets off the topic at hand. Other tips for facilitators:
 - ✓ Make sure everyone knows each other and why they are at the meeting (e.g., to support John in developing some plans for the future).
 - ✓ Start with something to break the ice (e.g., a fun activity, personal story, a positive local or national news story).
 - ✓ Use your body posture and facial expressions to encourage conversation and to show acceptance of whatever is said.
 - ✓ If someone gets off the topic, try to redirect the conversation or suggest talking about the issue later.



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- ✓ Respect everyone's right to choose not to talk.
- ✓ If someone becomes uncomfortable or upset, offer to end the meeting and reschedule later.
- ✓ End the meeting with a positive summary of what was discussed and what you hope to do next time.
- ✓ Decide when to meet again.
- Typical ground rules for the meeting are: (1) each person should come to the first and possibly a follow-up meeting, (2) no one should feel obligated to offer support (advice, information, personal assistance, etc.), and (3) the group should keep it light and have fun. After introductions, you can agree on additional ground rules, which might include:
 - ✓ Take turns.
 - ✓ Listen to one another, and ask questions only to clarify.
 - ✓ Be respectful of each other's ideas and information.
 - ✓ Keep all things in the room unless there is agreement to share something with someone who wasn't at the meeting.
 - ✓ If you say you will do something, follow through.
 - ✓ Support one another.
- Go through a set of questions that will provide information about what is happening now in the person's life (interests and preferences) and to get an idea of a direction for the future (hopes and dreams). Ask the focus person first. Then family. Then friends. Note what people say. Then move to the next question.
- Set a date (and time) for a follow-up meeting if needed. Write up what was learned, a vision of what is to take place, steps to achieve objectives, and what people offered to do. Send a copy of the summary to everyone.

Seeing the Whole Child: Making Action Plans for an IEP

By Tim Weiss, Parent

Downloaded and excerpted from
America OnLine, 1995

(**Note:** The article was included to provide an example of how person-centered planning can be adapted to school-aged children in special education.)

My school district tried out a wonderful idea this year to help with constructing an IEP for my son, Geoffrey. We decided that instead of doing a regular IEP targeted for the coming year, we would try a new process of making a long-range action plan.

We adapted a process called Making Action Plans (MAPs) from an article written by Falvey, Forest, Pearpoint, and

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My Plan for the Future Starts Now

This plan belongs to: Joan

When did I make this plan? 3/1/98

Moving toward the future, what are some first steps that I could take over the next six months to a year?	What kinds of support will I need from . . .	
	Family, friends, and community	Support services agencies
<p>For fun:</p> <ul style="list-style-type: none"> • Start a crafts project with my sister. • Learn how to type and use a computer. <p>For work:</p> <ul style="list-style-type: none"> • Get a job. <p>For living:</p> <ul style="list-style-type: none"> • Look at different types of places to live. • Learn more about living on my own or with others. <p>For the future:</p> <ul style="list-style-type: none"> • My parents want to learn more about special needs trusts. 	<ul style="list-style-type: none"> • Go to the hobby store with my sister to see what kind of craft might be interesting. • Look at the adult education catalogue to see if there are any interesting hobby or craft classes we could take together. • Ask Jenny to go with me to see what computer would be best for me. • Make an appointment at the computer center in town. • If I can't get a job right away, I'll keep volunteering at the church. • Mom can help me apply to be a volunteer at the Humane Society. • Ask my sister, mom and dad, or Diane to look with me at different types of places to live. • Work on a plan at home with my parents to learn more about things like cooking and shopping for groceries, taking care of my own medicines, etc. 	<div style="text-align: center; font-size: 4em; font-weight: bold; transform: rotate(-15deg); opacity: 0.5;">SAMPLE</div> <ul style="list-style-type: none"> • Talk with the people at ACCSS and see if they can help me find a job that's about working around people and animals. • Ask Diane for names of people and places I could look at that would give me an idea of what's out there. • Ask for support from ACCSS in learning more about living skills that will help me be more independent, like grocery shopping and cooking. • Ask ARC for information about special needs trusts.

A year from now, how will I know if my plan is working?

- I'll be working at a job I like and doing more things for fun with my sister.

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Individual Program Plan

Individual: Joan
Date of Plan: 3/24/98

Service Coordinator: Diane
Page(s): 1 of 7

Short-term Goal(s): Supported Employment
Long-term Goal(s): Independent or Supported Living

SAMPLE

Outcomes and Plans

Outcome 1: *Joan will secure an individual job placement with support by 8/31/98.*

Plan for Regional Center

- 1.1: Complete the *Supported Employment Profile* by 4/15/98.
- 1.2: Complete the referral to the Department of Rehabilitation by 4/22/98.

Plan for Department of Rehabilitation

- 1.3: Complete an individual job development plan that focuses on employment in work environments that are service based and/or animal oriented by 4/30/98.
- 1.4: Obtain approval from the state vocational rehabilitation agency for the individual job development plan by 5/15/98.

Plan for Community Support Agency

- 1.5: Initiate individual job development plan (e.g., resume development, job search, interviews) by 6/1/98.
- 1.6: Secure an individual job placement with job coaching and ongoing support by 8/31/98.

Outcome 2: *Joan will be living on her own with support by 12/1/98.*

Plan for Regional Center

- 2.1: Refer to Supported Living Coordinator by 4/15/98.
- 2.2: Authorize an assessment in basic living areas (e.g., money management, self-care, cooking, housekeeping) by 5/1/98.

Plan for Community Support Agency

- 2.3: Complete assessment and develop report by 6/30/98.
- 2.4: Initiate plan to find and secure a living arrangement and hire support staff by 12/1/98.

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Rosenberg. This process calls for looking at all aspects of the person's life and potential, and addresses what we can do to help that person reach that potential. We were invited to include anyone else who might want to be involved in this process. In all we had seven or eight people present.

The MAPs process includes many of the considerations that are supposed to be included in the formulation of an IEP, but are usually glossed over. These include full discussion of the student's past, present, and potential. It also includes the other crucial questions such as needs and plans to accomplish the goals. One person was appointed to act as facilitator and to take notes on large pieces of paper placed around the room. By the end we had wallpapered the conference room.

The MAPs process involves eight key questions:

1. *Introduction: Who is present? What is their relationship to the person? What is a MAP?* It is important to identify how each of the people in the meeting fit in to the student's life. It is also important to understand that a MAP is a guide to get you from one place to another, not something that defines the person.
2. *What is the person's history or story?* This is the part where the family tells the participants their story. This reflection proved to be a wonderful way to show how far we had gone and how far Geoffrey had progressed. It put things in perspective. It also allowed the staff who had only worked with Geoffrey for a year or less to get a better understanding of Geoffrey's past, the problems, the triumphs, and why he is the way he is. The staff who had worked with Geoffrey for a longer period of time contributed valuable observations about how much he had changed in the school environment.
3. *What are your dreams?* This is a part where you can just let yourself go and vocalize all of your fondest wishes for your child. If the child is participating in this meeting, it is a place for the child to fantasize about the future. This is the best-case scenario in the best of all possible worlds. We also encouraged staff members to offer their dreams of what Geoffrey might become. The ideas ranged from short-term accomplishments regarding things like bicycle riding, to communication goals, to future employment and independence.
4. *What are your nightmares?* This is the worst-case scenario. I am afraid that my son will not have friends, will not be able to effectively communicate with others, and will not be independent. We all have lots of fears. Different people in the group had different fears for Geoffrey. The purpose is to list them so that we can try to avoid those outcomes.
5. *Who is the person?* At this point you might think you've already answered this question. The purpose is for everyone to throw out words that they think help describe the person. It is important

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to try to list them in positive form whenever possible.

6. *What are the person's strengths, gifts, and talents?* This part is an inventory of all of the positive attributes that we may be able to work with. After we had completed a long list of positive attributes, the facilitator stopped and commented that it was amazing to see how many of the items listed had been items we listed a few years ago as concerns about attributes Geoffrey lacked. None of us had noticed that in the past three years many of Geoffrey's negative attributes had reversed themselves and become strengths! This had never come out in previous IEP meetings.
7. *What does the person need?* What will it take to make the dreams come true? This question involves much more than just the type of instruction needed. A circle of friends, support people, support services, physical and learning assistive devices, can all be part of this. The purpose of this question is to list what those might be for the short-term and long-term goals.
8. *What is the plan of action?* This is the core of the MAPs process. You need to write down various goals to avoid the nightmares and facilitate the dreams. These goals should be included in the IEP. Including these goals in the IEP may make the IEP look very different than what you've seen before. That's because the MAPs process makes everyone look at the long-term objectives and ultimate purpose of the education

itself, not just what services your child is going to receive this next school year.

The process lasted just over two hours (but would probably have been much shorter if I wasn't so long winded) and was one of the most effective ways of constructing an IEP that I've ever seen. If you feel that the school isn't taking your concerns seriously or you worry that the IEP isn't taking your child's long-term needs into account, I highly recommend this process. If you work with a school who has dissatisfied parents at IEP meetings, I suggest this as a means to ensure that their concerns are fully heard and taken seriously.

Your Next Step

While this module provides you with the basic elements of the person-centered planning process, you should complete some additional training before you begin. Most Regional Centers offer workshops and opportunities to practice (e.g., developing a plan on yourself).



Review

1. **What is person-centered planning?**
2. **What are the basic steps in the process?**
3. **What are the major roles and responsibilities on the planning team?**
4. **What are the key elements of the person-centered IPP?**

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5. Can the process be used when the focus person does not communicate very well with words? True False

If true, how?

6. Can the process be adapted when the focus person is a student in school? True False

If true, give an example:

7. As you understand it, describe the difference between traditional service planning and person-centered planning?

Suggested Activity

Morning Rituals Exercise

(adapted from Michael Smull)

The primary outcome of person-centered planning is to learn enough about the lifestyle of the focus person so that we can be successful in supporting him or her. This activity helps you think about the importance of that effort. To complete this activity, you will need to work with another person. If possible, pair up with another new service coordinator.

We all have rituals that have become important to us. So important, in fact, that few of us would give them up without a struggle. For example, a cup of coffee first thing in the morning, fresh fruit on your cereal, parking in a certain part of the lot at work, checking your e-mail before you check your voice mail. They may seem like small things, but they have become important rituals that help us get through the day.

On the opposite page, write down your morning rituals. That is, the routine you follow most days from the time you wake up until the time you leave the house for work. Be as detailed as possible, but don't list things you would not want another to read. Start with how you wake up - an alarm clock, just wake up, or someone wakes you up. If an alarm clock, what time is it set for? Is it set for the real time or have they set the clock ahead? By how much? Any snooze alarm hits (mechanical or human)? How many? Then what? In the bathroom - do you turn on the light or start in the dark? What is the water temperature when brushing your teeth and where in your mouth do you start? In the shower (adapt this for those who take a bath) what water temperature? What do you do when you first get in, start right away or stand for a few minutes? Where do you start, in what order do you wash your various parts? How many towels do you use when you get out? What next? When you get dressed in what order do you put your clothes on? Which arm, leg, foot, etc. goes in first? Go ahead and use another piece of paper if you need it.

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Your Morning Rituals

Morning Rituals Exercise

Talk with your partner or group about the implications this has for the people you support.

How do you like your new morning ritual? Is it better than yours? What would you like the most about it and what would you dislike the most?

What happens to the rituals of people who cannot express them?

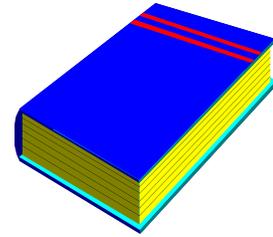
How would you feel if your morning rituals were ignored? How much of the rest of the day is affected?

What would you do to get your ritual back or to express your displeasure at its absence?

What would it do to your behavior/outlook if your rituals were mostly ignored (but occasionally honored) over a period of years?

Person-Centered Planning

Resources for Individual Considerations



A Guide to County Regional Parks for Persons with Disabilities

By Recreation /Leisure Task Force, Governor's Committee For Employment of Disabled Persons, (1990); Sacramento

This guide is a compilation of surveys that covered the accessibility and services within the county park system. The booklet is updated annually.

A Guide to Developing Community Connections

Compiled by Patsy Davies and Claudia Bolton; Self-published (1996)

Assisting people feel connected to their neighborhoods and communities can be both exciting and difficult, simple and mysterious. In spite of these complexities, we believe that it is one of the most important things we can do in our work in supporting people with disabilities. This workbook is a compilation of tools and information gathered from people across the country who do the work of community building.

After the Tears: Parents Talk about Raising a Child with a Disability

By Robin Simons (1987); Harcourt Brace Jovanovich Publishers; ISBN: 0156029006

From the inside page: "After the Tears is the story of many . . . parents—parents who have struggled, learned and grown in the years since their children were born. All of them felt the same initial anguish on learning of their child's disability. All have come a long way since those initial tears. They share their stories with you to give you the benefit of their experiences, to let you know you're not alone, and to offer you encouragement in growing with and loving your child."

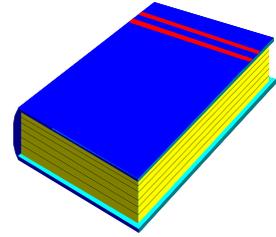
All My Life's A Circle: Using the Tools-Circles, MAPS & PATHS

By Mary Falvey, Marsha Forest, Jack Pearpoint, and Richard Rosenberg (1994)

It's all you wanted to know about how these three powerful processes work. Available from Inclusion Press International, 24 Thorne Crescent, Toronto, ON, Canada M6H 2S5, tel: (416) 658-5363, fax: (416) 658-5067, e-mail: includer@idirect.com, CompuServe: 74640,1124.

Cognitive Coping, Families, and Disability

Edited by Ann P. Turnbull and others (January 1993); Paul H Brookes Publishing Company; ISBN: 1557661146



Cognitive coping is about restructuring one's thinking about disability and what it means to have (and to raise) a child with a disability. From the publisher: "Using this coping method, families shape their thoughts and perceptions, which in turn enhances their esteem, control, meaning, and well-being. This book provides insight into this powerful method of adjustment and its significance in the area of family research."

Crossing The River: Creating a Conceptual Revolution in Community & Disability

By David B. Schwartz (1992); Brookline; ISBN: 0914797824

From institutions to community services, what's beyond? From the back page: "[A] new conception is beginning to emerge. Rather than dealing with systems, this conceptual revolution seeks to rediscover the importance for all people of being and feeling embedded in a web of personal relationships; to make their living experience more connected to the other people in their community; to find ways to involve them intrinsically in its flow. In this book, Mr. Schwartz points out the promise, potential, and limits of this new direction, illustrating how this conception can work through a series of exciting experiments in social policy in Pennsylvania.

Cultural Competency in Health, Social and Human Services: Directions for the 21st Century

By Pedro J. Lecca, Joao V. Nunes, Ivan Quervalu, and Hector F. Gonzales (1998); Garland Publishing, Incorporated; ISBN: 0815322062

Cultural competency is becoming increasingly more important as thousands of people come to this country each year. Because of widely differing social mores, living conditions, traditions, personal beliefs and practices of clients, health professionals in all specialties are finding it difficult to communicate effectively with the members of the diverse racial and ethnic groups that come to them for help. This volume presents the latest information and techniques for improving cultural competency in the delivery of health, social, and human services to ethnic and racial minority groups in the United States.

Cultural Connection: Cross Cultural Competency Training

Prepared by the Eastern Los Angeles Regional Center and the University of Southern California (1993)

A self-guided workbook and video which helps to teach, reinforce and integrate cross cultural competency.

Person-Centered Planning

Cultural Sensitivity

Prepared by Jose Hurtado, Eastern Los Angeles Regional Center (1996)

An introductory workshop on cultural sensitivity for Regional Center service coordinators.

Developing First Plans! A Guide to Developing Essential Lifestyle Plans

By Michael Smull and Bill Allen (1998)

In this resource guide, you will find some general information about: basic concepts of individual-centered planning, general process involved, an example of the process from information gathering to plan development, summaries of information from other planning meetings, ideas about facilitating a planning team, additional resources you can purchase which will provide more information about planning in this way, some brief articles about planning in different service environments, and several check-lists to help you look at your planning process. Available from Michael Smull, Support Development Associates, 3245 Harness Creek Road, Annapolis, Maryland 21403 • (410) 626-2707 or FAX 626-2708

Inclusive School and Community Recreation: A Five Part Series

By Bernie Schaeffer (1996); Tri-Counties Regional Center

This workbook is intended to bring together parents, educators, recreation specialist, and experts in the field of developmental disabilities. The purpose is to share information and ideas to help each parent complete and carry out an Individualized Social and Recreation Plan for their child.

It's Never Too Early, It's Never too Late!

By Beth Mount and Kay Zwernik (1988)

The goals of personal futures planning are to help someone develop a picture of what the future will look like for him or her, to build a circle of people who will help support that picture or plan, and to take some first steps. For more information on how to use personal futures planning, you can get a copy of this booklet from the Governor's Planning Council on Developmental Disabilities, 300 Centennial Building, 658 Cedar Street, St. Paul, Minnesota 55155, tel: (612) 296-4018, fax (612) 297-7200.

Listen, Understand, Plan, Support: A Resource Guide on Individual-Centered Planning

By Allen, Shea & Associates for CARF (1996)

In this resource guide, you will find some general information about: basic concepts of individual-centered planning, general process involved, an example of the process from information gathering to plan development, summaries of information from other planning meetings, ideas about facilitating a planning team, additional resources you can purchase which will provide more information about planning in this way, some brief articles about planning in different service environments, and several checklists to help you look at your planning process. The resource guide can be obtained from CARF, 4891 East Grant Road, Tucson, Arizona 85712 • (520) 325-1044 or Voice/TDD FAX (520) 318-1129 or Internet <<http://carf.org/>>.

My Life Planner; Letting Go; Dream Deck

By Emilee Curtis or Milly Dezelsky (1993)

My Life Planner and *Letting Go* provide a variety of activities to assist people with developmental disabilities and family members in planning for the future and figuring out more about their preferred lifestyles, interests, and preferences. *Dream Deck* is a visual approach to finding out more about preferred activities and interests. For information on purchasing these and other great documents, contact New Hats, Inc., P.O. Box 57567, Salt Lake City, Utah 84157-7567, tel: (801) 268-9811.

Nobody's Perfect: Living and Growing With Children Who Have Special Needs

By Nancy B. Miller (May 1994); Paul H Brookes Publishing Company; ISBN: 155766143X

There are similarities in raising a special needs child and dealing with other many other aspects of life (illness; emergencies; unexpected developments of all kinds). This book is both helpful and inspirational, because it looks at being the parent of a child with special needs through several "moms." How did they deal with their emotions? What gave them strength? How did they adapt? What stages did they go through? It's all here, with many lessons to be learned.

Passages

By Gail Sheehy (August 1, 1984; reissue edition); Bantam Books; ISBN: 0553271067

On the bestseller list shortly after being published in 1976, this book discussed many of life's crises in adulthood, and defined for a generation typical steps, concerns, barriers, and opportunities for growth from the 20s through the 50s.

Person-Centered Planning

Patterns of Supported Living: A Resource Catalogue

By Allen, Shea and Associates and Claudia Bolton, Claudia (1993); California Department of Developmental Services

This catalogue outlines the values of supported living and the process of implementing supported living services. The catalogue includes sections on Values, Philosophy, and Definition; Patterns of Supported Living Services; Community Resources, Community Employment, Stories of People's Lives; and ways to test the reader's understanding throughout the book.

Person Centered Planning: How Do We Know When We Are Doing It?

By Oregon Transition Systems Change Project (1994)

An overview of a variety of approaches to person-centered planning and what is common to all of them. This booklet also contains a list of resources and a checklist for looking at your planning approach. You can obtain a copy from Oregon Transition Systems Change Project, Oregon Dept. of Education, Office of Special Education, Salem, Oregon, tel: (503) 378-3598.

Reach for the Dream: Developing Individual Service Plans for Persons Needing Supports

By Dale DiLeo (1993)

Information on how to integrate the development of individual service plans with the futures planning process. Includes sections on: developing personal profiles and personal futures statements; writing service plans, and putting it all together. You can order this booklet from TRN, Inc., P.O. Box 439, St. Augustine, FL 32085-0439, tel: (904) 823-9800.

Resource and Accessibility Guide for Jews with Disabilities in the Greater Los Angeles

By Area Commission on Jews with Disabilities (unknown year); Jewish Federation Council of Greater Los Angeles

This publication is a guide to services, and is meant to complement, rather than to replace, general access guides. It covers services within a Jewish context for Jews with disabilities, and also looks at the degree of physical accessibility that exists within synagogues and other Jewish centers in Los Angeles.

The Committee on Sexuality and the Developmentally Disabled

21450 Bear Creek Rd. Los Gatos, CA 95030 (408) 354-0821

The Committee produces a newsletter and holds an annual conference on a variety of topics regarding sexuality and the developmentally disabled. The Committee is vendored and regional centers may authorize a purchase-of-service to cover attendance and conference fees.

The Family Experience: A Reader in Cultural Diversity

By Mark Hutter, Editor (1996); Allyn & Bacon; ISBN: 0205195326

A collection of readings looking at the diversity of the American family through time, taking a multicultural approach. Sections on multicultural perspectives, gender relations, generational relationships, and families in crisis follow the standard format of sociology of family courses, with section introductions and brief summaries of each reading.

The Great Good Place: Cafes, Coffee Shops, Community Centers, Beauty Parlors, General Stores, Bars, Hangouts, and How They Get You Through the Day

By Ray Oldenburg (February 1997); Paragon House; ISBN: 0887308392

The "third place" is a place where people can gather, put aside the concerns of work and home, and hang out simply for the pleasures of good company and lively conversation. Booklist: "Oldenburg believes that the powerful need in humans to associate with one another will inevitably lead to the revival of places where, as the theme song to the 'Cheers' TV show so aptly puts it, 'everyone knows your name.' We'll drink to that."

Transitions

By William Bridges (December, 1980); Perseus Press; ISBN: 0201000822

This book, about transitions in general, has helped many people deal with pain of loss (job, love, children leaving home, etc.), and to move through the confusing interlude to a new beginning. One reviewer writes: "The concept of an 'empty space' between ending the old and beginning the new is especially helpful. Helps one understand the feelings that major transitions trigger in individuals, and effects on others.

Here are four excellent books, with stories and strategies to enlist employers and co-workers in the task of supporting individuals with disabilities in the work place:

Keys to the Workplace: Skills and Supports for People with Disabilities

By Michael J. Callahan & J. Bradley Garner (1997); Brookes Publishing; ISBN: 1557662762

Natural Supports in School, at Work, and in the Community for People with Severe Disabilities

By Jan Nisbet, Editor (1992); Brookes Publishing; ISBN: 1557661014

Developing Natural Supports in the Workplace: A Practitioner's Guide

By Patricia Rogan & Stephen T. Murphy (August 1997); Training Resource Network; ISBN: 1883302064

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Natural Supports in Action: Strategies to Facilitate Employer Supports of Workers with Disabilities

By Richard Luecking, Sandra Hathaway, and Dale Dileo (September 1995); Training Resource Network; ISBN: 1883302102.

Here are several books (one not yet published, but from Pro Ed, a quality publisher) that speak to "best practices" of various kinds:

Developmental Disabilities: A Handbook for Best Practices

By Phillip J. McLaughlin & Paul Wehman, Editors (January 1992); Pro Ed; ISBN: 156372023X

Best and Promising Practices in Developmental Disabilities

By Ann Hilton & Ravic Ringlaben, Editors (December 1998); Pro Ed; ISBN: 089079720X

Best Practices: Evaluating Early Childhood Special Education Programs

By Donna M. De Stefano (June 1991); Communication Skill Builders; ISBN: 0884503798

Facing the Future: Best Practices in Supported Employment

By Dawn Langton & Dale Dileo, Editors (June 1996); Training Resource Network; ISBN: 1883302099

Inclusion Strategies for Students With Learning and Behavior Problems: Perspectives, Experiences, and Best Practices

By Paul Zions, Editor (January 1997); Pro Ed; ISBN: 089079698X

Here are three others of a more general kind:

Best Practices: Building Your Business With Customer-Focused Solutions

By Robert Hiebeler and others (January 1998); Simon & Schuster; ISBN: 0684834537

Once past some not-so-subtle advertising, this book provides a wonderful introduction to use of "best practices." Highlighted is information from Arthur Andersen's Global Best Practices Database, 30,000 pages of active, documented data on hundreds of companies worldwide. Many ideas from one industry have applications elsewhere, such as Federal Express's adaptation of just-in-time manufacturing to its work in delivering parts from suppliers to customers. Just-in-time information would be an extension of the same concept. Meeting customer needs and expectations is a focus throughout the book.

Breakthrough Customer Service: Best Practices of Leaders in Customer Support

By Stanley A. Brown, Editor (February 1998); John Wiley & Sons; ISBN: 0471642320

The publisher says: "This book brings together in one volume some of the leading ideas and practices in the field of customer service and support. Editor Stanley Brown has compiled an outstanding group of contributors who offer their first-hand success stories that explore every aspect of the field, including: creating the right corporate culture, establishing and using the right measurements and standards, short- and long-term strategic planning, using state-of-the-art technology to your company's best advantage, and more."

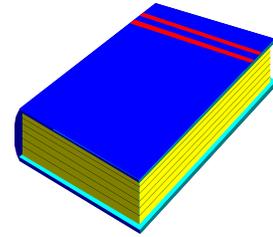
Benchmarking: The Search for Industry Best Practices That Lead to Superior Performance

By Robert C. Camp (May 1989); American Society for Quality; ISBN: 0873890582

One reviewer writes: "Camp does a marvelous job of providing the reader with the why's and wherefore's of benchmarking process. Very easy reading yet quite complete and informative on the methodology and the use of benchmarking analyses."

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References for Individual Considerations



A Guide to Developing Community Connections

Compiled by Patsy Davies and Claudia Bolton; Self-published (1996)

After the Tears: Parents Talk about Raising a Child with a Disability

By Robin Simons (1987); Harcourt Brace Jovanovich Publishers; ISBN: 0156029006

Building Partnerships, Supporting Choices: A Design for Developing Supportive Relationships through Positive Communication and Teamwork

Developed for Southern California Regional Center Directors Association
by Allen, Shea & Associates with Rhonda K. Mayer (1996)

Cognitive Coping, Families, and Disability

Edited by Ann P. Turnbull and others (January 1993); Paul H Brookes Publishing
Company; ISBN: 1557661146

Creating Individual Supports for People with Developmental Disabilities

Edited by Valerie Bradley, John W. Ashbaugh, Bruce C. Blaney (1994); Brookes

Crossing The River: Creating a Conceptual Revolution in Community & Disability

By David B. Schwartz (1992); Brookline; ISBN: 0914797824

Cultural Connection: Cross Cultural Competency Training

Prepared by the Eastern Los Angeles Regional Center and the University of Southern
California (1993)

Cultural Sensitivity

Prepared by Jose Hurtado, Eastern Los Angeles Regional Center (1996)

Developing Cross-Cultural Competence

By Eleanor W. Lynch and Marci J. Hanson, Brookes Publishing (1992)

Inland Regional Center Website

<http://www.InlandRC.org/>

Interviewing Adults with Mental Retardation and Related Conditions: Interviewer Training

By Mary Hayden (1994) University of Minnesota, Institute on Community Integration

Lanterman Developmental Disabilities Services Act

Prepared by the Organization of Area Boards (1998)

Listen, Understand, Plan, Support

Developed by Allen, Shea & Associates for CARF . . . The Rehabilitation Accreditation Commission (1996)

Manual for Residential Service Administrators

By Community Training Connection (1998)

More Than a Meeting: A Pocket Guide to the Person-Centered Individual Program Plan

Developed by Allen, Shea & Associates for the California Department of Developmental Services (1995)

Nobody's Perfect: Living and Growing With Children Who Have Special Needs

By Nancy B. Miller (May 1994); Paul H Brookes Publishing Company; ISBN: 155766143X

Patterns of Supported Living: A Resource Catalogue

By Allen, Shea and Associates and Claudia Bolton (1993); California Department of Developmental Services

Person-Centered Planning: How Do We Know When We Are Doing It

By Oregon Transition Systems Change Project (1994)

Person Centered Planning, Should We Do it With Everyone?

By Michael Smull, Support Development Associates (1996)

Race/Ethnic Population Estimates: Components of Change by Race, 1990-1996.

State of California, Department of Finance (1998)

The Great Good Place: Cafes, Coffee Shops, Community Centers, Beauty Parlors, General Stores, Bars, Hangouts, and How They Get You Through the Day

By Ray Oldenburg (February 1997); Paragon House; ISBN: 0887308392

Person-Centered Planning

Learn the Basics:

Individual Services and Supports



Learn the Basics:

**Guidelines on
Person-Centered Plan
Development**

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to provide the service coordinator with basic guidelines for developing a person-centered Individual Program Plan (IPP). It also includes a description of the mandated components of the plan.

Objectives: Upon completion of this module, you should be able to:

- (1) Describe the basic mandate for person-centered IPPs as outlined in the Lanterman Act.
- (2) Describe the basic process for the development of a person-centered individual program plan.
- (3) Identify the basic components of the IPP.
- (4) Evaluate a planning meeting and a resulting plan.
- (5) Describe the basic components of an Individual Education Plan.

Method:

- (1) Group presentation and discussion or self-directed review of *Guidelines on Person-Centered Plan Development Overview* on PowerPoint, overheads or hard copy;
- (2) Self-directed reading of *Guidelines on Person-Centered Plan Development: From Process to Plan*;
- (3) Group discussion or self-directed completion of *Suggested Activities*; and,
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint Presentation or Overheads of Guidelines on Person-Centered Plan Development Overview</i>	15 minutes
<i>Guidelines on Person-Centered Plan Development: From Process to Plan</i>	40 minutes
<i>Suggested Activity</i>	30 minutes
<i>Review</i>	20 minutes

Materials:

- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *Guidelines on Person-Centered Plan Development Overview* ;
- *Learn the Basics - Guidelines on Person-Centered Plan Development*

Guidelines on Person-Centered Plan Development: From Process to Plan

Introduction

While Regional Centers use a variety of formats for Individual Program Plans, there are some basic components of the plan which are mandated by the Lanterman Act through Title 17 regulations. This module provides you with those basic guidelines. Those phrases or sentences that you see in *italics* are mandates from Title 17. The information presented here in ***bold italic type*** represents the mandatory components of the person-centered IPP. (**Note:** The information in this module was excerpted from the Department of Developmental Services' *Individual Program Plan Resource Manual*, 1994.)

Basic Requirements of the Lanterman Act

The 1992 amendments to the Lanterman Developmental Disabilities Services Act (Lanterman Act) require a person-centered approach to Individual Program Plans (IPPs) for individuals with developmental disabilities (individuals). The basic requirements related to IPPs in the 1992 amendments to the Lanterman Act are:

- 1) *IPPs will be centered on the person and family.*
- 2) *To insure a person-centered approach to IPPs, each Regional Center shall use the standard format, instructions, and training materials prepared by the Department.*
- 3) *All public or private agencies receiving state funds for the purpose of providing the services and supports selected through the IPP process shall respect the choices made by individuals including, but not limited to, where and with whom they live, their relationships, the way they spend their time (including education, employment and leisure activities) the pursuit of their personal future, and program planning and implementation.*
- 4) *Information needed by individuals and families to exercise their right to make the choices necessary for person -centered IPPs will be provided in an understandable form.*
- 5) *The activities of employees of the Regional Centers and service providers related to person-centered IPPs, shall reflect awareness of, and sensitivity to, the lifestyle and cultural background of the individual and family.*

Guidelines on Person-Centered Plan Development

Introduction to Basic Format

The person-centered approach to assessment and individual program planning described below will be used when developing IPPs for all Regional Center individuals, and all residents of state developmental centers.

Every individual over the age of three will have a person-centered IPP that contains all of the components described in this module. Some individuals may have other individual plans in addition to the person-centered IPP (e.g., Individual Habilitation Plan).

Children below the age of three years old are required to have Individualized Family Service Plans (IFSPs), instead of IPPs. These family-centered plans that are focused both on the needs of infants and toddlers with developmental disabilities, and the corresponding needs of their families. When toddlers with developmental disabilities reach the age of three, they (and their families) are transitioned into the person-centered IPP process.

IPP Development

Person-Centered IPPs

An IPP describes the needs, preferences and choices of the individual and family. It is developed through a process of individualized needs determination, and embodies an approach centered on the person and family. Any person who is eligible for Regional Center services shall have an IPP. The IPP process uses person-centered methods to assist individuals with developmental disabilities and their families to obtain the services and supports needed to build their capacities and capabilities. Person-centered methods provide individuals with developmental disabilities and their families with opportunities to choose where and with whom they live, with whom they socialize, how they spend their time, what jobs they have, and other aspects of their daily lives.

The IPP should describe the specific responsibilities and timelines, by which future changes will be made. This should be done for each objective. The IPP is not static, but changes as new opportunities or obstacles arise.

Individual choice

Individuals must be informed of their right to make the choices recorded in their IPPs. Those choices include, but are not limited to, where and with whom they live, their relationships with people in the community, the way they spend their time, including education, employment, leisure, and the pursuit of their personal futures. All public or private agencies receiving state funds for the purpose of serving persons with developmental disabilities, including, but not limited to, Regional Centers, shall respect the choices made by individuals.

Guidelines on Person-Centered Plan Development

Everyone needs to know what the options are before they can make a meaningful choice. *To aid individuals and families in making the choices related to their IPPs, all publicly funded agencies shall provide relevant information in an understandable form.* For example, information can be provided in individual forums on specific topics or areas of interest. Visual and experiential information can also be provided by facilitating individual visits to different types of living arrangements or job possibilities.

Personal preferences and cultural background can also affect the ability of some individuals and families to express their choices in a manner that is easily understood. *Those who present options for individuals and families to choose among must present them in a way that reflects awareness of, and sensitivity to, their lifestyle and cultural background.*

In a few instances, individuals and families will insist on making choices that other members of the planning team consider to be unsafe or harmful. If these choices would constitute criminal conduct, or would present an immediate threat of serious bodily injury, team members will take the same steps available to any citizen in similar circumstances, take those actions required of professionals by law or regulation, or other actions consistent with professional ethics.

There are a small number of individuals who have little or no capacity to make these choices, and who have no legally authorized representative to make them on their behalf. The director of a Regional Center (or designee) may give

consent on behalf of the individual where it is necessary to authorize essential medical, dental, or surgical treatment.

The Planning Team

Person-centered planning is done by a planning team. A planning team is a group of individuals who are focusing their attention and efforts on building a preferred future for one member of the team, the individual. The individual is an equal with the other members of this team. This team is involved with the life of the individual and family on an ongoing basis. It should not be thought of as a team that meets only when a written IPP is due.

This team meets to share what they know about the life patterns, interests, and preferences of the person and family. The informal discussions of a planning team identify the strengths and abilities of the individual and family, as well as the problems and challenges they experience. Where the individual or family needs help in solving problems, or overcoming challenges, the team chooses a course of action that will promote the desired outcome.



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The planning team (at a minimum) consists of one or more representatives of the Regional Center, including the service coordinator, and the individual." Planning teams conducting person-centered individual program plan reviews within the state developmental centers shall include a Regional Center representative who must participate in these reviews at least once every three years. When invited by the individual the planning team may also include other persons.

The individual shall have the opportunity to actively participate in the development of the IPP. Planning conferences are conducted in the primary language of the individual. For participants whose primary language is other than that used by the individual, active participation will require that a translator or interpreter is available.

Ethnic and cultural preferences may also influence the selection of planning team members. *The planning team must include those who can ensure that relevant information is provided in an understandable form.*

Individuals may invite any interested person to participate on the planning team. Friends, neighbors and advocates can provide invaluable information to the team. They can also be productive participants on the planning team.

It may help to facilitate the individual identifying a list of individuals that she or he may want to join the planning team. This list may include parents, providers, pastors, counselors, friends, neighbors, etc.

Providers of services and supports can also be members of the planning team. Those providers who have daily contact

with the individual can provide information that is particularly valuable. These providers may facilitate, but should avoid dominating or controlling the discussions of the planning team. The decisions of the planning team are to be made jointly with the individual.

The preferences, communication style, primary language and cultural background of the individual and family are important considerations for deciding who will be on the planning team. The team should be designed to promote the free flow of communication. *Decisions must be made jointly.* Many individuals can learn to facilitate this process, others will need to have people on the team who can facilitate the process.

The Regional Center is responsible for sending written invitations to the members of the planning team to attend planning conferences, if the individual requests written notice. These notices, or invitations, must be mailed at least 30 days before the date scheduled for the conference.

The location, time, date, duration, and type of team discussions should be consistent with the preferences of the individual and family, and promote the free flow of communication. For example, some individuals may have a limited tolerance for sitting in meetings, and may need a series of shorter meetings to promote full discussion. Others may prefer phone conferences. Informal settings, such as a restaurant, barbecue, or picnic, may be preferred by others.

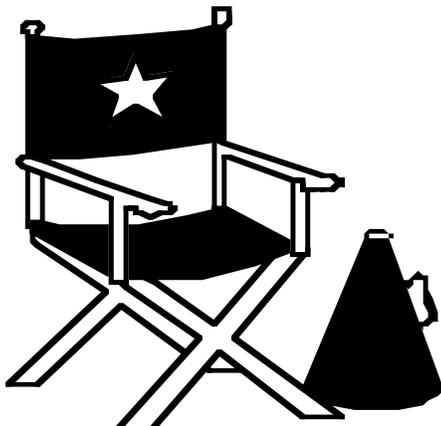
Guidelines on Person-Centered Plan Development

Time and duration requirements

A planning team must be assembled, and a person-centered IPP completed within 60 days of the completion of an intake and assessment process that results in a finding that a individual is eligible for Regional Center services. At the request of the individual, a parent or other family member designated by the individual, will receive written notice from the Regional Center, at least 30 days in advance, of all meetings to develop or revise the individual's IPP. The planning team will review and modify the IPP as necessary in response to the individual's achievements or changing needs, but not less often than once every three years. If the individual requests an IPP review, the review shall be conducted within 30 days after the request is submitted.

As discussed earlier, it may be necessary to conduct more than one meeting to complete a planning conference. This may be necessary when more information is needed for the individual or family to make an informed choice.

A series of brief meetings may also be necessary to keep the length of any one meeting within the limits of tolerance of an individual. Finally, a planning team may not be able to reach a joint decision on one or more issues without seeking further information or review.



Preparing for a planning conference

The following information will help the team set a positive tone for the planning conference:

- **Be positive.** Every individual is unique, valuable, and deserving of your respect.
- **Develop a team spirit.** A team works better when its members are able to trust everyone to be loyal and committed.
- **Talk with each other frequently between planning conferences.** The planning conference is a time to present ideas that have already been discussed.
- Encourage individuals to come to the planning conference with **well-prepared statements of hopes, dreams and preferences.** Some people bring a written statement, others bring audio or video tapes that illustrate their hopes dreams, and preferences.
- Some individuals find **rehearsing what they want to say** at the planning conference helpful.
- Encourage each other to **speak freely.** There should be no penalty for saying what you think.
- Be **specific about the changes and actions** you feel are necessary. Explore several different ways to solve the identified problems.
- **Build trust** with each other. Do not intrude while others are talking. Do not try to control each other. Do not force your needs and insights into the foreground.

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Assessment

Assessment is a required part of the person-centered planning process. The purpose of assessments is to help the team understand the needs, preferences and choices of the individual and family. Assessments provide information that helps the individual and family to define a preferred future, and to choose the best way to get there. In a person-centered planning system, assessments are not used to determine how “disabled” a individual is or to determine whether the preferred future defined by the individual and family is appropriate.

Assessment is an ongoing process. When the planning team shares what they know about the life patterns, interests, and preferences, of the person and family, they are conducting an assessment. The informal discussions of the planning team which identify the strengths and abilities of the individual and family, as well as the problems and challenges they experience, are the primary form of assessment in the person-centered process.

When the planning team decides that professional assistance is needed, professional assessments may be conducted. *Professional assessments shall be conducted by qualified individuals and performed in natural environments whenever possible. All assessments shall reflect awareness of, and sensitivity to, the lifestyle of the individual and the family. Assessment is a required part of the person-centered planning process.*

Assessments shall determine the individual's:

- *life goals*
- *strengths and capabilities*
- *preferences, including*
- *preferred persons and groups to relate to*
- *preferred community activities*
- *preferred living arrangement*
- *preferred employment or school placement*
- *preferred leisure activities*
- *needs for supported living and other supports*
- *barriers to fulfillment of life goals or preferences*
- *concerns or problems*

For children with developmental disabilities, the assessment should include a review of the strengths, preferences and needs of the child and family unit as a whole. *When children with developmental disabilities live with their families, the assessment shall include a determination of the family's current needs and the supports that would be necessary to maintain the child in the home.*

Guidelines on Person-Centered Plan Development

Conducting a Planning Conference

Planning conferences

Planning conferences are meetings of the planning team. One of the purposes of these meetings is to bring all the members of the planning team together in the same room for face-to-face discussions. *Since person centered IPPs are the product of joint decisions made (at a minimum) by the individual and service coordinator, both the individual and service coordinator must be present at these conferences, unless the individual refuses to attend.* If the individual refuses to attend the planning conference prior to the conference, the service coordinator should review, with the individual, the issues to be discussed in a manner that the individual finds acceptable.

Planning conferences are generally held as face-to-face meetings, but may be constructed by phone, or through a series of interviews with the members of the planning team, with the agreement of all members of the planning team.

Another purpose of planning conferences is to compile and record the information necessary for achieving the preferred future of the individual and family. The written record of the information exchanged at a planning conference and the decisions and choices that were made at the conference is the written form of the IPP.

A planning conference and the written IPP that is produced from it provides a picture of the progress that has been made toward achieving the preferred future (and what remains to be achieved)

at a given point in time. While planning conferences and written IPPs are important, person centered planning is much more than a series of meetings that produce documents.

Scheduling the conference.

- While there is no required time limit for these conferences, they should be scheduled to allow enough time for thorough discussion of all issues.
- *Planning conferences must be held at least every three years, but can be requested by the individual or family at any time. Any major life change should trigger a planning conference. Major life changes include significant changes in health condition, moving from one place to another, loss of a person who is deeply involved in support, loss of a job, change of school, etc.*
- The individual's service coordinator is generally responsible for scheduling planning conferences, but any member of the team can help with scheduling. *When a individual or family requests a planning conference, the individual's service coordinator is responsible for scheduling the conference within 30 days of the request.*
- The date, time, and location of the planning conference should be convenient to all team members, and should be selected in time to give 30 days advance written notice to all participants.

Guidelines on Person-Centered Plan Development

A Checklist for Your Planning Meeting*

Individual: _____

Date of Meeting: _____

Yes	No	
------------	-----------	--

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The individual (or family, friend, or advocate if needed) chose who would be at the meeting and where it would be held. |
| <input type="checkbox"/> | <input type="checkbox"/> | The individual was at the meeting. |
| <input type="checkbox"/> | <input type="checkbox"/> | The individual was a part of the team and the focus of their work. |
| <input type="checkbox"/> | <input type="checkbox"/> | The individual (or family, friend, or advocate if needed) was asked first to share, and then others were asked to share information. |
| <input type="checkbox"/> | <input type="checkbox"/> | The team talked about the individual's preferences and strengths. |
| <input type="checkbox"/> | <input type="checkbox"/> | The meeting was positive. |
| <input type="checkbox"/> | <input type="checkbox"/> | The meeting was supported by an effective facilitator who made sure that everyone had an opportunity to share in a nonjudgmental atmosphere. |
| <input type="checkbox"/> | <input type="checkbox"/> | Someone was there to talk or communicate for the individual if he or she could not talk or communicate for him-/or herself. |
| <input type="checkbox"/> | <input type="checkbox"/> | The team talked about how to make sure the support services plan would reflect the individual's preferences and strengths. |
| <input type="checkbox"/> | <input type="checkbox"/> | The team committed to work together to carry out the plan and to meet again to talk about their progress. |

Comments:

* Adapted from USARC/PACE, Vacaville, CA (1996)

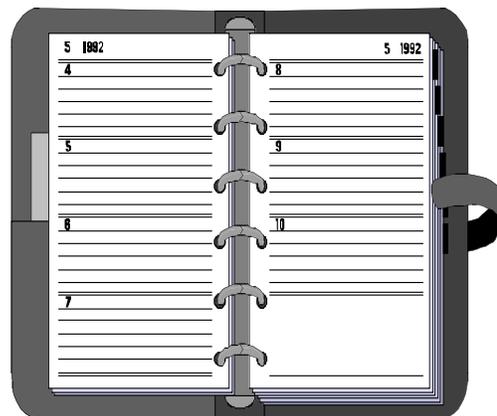
Guidelines on Person-Centered Plan Development

- The location of the planning conference should be comfortable and easily accessible to all members of the team, with particular attention being paid to the needs of the individual and family.

Setting the ground rules.

Diversity in culture, language, ethnicity, and lifestyle is the norm in California. Productive communication among the members of the planning team requires acceptance of this diversity. Further, *awareness of, and sensitivity to the lifestyle and cultural background of individuals and families, as well as respect for their right to make choices, is a required feature of person-centered planning.* Therefore, ground rules for discussion among team members during planning conferences must be established. These are some suggested ground rules:

- Discussions are positive in tone, focusing on the capacities and capabilities of the individual and family.
- The decisions and choices made at the planning conference are made by the team as a whole, with deference to the wishes and preferences of the individual and family.
- Discussions will be non-judgmental and open-ended. Team members agree to share ideas and viewpoints freely, but also agree not to argue. Team members agree to listen to and consider the ideas of everyone on the team.
- The discussions of what the individual wants to do now, is able to do now, and wants to do in the future, provide the focus of attention and effort for the team.
- There is nothing carved in stone that says that everything that needs to be accomplished at this conference must be accomplished in a single meeting. If further information is needed, or someone has to leave the meeting, the conference can be continued later with another meeting.
- Active involvement and discussion by individuals and families is promoted by creating a comfortable, friendly, and encouraging atmosphere during the meeting.



Guidelines on Person-Centered Plan Development

Examples of IPP Outcomes and Plans

- **I will be more independent.**
Sample Plan: I will take the bus to work.
Sample Plan: I will live in my own apartment.
- **I will have more things to do during the week.**
Sample Plan: I will get a 5 day a week job.
Sample Plan: I will volunteer at the Senior Center twice a week.
- **I will be more involved in my community.**
Sample Plan: I will work out at the health club to stay in good shape.
Sample Plan: I will go to the Methodist Church on Sundays.
- **I will do things the way I like them.**
Sample Plan: I will set my own daily schedule.
Sample Plan: I will pay my own bills.
- **I will live where I want to live.**
Sample Plan: I will live with my brother.
Sample Plan: I will live with my friends.
- **I will spend more time with family and friends.**
Sample Plan: I will visit with my family more often.
Sample Plan: I will go to the movies with my friends on Saturdays.
- **I will make my own decisions.**
Sample Plan: I will take a shower in the evenings.
Sample Plan: I will hire my own support staff.
- **I will use the support offered by my family and friends.**
Sample Plan: My sister will take me shopping.
Sample Plan: My neighbor will take out my trash for me.
- **Our family will stay together.**
Sample Plan: With more respite support, we will go out on a date once a week.
Sample Plan: With more support to help teach John how to use the bathroom, he will need less support from us and be more independent.

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Discussion pattern

Each planning team will adopt a pattern that suits their needs and preferences. Some things, however, need to be discussed at a planning conference. They are shown below in *italics*, within a common pattern of discussion, but they don't necessarily need to be discussed in the order they are listed below.

- It is often useful to have one of the team members keep notes so that later, the planned actions can be related to goals and objectives, which are in turn related to the statement of a preferred future. Many people prefer to have notes taken on a large chart pad so they are easily read by all team members. Others are happy to use note paper and read from the relevant notes when questions arise.
- A general discussion of hopes, dreams (or nightmares), and preferences leads to statements of a preferred future for the individual. These are statements of what the individual would do and be under the best possible circumstances.
- With the preferred future in mind, the team discusses the current situation. By encouraging open and frank descriptions of how things are going, and by listening carefully to each other, the team gradually develops a complete picture of what is happening and whether the individual and family feel they are going in the right direction. These discussions constitute an

informal assessment of the life goals, capabilities and strengths, preferences, barriers, and concerns or problems of the individual, and how those relate to the individual's preferred future and desired outcomes.

- A series of outcome statements will emerge from the statements of preferred future and descriptions of the current situation. *Outcomes are broad statements about where the individual would like to live, what kind of job the individual would like to have, what recreational activities the individual would like to engage in, etc.* Outcomes are usually statements of what the individual would like to change, but can also be statements of what the individual wants to keep in his or her life. The achievement of some outcomes may take several years.
- Plans are milestones on the path to achieving the individual's outcomes. *Plans are specific, time-limited activities for implementing goals. Plans should be stated in terms that allow measurement of progress toward the desired outcomes, or monitoring of service delivery.*

A simple example of the difference between plans and outcomes would be that one of the individual's outcomes is to work at a job in one of several restaurants closer to home. One plan might be to pick up, fill out and return a job application at a nearby restaurant each week for

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Service and Support Options May Include, But Are Not Limited To

- adaptive equipment and supplies
- advocacy
- advocacy assistance or facilitation
- assessment
- assistance in finding, modifying, and maintaining a home
- behavior modification
- behavior training
- camping
- childcare
- community integration services
- community residential placement
- community support
- counseling for the individual's family
- counseling for the individual
- daily living skills training
- day care
- development and provision of a 24-hour emergency response system
- development of unpaid natural supports
- diagnosis
- domiciliary care
- education
- emergency and crisis intervention
- emergency housing
- emergency relief for personal care attendants
- evaluation
- facilitated circles of support
- facilitation with a facilitator of the individual's choosing
- facilitation including outreach and education
- financial assistance
- follow-along services
- foster family placement
- habilitation
- home location assistance
- homemaker services
- identification of circles of support
- infant stimulation programs
- information and referral services
- mental health services
- occupational therapy
- paid neighbors
- paid roommates
- parent training
- peer advocates
- personal care or assistance
- physical therapy
- protection of civil, service, and legal rights
- protective services
- provision of circles of support
- recreation
- recruiting, hiring, and training personal care attendants
- respite
- respite for personal care attendants
- self-advocacy training
- sheltered employment
- short term out-of-home care
- social services
- social skills training
- sociolegal services
- special living arrangements
- specialized dental care
- specialized medical care
- speech therapy
- support services for individuals in homes they own or lease
- supported employment
- supported living arrangements
- technical assistance
- training
- transportation services
- travel training
- treatment
- vouchered services
- services and supports that are necessary for families to maintain their children with developmental disabilities at home, when living at home is in the best interest of the child
- services and supports needed to maintain and strengthen the family unit, where one or both parents is an individual with developmental disabilities
- other service and support options which would result in greater self-sufficiency for the individual and cost-effectiveness to the state.

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the next six weeks. Submitting the applications will not ensure that a job closer to home is achieved, but it is a concrete and understandable step in the process and is a reasonable plan.

- Additionally, planning team members make commitments to assign or undertake specific activities, within a set time frame, to assist the individual in moving from one outcome, or plan, to the next. These are commitments made by the members of the planning team, to engage in specific activities within the times agreed to. This is the “who does what by when” information that helps the planning team to maintain its focus and ensure accountability for the agreements made.
- An example of a specific commitment for the job outcome above might be for one of the other members of the planning team to agree to meet the individual every Tuesday after work for the next six weeks to walk around the neighborhood with him while he picks up applications and help him fill them out.
- In many instances, the achievement of outcomes and plans will require some level of service or support. Some services and supports may be provided by friends, neighbors or a circle of support, at no cost, and as part of a natural relationship. Other services and supports are

available through publicly funded agencies that serve all citizens. Services and supports that have been designed specifically to meet the needs of persons with developmental disabilities’ are available through the Regional Center or developmental center.

- *When discussing necessary services and supports, the team shall consider a range of service and support options proposed by individual team members.* Team members should consider how services and supports can be arranged to achieve the outcomes and plans agreed to by the team. Discussion should also include which services and supports can be gained through natural and generic sources, as well as those which can be purchased by the Regional Center.
- Team discussions are usually concluded with a discussion of when the next conference should be scheduled. While planning conferences must be held at least once every three years, it is up to the team to decide how often they must meet. The preferences and needs of the individual and family should guide the team’s choice of the appropriate time for the next meeting.



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Content of the Written IPP

After the team has discussed everything that needs to be discussed, a written record of the decisions and choices made is prepared. This is the written form of the IPP. The end result will be a paper record that reflects the decisions and choices made during the planning conference. The written IPP should be viewed as a picture of the planning effort at a point in time. At a minimum, each written IPP must contain the **bold, italicized** components.

Outcomes

A written IPP contains statements of outcomes based on the required assessment.

Plans

A written IPP also contains plans for achieving the stated outcomes. IPP plans must be specific, time-limited, stated in measurable terms, and related to the individual's outcome statements. A plan is measurable if it is written in a way that allows the planning team to determine if every service and/or support specified in the plan has been delivered in a manner that is satisfactory to the individual.

Plans must be stated in terms of what benefit the individual will derive, and not in terms of what procedures service providers will use.

Family Plan Component

A written IPP for a individual who is a minor and is living at home must include a family plan component describing those services and supports necessary to successfully maintain the child with developmental disabilities at home. Regional Centers shall consider every possible way to assist families in maintaining

their children at home (when living at home is in the best interest of the child) before considering out-of-home placement.

Schedule of Services and Supports

When the decisions and choices made during the planning conference include purchasing services and supports, a summary, called a schedule of services and supports, is prepared.

At a minimum, each member of the planning team should leave the planning conference with a signed copy of what has been agreed to (or not agreed to). The services and supports that are scheduled must be related to the achievement of the outcomes and plans described in the IPP. *The written schedule of services and supports shall identify the provider (or providers) responsible for attaining each plan including, but not limited to*

- *Regional Center vendors*
- *contracted providers*
- *generic service agencies*
- *natural supports*

At the end of the planning conference, each member of the planning team should be given an opportunity to review what was agreed to. While handwritten IPPs are permitted, they are usually typed some time after the planning conference to make them easier to read. When the written IPP is typed after the planning conference, the typed IPP should be distributed to the members of the planning conference within 45 days after the planning conference.

Whether handwritten or typed, *the final IPP must be prepared in a form that is understandable to the individual and family. If the individual or family needs interpretation or translation services to fully participate in*

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the development of the IPP, or to understand the written IPP, the Regional Center shall provide translation or interpretation services.

If the Regional Center administration decides at a later date (and without the consent of the individual) to reduce, terminate, or change the services that are listed in this schedule, and are currently being delivered, the Regional Center must notify the individual by certified mail at least 30 days before taking the action. If the individual or family files an appeal of this decision within 10 days, the services will be continued during the appeal procedure.

If the Regional Center administration decides at a later date (and without the consent of the individual) to reduce, terminate, or change the services that are listed in this schedule, but have not yet been purchased, the Regional Center must notify the individual by certified mail at least 5 days before taking the action. If the individual believes that this action is illegal, discriminatory, or not in his or her best interest, the individual may request a fair hearing.

Review Schedule

The IPP shall contain a schedule of regular periodic review and reevaluation to find out whether planned services have been provided; plans have been met within the times specified; and individuals and families are satisfied with the IPP and its implementation.

IPP Implementation

The scope of services and supports purchased by Regional Centers

In order to achieve the stated plans of a individual's IPP, the Regional Center shall conduct a variety of activities. These activities may include purchasing services and supports (through vendorization or a contract) for a individual from any individual or agency which the Regional Center and individual agree will best accomplish all or any part of the individual's IPP.

A Regional Center must identify and pursue all possible sources of funding for individuals receiving Regional Center services including:

- *Governmental or other entities or programs required to provide or pay the cost of providing services, including Medi-Cal, Medicare, the Civilian Health and Medical Program for Uniform Services, school districts, and federal supplementary security income and the state supplementary program.*
- *Private entities to the maximum extent they are liable for the cost of services, aid, insurance, or medical assistance to the individual.*
- *Parental support - Regional Centers shall not use purchase of service funds to purchase services for a minor child without first taking into account, when identifying the minor child's service needs, the family's responsibility for providing similar services to a minor child without disabilities. For example, when*

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purchasing or providing a voucher for day care services for parents who are caring for children at home, the Regional Center may pay only the cost of the day care services that exceeds the cost of providing services to a child without disabilities unless the family can demonstrate a financial need, or when doing so will enable the child to remain in the family home.

Regional-center funds shall not be used to supplant the budget of any agency which has a legal responsibility to serve all the members of the general public and is receiving public funds for providing those services. Further, services selected by the Regional Center must reflect the cost-effective use of public resources. As defined in regulation, cost-effectiveness means obtaining the optimum results for the expenditure.

In implementing IPPs, Regional Centers shall first consider services and supports in natural community, home, work, and recreational settings. Services and supports shall be flexible and individually tailored to the individual and, where appropriate, his or her family.

Regional Centers are obligated to find innovative and economical methods of achieving the outcomes and plans in the individuals' IPPs. For example, a Regional Center may issue a voucher for services and supports provided to an individual or family. Community support may also be provided to assist individuals to fully participate in community and civic life. This support may include programs, services, work opportunities, business, and activities available to persons without disabilities. This shall include any of the following:

- outreach and education programs and services within the community, including assistance in identifying and building circles of support within the community
- supports to individuals to enable them to more fully participate in the community
- developing unpaid natural supports when possible
- if facilitation require the services of an individual is specified in the IPP, the facilitator shall be of the individual's choosing

Considerations for selecting providers

The Regional Center shall consider all of the following when selecting a provider of individual services and supports:

- the individual's choice of providers
- if facilitation requiring the services of an individual is specified in the IPP, the facilitator shall be of the individual's choosing
- a provider's ability to deliver services and supports that can accomplish all or part of the individual's IPP
- a provider's success in achieving the outcomes and plans in the IPP
- where appropriate, possession of a license permitting the provision of the services needed, or accreditation that assures the quality of the services, or professional certification

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- *the cost of providing the services or supports of comparable quality by different providers, if available*
 - *the eligibility of the individual for the same, or similar, services and supports from any publicly funded agency that has a legal responsibility to serve all members of the general public*
 - *the cost-effective use of public resources*
 - *the desire of the individual to receive necessary services and supports without having to move elsewhere*
 - *If the team is considering the appropriateness of having the individual move to a more restrictive environment, crisis services must be sought in an effort to prevent disrupting a person's living arrangement. If crisis intervention has been unsuccessful, emergency housing in the person's home community must be sought. If dislocation cannot be avoided, the individual's goals and objectives must reflect that every effort is being made to return the person to the living arrangement he or she chooses, with all necessary supports, as soon as possible.*
 - *If the team is considering the appropriateness of having the individual move to a more restrictive environment, crisis services must be sought in an effort to prevent disrupting a person's living arrangement. If crisis intervention has been unsuccessful, emergency housing in the person's home community must be sought. If dislocation cannot be avoided, the individual's goals and objectives must reflect that every effort is being made to return the person to the living arrangement he or she chooses, with all necessary supports, as soon as possible.*
- community must be sought. If dislocation cannot be avoided, the individual's goals and objectives must reflect that every effort is being made to return the person to the living arrangement he or she chooses, with all necessary supports, as soon as possible.*
- When an existing IPP is being updated, the following shall be determined before a service or support previously selected is renewed or continued:*
- *the individual is satisfied with the service or support, and*
 - *the planning team agrees that the planned services and supports have been provided, and reasonable progress toward achievement of the planned objectives has been made*

Monitoring

Each individual shall have a designated service coordinator who is responsible for providing or ensuring that needed services and supports are available to the individual. The individual's service coordinator shall monitor the implementation of the IPP to ascertain that outcomes and plans are met.

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Desired Outcomes for the Person-Centered Individual Program Plan*

Individual: _____

Responsible Person: _____

Date: _____

Outcomes and plans maximize opportunities for:

- developing relationships,
- participating in community life,
- increasing control over his or her life, and
- developing skills and competencies to accomplish the above.

How does this IPP support the individual's identified lifestyle?

In what ways could it be better?

Are specific individuals identified as responsible for implementation and/or coordination of the plan?

Is there a timeline for plans?

* Adapted from USARC/PACE, Vacaville, CA (1996)

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INDIVIDUAL PROGRAM PLAN* Sample Plan with Descriptors

Service Coordinator:

DATE OF IPP MEETING:

The next IPP must be held one year from this date regardless of the date of the latest revised IPP. An IPP agreement form must be completed for every IPP.

DATE OF REVISED IPP:

If there are any significant changes in either the consumer's current situation, desired outcomes or plans, then enter the date of the revised IPP.

NAME: Enter the individual's name
DOB: Enter the individual's date of birth
UCI#: Enter the Unique Client Identification number

RESIDENCE TYPE: Enter if consumer resides with family, independently (with or without supports), or in a licensed home (if licensed, what type/level).

WHO HELPED WITH THIS PLAN: List all of the names and relationships of participants who were contacted to assist with this plan, including participants by report (including verbal report). This would include the people important to the consumer, family and friends as well as service providers who are either providing ongoing services or one time assessments.

STRENGTHS: List the strengths of the consumer by obtaining input from the entire planning team. Do not include "likes" or preferences as strengths (rather, include these in the section on "things people need to know about the individual").

HOPES AND DREAMS FOR THE FUTURE. Discuss the vision and long range goals for the individual as presented by the individual and/or family. If there is a long range goal that requires a current plan, please use the optional "Futures Planning" component of the IPP. For example, a child might still be in school but parents would like to visit supported work or supported living settings as part of the long range person centered plan.

THINGS PEOPLE NEED TO KNOW ABOUT ME: Discuss the unique characteristics, preferences, reinforcers, fears, strong likes and dislikes of the individual by obtaining input from the entire team. Also in this section, discuss things that people need to know about the family.

* Adapted from NLACRC and HRC IPP Guides for Service Coordinators.

Guidelines on Person-Centered Plan Development

FAMILY/SIGNIFICANT OTHERS/INDIVIDUAL

CURRENT STATUS:

Please complete this section even if there is not a desired outcome. Review last year's IPP outcomes in this section.

Describe how things are now with respect to the individual's family and significant relationships.
Describe the family composition and environment

- a. Who has legal responsibility? (DCFS, custody, conservatorship)
- b. If individual lives with family, describe household, whether and where parents work and what their jobs are, siblings ages and what they do, other relatives in the home, etc.
- c. Family and individual situation with respect to:
 - (1) systems of support including extended family, friends, neighbors, etc.
 - (2) ability to cope with the disability
 - (3) understanding the service system
 - (4) ability to advocate
 - (5) ability to follow through
 - (6) means of support including all financial (SSI, SSA, payee, etc.)
 - (7) spiritual
 - (8) If individual is an adult, describe spouse/other relationships as well as whether individual has children
- d. Significant family issues (social, family, health)
- e. Other

DESIRED OUTCOME:

What does individual and family wish to accomplish? If things are fine as they are now in this area, there is no need to include a desired outcome. Note that there may be more than one desired outcome. This section should discuss the results to be accomplished for this component. The combination of the desired outcomes and plans to achieve these outcomes should be **SMART**-- Specific, Measurable, Achievable, Result-oriented and Time-framed. Include target date.

PLAN FOR INDIVIDUAL/FAMILY.

What will the individual/family do to achieve desired outcome, Include target date.

PLAN FOR COMMUNITY SUPPORTS:

What community supports (including generic supports) will be used to assist the individual to achieve this desired outcome. Include target date.

PLAN FOR REGIONAL CENTER SUPPORTS:

What will the Service Coordinator do to achieve this desired outcome. Include target date.

Guidelines on Person-Centered Plan Development

HOME

CURRENT STATUS:

Please complete this section even if there is not a desired outcome Review last year's IPP outcomes in this section.

Current status for this component includes:

- a. A description of where and with whom the individual lives. Please include address and telephone number here.
- b. A summary of the age-appropriate self help skills of the individual and a description of whether and to what extent the individual is able to participate in doing age-appropriate household chores, If the individual has received any in-home training re self help skills (e.g. independent living skills training), there should be a discussion of the frequency and intensity of the in-home support/service that was/is being provided, as well as a description of the progress made. Indicate the date of any progress reports received from the service provider and whether the consumer/family is satisfied with the service.
- c. A description of any behaviors of the individual which present obstacles for the household- and how the family/caregiver and others in the household are managing these. If the family has received any parent training in behavior management, there should be a discussion of the frequency and intensity of the training that was provided, as well as a description of the progress that was made. Indicate the date of any progress reports received from the service provider and whether the individual/family was satisfied with the service.
- d. If the physical environment of the home is an issue (e.g. for a wheelchair user) if should be discussed here.
- e. If the physical environment of the neighborhood (e.g. safety issues, proximity to needed resources, etc.) is an issue it should be discussed here.
- f. If the individual resides in a licensed home, the setting should be discussed here, including name, address and level of the home, number of individuals in the home, administrator name and how the family is involved with the home and individuals. Also list the dates of quarterly contacts from the previous year.
- g. If the individual resides in a supported living setting, there should be a discussion of the frequency and intensity of any supported living service being provided, as well as a description of the progress made since the last IPP with respect to the individual's independent living skills. There should also be a description of roommate issue, if any, and how the consumer's family has remained involved. The name of the supported living service provider should be included. Also list the dates of quarterly contacts from *the* previous year.

DESIRED OUTCOME:

PLAN FOR INDIVIDUAL/FAMILY.

PLAN FOR COMMUNITY SUPPORTS:

PLAN FOR REGIONAL CENTER SUPPORTS:

Guidelines on Person-Centered Plan Development

HEALTH AND WELL BEING

CURRENT STATUS:

Please complete this section even if there is not a desired outcome Review last year's IPP outcomes in this section.

Discuss the following areas in the current status **prior to completion of specific data requested on the IPP:**

- a. List diagnoses. Include eligible diagnoses as well as other diagnoses or conditions that impact consumers health and well being,
- b. Assessment of health status (refer to any health assessments which have been completed since the last IPP)
- c. Significant health issues which impact age-appropriate functioning in the environment; if consumer is an adult, describe how health status impacts independent functioning; if consumer is in supported living, describe how supports are being used to ensure that consumer has health needs monitored, if necessary
- d. Durable equipment/technology
- e. Health insurance, CCS, status of EPSDT, Medicaid waiver or NF waiver.
- f. Mental health status

Complete specific data as outlined on the IPP form (if individual is on any medication the major side effects have to be listed)

DESIRED OUTCOME:

PLAN FOR INDIVIDUAL/FAMILY.

PLAN FOR COMMUNITY SUPPORTS:

PLAN FOR REGIONAL CENTER SUPPORTS:

Guidelines on Person-Centered Plan Development

SCHOOL/WORK/DAY ACTIVITY

CURRENT STATUS:

Please complete this section even if there is not a desired outcome Review last year's IPP outcomes in this section.

Discuss the following areas:

- a. Discuss what the individual does during the day (whether in some type of day activity or not), for consumers who are at least 3 years of age, if the day activity is purchased by the Regional Center explain why the individual is not eligible for a generic day activity; for all individuals, address efforts that are being Made to promote day activities in included settings
- b. Discuss the key objectives of any day activity for the individual; refer to any meetings that have been held (transition meetings, IEP meetings, etc.) to review day activity progress; indicate whether you attended, who else participated, and the major points discussed at the meeting;
- c. Indicate the date of any progress reports received from the day activity; provide a brief summary that explains how progress is being made and whether the individual/family is satisfied

DESIRED OUTCOME:

PLAN FOR INDIVIDUAL/FAMILY.

PLAN FOR COMMUNITY SUPPORTS:

PLAN FOR REGIONAL CENTER SUPPORTS:

SOCIAL/RECREATION/LEISURE/PLAY

CURRENT STATUS:

Please complete this section even if there is not a desired outcome Review last year's IPP outcomes in this section.

Discuss the following:

- a. Discuss what the consumer does for fun and with whom he does it
- b. Discuss whether there are any obstacles that prevent the consumer from pursuing recreational activities and how this is being addressed
- c. Indicate if Regional Center is purchasing any social/recreational services and supports for the individual. If so, indicate how the purchase of these services is consistent with the Regional Center service policy; summarize the progress reports that have been received from the service provider.

DESIRED OUTCOME:

PLAN FOR INDIVIDUAL/FAMILY.

PLAN FOR COMMUNITY SUPPORTS:

PLAN FOR REGIONAL CENTER SUPPORTS:

Guidelines on Person-Centered Plan Development

OPTIONAL SECTIONS

The planning team may wish to add sections to the IPP to address areas of interest or concern that are not specified above. The team should be encouraged to do so. We have given two examples of additional IPP sections that might be added in the circumstances indicated. There may be any number of additional sections depending on the preference of the team. These may be written in other sections.

COMMUNITY

CURRENT STATUS:

This component is an optional section for adults that addresses areas including civic duties such as voting and volunteering, self-advocacy, board or committee participation or accessing community services.

DESIRED OUTCOME:

PLAN FOR INDIVIDUAL/FAMILY.

PLAN FOR COMMUNITY SUPPORTS:

PLAN FOR REGIONAL CENTER SUPPORTS:

FUTURES PLANNING

CURRENT STATUS:

This component is to be completed if the consumer, or family has an interest or a concern about something that might occur in the rather distant future; for, example, the family of a young child might be interested in learning about what work opportunities are available for adults; a parent may be thinking of moving and want to explore resources for their child with autism in another location; etc.

DESIRED OUTCOME:

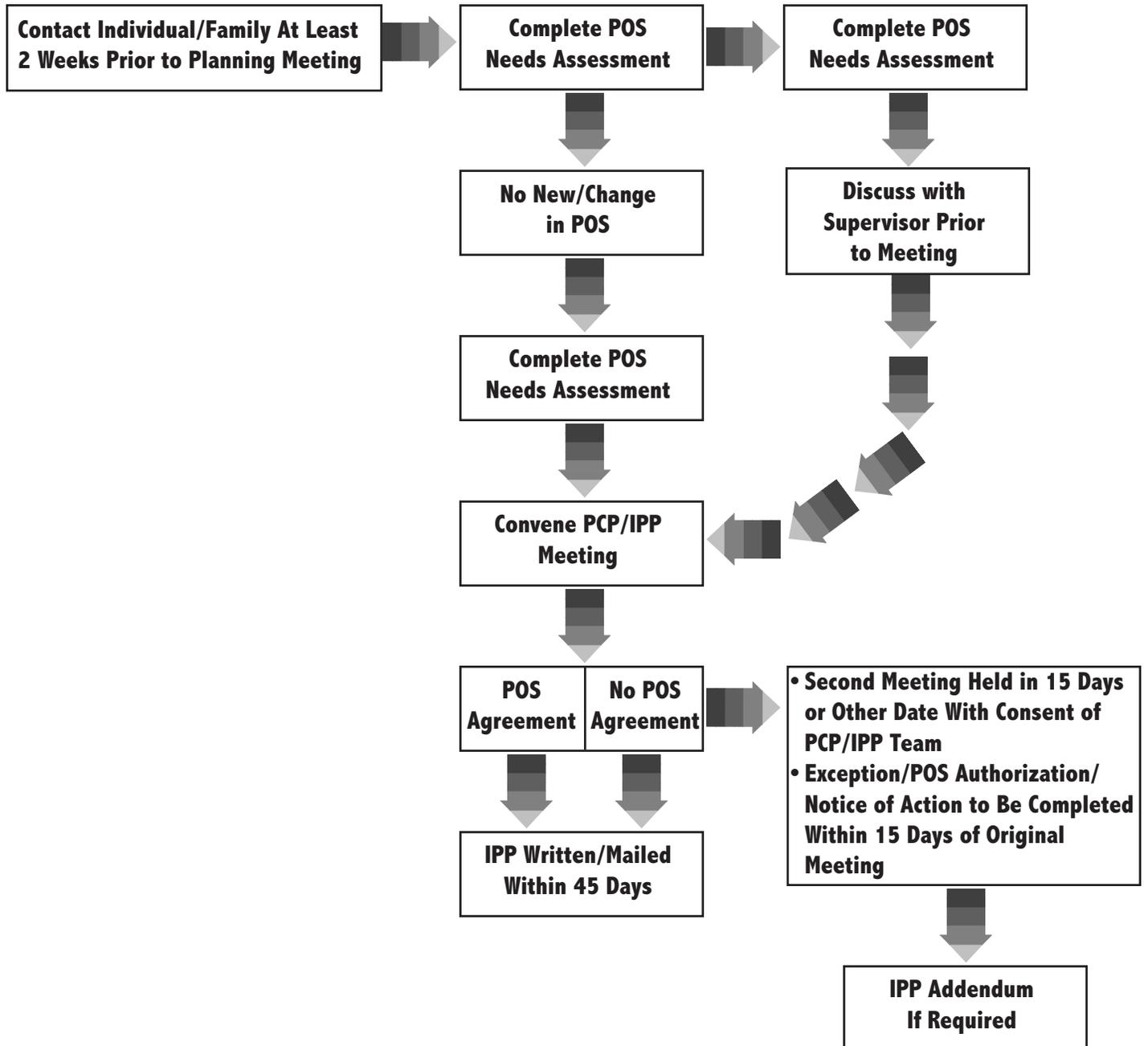
PLAN FOR INDIVIDUAL/FAMILY.

PLAN FOR COMMUNITY SUPPORTS:

PLAN FOR REGIONAL CENTER SUPPORTS:

Guidelines on Person-Centered Plan Development

Sample of Regional Center Person-Centered IPP (PCP/IPP) and Purchase of Service (POS) Process*



* Adapted from NLARC

Guidelines on Person-Centered Plan Development

The Individual Education Plan (IEP)

If you work with school-aged individuals and their families, you will likely be involved in the development of an Individual Education Plan. IDEA (the *Individuals with Disabilities Education Act*) guarantees that an individualized education plan (IEP) will be prepared by a team of teachers, administrators and parents. It is the legal document which guides the education of students with special needs.

When it's IEP time, parents often feel anxiety. They may ask for your support and advocacy at the IEP meeting. If you are about to participate in your first IEP, you might want to look at the plan from last year and talk to the parents about what's working well and what could be better. Also, you need to get their perception about the continued importance of current educational objectives.

It is also helpful (if possible) to meet with the parents and the teacher prior to the planning meeting. If you become aware of some disagreement prior to the meeting, you may be able to assist parents and teacher in reaching some common ground. If compromise is necessary, suggest a short-term trial plan and a review of progress within the next three months. You should stress to parents that they should sign the IEP only after it addresses the highest area of concern for their child.

Transition Plans

The transition from school to adult living, working and learning environments is a very important process. To be successful, transition must be carefully planned by families, schools, and the Regional Center. In recognition of its importance, education law requires that beginning no later than age 14 or at younger age if appropriate, a statement of needed transition services must be included in the IEP. If appropriate, a statement of each public agency's (e.g., school) and each participating agency's responsibilities (e.g., Regional Center), or both, before the student leaves the school setting shall be included. Transition services are considered to be a coordinated set of activities for a student which:

1. are outcome oriented; and
2. promote movement from school to post-school activities including the following: post secondary education; vocational training; integrated employment/ supported employment; continuing and adult education; adult services; independent living; and, community participation.

These coordinated set of activities must:

1. Be based on the student's needs and take into consideration the student's preference and interests.
2. Include the following: instruction; community experiences; development of employment and other post school activities.
3. If appropriate, acquisition of daily living skills and functional vocational evaluation.

Guidelines on Person-Centered Plan Development

Most Everything You Would Want to Know About the IEP and Planning Meeting

Some basic facts about the IEP Meeting:

1. The IEP meeting must include: a representative of the school, other than the child's teacher, who is qualified to provide, or supervise the provision of special education; the child's (student's) teacher; one or both of the student's parent(s) or guardian; the student, where appropriate, as determined by the parent(s); other individuals at the discretion of the parent or agency.
2. Parents have a right to clear explanations in everyday language.
3. Parents may tape IEP meetings.
4. An IEP must be agreed upon (and short term instructional objectives written) before special education and related services are provided.
5. An IEP must be in effect within 30 days of determination of eligibility and thereafter at the beginning of each school year.
6. Special education also includes access to vocational education with appropriate modifications, accommodations and remedial services.
7. Parents can request a copy of the IEP.
8. An IEP can be revised if parents feel it is not working.
9. IEP meetings can be called at the request of the parent or the school.

The IEP should consist of:

- A statement of the child's present educational performance level
- A statement of annual goals, including short-term instructional objectives
- Specific special education and related services to be provided and a statement of the extent to which the child will participate in regular education programs
- The dates for initiation of services and the anticipated duration of services
- Appropriate objective criteria and evaluation procedures and schedules for determining at least annually, whether instructional objectives are being achieved
- All accommodations and modifications necessary for participation in regular education programs
- A statement of the least restrictive environment (LRE)

An IEP can be implemented through: regular class in a public school, with appropriate supportive related services; special class in a public school, with appropriate supportive related services, as necessary; special public high school; special education program in private day or residential school which meets state standards; home or hospital program; or, special education program in a residential facility.

Appropriately related/supportive services must be provided to meet your child's needs as indicated in the IEP. **These include, but are not limited to:** speech and language services; psychological services, social work services, counseling services; special readers, braillists, typists, and interpreters; physical and occupational therapy, adaptive physical education, and other necessary therapeutic services; consultative services; supportive institutional services; medical services for evaluation and diagnostic purposes, and school health nurses; parent counseling and training; resource centers; transportation services; and, vocational education.

Guidelines on Person-Centered Plan Development

What is the Individualized Family Service Plan?*

The Individualized Family Service Plan (IFSP) is the foundation of services that are family-centered. It is based on the child's strengths and the family's concerns and priorities for the child. In planning the IFSP meeting, the family and the service coordinator should:

- * Talk about the child and any questions or concerns about his or her development.
- * Decide how the family will participate in the process of evaluation, assessment, and service planning.
- * Plan times or locations that are convenient for the family.
- * Decide which members of the family should be included.
- * Think about whether someone else should be included, such as a friend, another parent, a child care provider, or baby sitter.
- * Consider which service delivery environment - home, child care setting, infant development program, etc., best suits the child's needs.

Who Develops the IFSP? The family does! The family is an equal member of the IFSP team which develops the service plan. Along with the service coordinator, the family helps decide which family members, friends, teachers, therapists, physicians, and other professionals should be included and which members will help write the IFSP. The team works together to achieve these outcomes. The IFSP should be:

- * responsive to the individual family's concerns, strengths, and priorities;
- * supportive of the individual family's routine, values, culture, and community; and
- * fully explained to the family, and if feasible, written in the family's language.

IFSP should include:

- * a statement of the child's level of development;
- * with permission, a statement of your family's resources, priorities and concerns as they relate to the child's development (called "family assessment");
- * a statement of the major outcomes expected for the child and family, including when and how they will be achieved;
- * a statement of which early intervention services are to be provided and in what settings they will occur;
- * a statement of when services are expected to begin, how often they will be provided, and how long they will continue;
- * a plan for transitions as the child's needs change (must be included when the child approaches three years of age); and
- * the name of the service coordinator.

The IFSP is not a final document; it is an ongoing process. The infant's or toddler's needs may change quickly, so the IFSP should be reviewed frequently, at least every six months, and revised as necessary.

* Adapted from NBRC website.

Guidelines on Person-Centered Plan Development

4. Describe some of the considerations for selecting a service provider.

5. Write a sample outcome in the area of independence and productivity.

6. What is the purpose of assessment in the planning process?

7. Describe the major elements of an Individual Education Plan.

Guidelines on Person-Centered Plan Development

Suggested Activities

1. Ask your supervisor for permission to sit in on a planning meeting with another service coordinator. Use *A Checklist for Your Planning Meeting* to review your thoughts about the meeting.

What were the strengths of the meeting?

How could it have been better?

2. Ask your supervisor for permission to look at 6-12 Individual Program Plans using *Desired Outcomes of the Person-Centered Individual Program Plan*.

In general, what were the strengths of the plans?

In general, how could they have been better?

Guidelines on Person-Centered Plan Development

Learn the Basics:

Purchase of Service Standards and Procedures

Purchase of Service Standards and Procedures

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to outline the way in which services are developed, and how to best use the available resources to meet needs of individuals and families.

Objectives: Upon completion of this module, you should be able to:

- (1) Identify the factors that Regional Centers consider in developing new vendored service providers.
- (2) Understand the basic steps in the process well enough to develop a request for service based on IPP objectives.
- (3) Use the major vendor categories of services in developing a request.
- (4) Identify alternatives to purchased services.
- (5) Describe the basic appeal process for a denial of a purchase of service request or a termination of service.

Method:

- (1) Group presentation and discussion or self-directed review of *Purchase of Service Standards and Procedures Overview* on PowerPoint, overheads or hard copy;
- (2) Self-directed reading of *Purchase of Service Standards and Procedures: When Generic Services Are Not Available or Enough*;
- (3) Group discussion or self-directed completion of *Suggested Activities*; and,
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint Presentation or Overheads of Purchase of Service Standards and Procedures Overview</i>	40 minutes
<i>Purchase of Service Standards and Procedures: When Generic Services Are Not Available or Enough</i>	20 minutes
<i>Suggested Activity</i>	30 minutes
<i>Review</i>	20 minutes

Materials:

- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *Purchase of Service Standards and Procedures Overview* ;
- *Learn the Basics - Purchase of Service Standards and Procedures*

Purchase of Service Standards and Procedures: When Generic Services Are Not Available or Enough

Implementing the Person-Centered Plan

On a regular basis, each individual's needs and interests are reviewed by a team. A plan for meeting goals is developed. It is the service coordinator who is responsible for implementing, overseeing, and monitoring each individual program plan. Each person on the team shares responsibility for assuring that services are identified, making referrals as appropriate, seeing that the services are implemented, and making sure that the services are helping the person progress.

The person centered plan (which might be called an *Individual Program Plan* or *Individualized Family Service Plan*) must contain information about the type and amount of each service and support to be purchased by the Regional Center or obtained from generic agencies or other resources and should identify the providers of service responsible for attaining each objective. Every effort to explore generic funding and natural supports is expected.

The services to be funded by Regional Center will require a *purchase of service authorization* to be developed by the service coordinator. The funding for these services will come from the Purchase of Service part of the Regional Center budget. The Regional Center receives its funding from the Department of Developmental Services in two categories. One category is *Operations* – to cover the cost of office space, staff, supplies, etc. The other category is *Purchase of Service* (POS) and is used to obtain those resources not available through other means (e.g., generic community services).

Purchase of Service Standards and Procedures

Excerpts from Tri-Counties Regional Center SERVICE POLICY GUIDELINES

Tri-Counties Regional Center will strive to [provide services and supports which]:

- Ensure that supports and services are available to enable persons with a developmental disability to live a more independent and productive life in the community;
- Ensure that supports and services provided which will enable persons with a developmental disability to approximate the pattern of everyday living available to non-disabled people of the same age;
- Prevent the person's dislocation from family and community;
- Foster support and service options that promote the most inclusive and least restrictive alternative and which provide an opportunity to live, learn, work and socialize in environments that enhance a individual's functional skills, productivity, independence, social support networks, and integration into general community life, with access to the full range of assistive technology;
- Promote support and service options that are designed to assure physical health and safety, development of skills for independent living and productivity, relationships with families and friends, and a high quality of life for individuals, regardless of where they live;
- Promote support and service options that are accountable, accessible, and culturally appropriate; that identify each individual's strengths and needs; that advance individual and family empowerment; that respect the choices and rights of participants; and that involve individuals with developmental disabilities and their families in all aspects of development, implementation, monitoring, and evaluation of their supports and services;
- Respect and foster the relationship between individuals and their parents/family members;
- Give high preference to those supports and services which would allow minors with developmental disabilities to live with their families, adults with developmental disabilities to live as independently as possible in the community and that allow all consumers to interact with persons without disabilities in positive, meaningful ways; and
- Select those supports and services which most effectively meet a individual's needs while making the most efficient use of public funds.

Persons with developmental disabilities have the same legal rights and responsibilities guaranteed all other individuals by the United States Constitution and the Constitution and laws of the State of California. Supports and services will be purchased for eligible consumers without regard to race, color, creed, national origin, citizenship, gender, age or condition of physical or mental disability.

Purchase of Service Standards and Procedures

Some time in the 1980s, Regional Centers were directed as part of their contract with Department of Developmental Services to develop standards for service in all categories. This effort was to assure that all individuals could equally access the service system, to maintain equity within the system. Centers now have a set of guidelines so that service coordinators have some parameters within which to authorize the purchase of services.

Occasionally, a request will be made for services which are beyond what is outlined in service policy. In those situations, the service coordinator may assist the family or individual in asking for an exception to the service standard to allow for exceptional service funding.

Each Regional Center has different policies on how funding requests are approved and how exceptions are considered. Each service coordinator must be familiar with the service standard guidelines in order to best serve individuals and families.

To the fullest extent possible, services and supports should be provided which are culturally appropriate, integrated with mainstream community life, promote consumer and family empowerment and involve consumers and their families in the development, implementation, monitoring and evaluation of services and supports.

Services and supports may be purchased only from providers:

- (a) who are vendored or otherwise authorized by the Department of Developmental Services to provide such services and supports
- (b) who have a rate of payment for vendored or contracted services provided by the Department of Developmental Services;
- (c) for whom the Regional Center has issued prior authorization for the purchase of the specific service for the consumer involved; and,
- (d) who adhere to the quality of care standards set forth by the Regional Center, the Department of Developmental Services, the Welfare & Institutions Code and California regulations related to the service and support provided.

As a service coordinator, the Regional Center will typically expect you to consider the following when selecting a provider of services and supports:

- (1) A provider's ability to deliver quality services and supports which will accomplish the specified Individual Program Plan (IPP) objective.
- (2) A provider's success in achieving the objectives in the Individual Program Plan.

Purchase of Service Standards and Procedures

Vendor Approval

Vendor approval is the process which certifies that an individual, program or facility meets the minimum standards to provide service to clients with developmental disabilities of any Regional Center in California. The standards are set by the State Department of Developmental Services and described in the Vendor Procedure Manual provided to the Regional Centers by the State.

Applicants approved to provide service are called vendors and are also known as service providers. To become a vendor and have a reimbursement rate established, an application and support documentation is submitted to the Regional Center in which the services are, or will be located.

Once vendored, the service provider is included on the statewide vendor panel listing and is approved for any Regional Center wishing to purchase the vendor's service. Vendor approval does not guarantee referrals to the service, rather it makes the provider eligible to provide service and be reimbursed by a Regional Center.

- (3) Where appropriate, the existence of licensing, accreditation, or professional certification.
- (4) The cost of providing services and supports of comparable quality by different providers, if available.
- (5) A provider's innovation and ability to promote cost effectiveness.
- (6) The ability of the provider to develop and facilitate services in natural environments with natural supports.
- (7) The ability of the provider to empower individuals and their families, when appropriate, to make choices in their own lives, including where and how they live, their relationships with people in the community, the way they spend their time, including education, employment and leisure, the pursuit of their personal future, and program planning and implementation.
- (8) The ability of the provider to implement services and supports which result in a more independent, productive and normal life for the individual.

Purchase of Service Standards and Procedures

Services and Supports

Services and supports that might be purchased to support an individual in reaching the goals in their IPP could include:

Adult Day Programs - designed to meet the training needs of consumers who need to develop, maintain or increase self-help, socialization, communication, physical mobility, prevocational or behavior skills which are needed to be integrated in the community.

Advocacy – helping people to speak for themselves.

Assessment and Consultation – to determine the extent of a person's needs.

Behavior Intervention – Classes for family members or individual assistance.

Early Intervention Services – services for babies to focus on language development, social, cognitive, and motor skills.

Family Resource Centers – for education and training, family support activities.

Genetic Counseling – to learn more about certain conditions.

Independent Living – for people who live in their own homes

Medical – for assessment at intake, referrals to physicians in community.

Medical/Dental Equipment and Supplies – services and supports that may be purchased to improve or maintain the individual's health status.

Mobility Training – also known as travel training, is a support service designed to teach adults how to use the public transportation systems; its purpose is to enable individuals to be more independent.

Prevention/Genetic Services – designed to prevent or minimize the effect of a probable developmental disability through diagnostic studies necessary to evaluate the individual's risk of parenting a child with a developmental disability.

Residential – designed to provide housing in other than the individual's family home; depending on the abilities of the individual, the residential provider may provide training and/or supports in self care, behavior intervention, or other areas in which the individual needs support.

Respite Care – for temporary relief for family care givers. Could include assistance provided by nurses or caregiver of family choice.

Social/Recreational – these services include activities that enhance the development of social skills.

Transition Assistance – for individuals moving through key developmental stages.

Purchase of Service Standards and Procedures

Description of Current Residential Service Levels

When you are developing a purchase of service request for residential services, it's important to know the expectations of the service provider in that purchase agreement. All residential facilities are expected to comply with applicable provisions of Title 22 and Title 17, California Code of Regulations. Descriptions of the four levels of service are provided below.

SERVICE LEVEL 1

- Board & Care
- Must comply with General Title 22 Care & Supervision requirements
- 1% statewide use of Level 1 residential services
- Requires an Individual Admission Agreement

SERVICE LEVEL 2

- A home-like family setting.
- Daily activities reflect the pattern of daily living of non-disabled peers
- Supportive program of supervision & training.
- 1:6 Staff to individual ratio when individuals are awake and under the supervision of facility direct care staff.
- The IPP/Person Centered Plan identifies objectives for which the residential program will provide training and support.
- Semi-annual written progress reports summarize the consumer has made toward achievement of IPP objectives.
- On-going notes on illnesses, healthcare, overnight visits, community activities, reportable special incidents, and other significant events.
- Quality assurance standards under Title 17
- 69% statewide use of Level 2 residential services
- Requires Individual Admission Agreement/Service Provider contract specific to service level requirements.

Purchase of Service Standards and Procedures

SERVICE LEVEL 3

- Home-like setting with a more structured environment in which staff interventions take place in a more highly scheduled and predictable manner.
- Supervision, Support, and Systematic training for individuals with significant self care, behavioral, or physical coordination/mobility deficits.
- 42 hours of 1:3 staff to individual ratio per week during structured programming hours.
- 1:6 at all other times consumers are awake and under the supervision of facility staff.
- The IPP/Person Centered Plan identifies objectives for which the residential program will provide training and support.
- Semi-annual written reports summarize the individual progress that has made toward achievement of IPP objectives.
- On-going notes on illnesses, healthcare, overnight visits, community activities, reportable special incidents, and other significant events.
- Quality Assurance standards under Title 17.
- 22% statewide use of Level 3 residential services.
- Individual Admission Agreement/Service Provider contract specific to service level requirements.

SERVICE LEVEL 4

- The most highly structured environment in a home-like community setting in which staff interventions are the most scheduled and predictable.
- Supervision, support, and systematic training for consumers with severe behavioral, self care, and/or mobility deficits.
- Behavioral programming specific to individual need.
- Minimum of 1:3 staff to individual ratio when consumers are awake and under supervision of facility staff.
- The IPP/Person Centered Plan identifies objectives for which the residential program will provide training and support.
- Quarterly written progress reports summarize the consumer has made toward achievement of IPP objectives.
- On-going notes on illnesses, healthcare, overnight visits, community activities, reportable special incidents, and other significant events.
- Quality Assurance standards under Title 17.
- 8% statewide use of Level 4 residential services.
- Individual Admission Agreement/Service Provider contract specific to service level requirements.
- 9 steps (Level 4A - Level 4I) tied to direct service and consultant hours as approved in the program plan.

Purchase of Service Standards and Procedures

Supported Living Services - to provide opportunities for adults with developmental disabilities, regardless of the degree of disability, to live in homes that they own or lease with support available as often and for as long as it is needed.

Sexuality Training - to assist individuals in protecting themselves from sexual abuse and/or exploitation and to acquire socially acceptable behaviors and responsible attitudes toward dealing with human sexuality and parenting.

Developing a Request for a Purchased Service

Purchase of service requests and authorizations are handled differently from Regional Center to Regional Center. Some centers have a funding committee which meets to approve all service authorizations. Others have committees which meet to review only the requests which exceed the service standards. In some centers, the authorization is signed by the service coordinator and supervisor and signed by others in management as well. For all requests, however, the following must be included:

:

- request must relate to an objective in the person-centered plan or IPP;
- must include the vendor's name, vendor number and address, so that the service can be reimbursed;

- include a description of item or service to be purchased (Services might include respite, day program or residential services, for example. Items might include diapers or furniture which are addressed in IPP, but not funded by any other organization or the family/person.);
- include costs (Note: some Regional Centers compute costs in the accounting department, and in some, the cost is computed by the service coordinator);
- include the length of time the service is expected to be needed;
- include other sources of income;
- include other sources of funding that have been explored (school, CCS, private insurance); and,
- comments which would add credence to the request (recommendations from specialists, or others who have assessed consumer needs)

Occasionally, a request may require funding after the service is provided. For example, a family required respite services to deal with an emergency situation. Make sure to check your Regional Center policies regarding retroactive authorizations.

Purchase of Service Standards and Procedures

Services and Supports that Exceed Service Standards

The service standards of each Regional Center serve as a guideline. For example, let's say that you had a family on your caseload who typically uses 12 hours of respite family support each month. Suddenly, the mother is hospitalized and requires at least 3 months of bedrest to recuperate before she can resume care for her 6-year-old child. This child has a label of autism and severe behavior issues. He is in school during the week from 8:30 until 3:00. The father arrives home at 7:00, except when he travels and is away overnight. The mother will need to have help at home when her son returns home from school and until the father can get home to assist. She is requesting that additional respite hours be approved.

Your job as a service coordinator is to determine exactly how many hours of respite this family needs. You will then need to write a succinct request to justify the additional service and expenditure. You will also need to amend the *Individual Program Plan (IPP)* to reflect the need for a change in services.

The most successful requests are those which are clear, concise, are reflective of the IPP goals, and have a time at which the service will be reviewed to determine the need for continued funding. Your request should show that you have explored all other options. In this situation, you would need to find out if there are relatives who might assist. You would also need to document how the family is taking on the responsibility to find other options.

Alternatives to Purchased Services

A Regional Center service coordinator is required to explore all other options available before using Regional Center funding for purchased services. For example, that could mean exploring family insurance coverage if a medical or health service is needed.

Appealing Regional Center Decisions

The Regional Center is frequently in a position to approve and authorize services and supports (unless provided by a generic service agency). However, there will be times when a request from an individual or family goes beyond what would typically be approved. The family can request an exception to the service standards. If the exception is not approved, the individual or family can appeal the Regional Center's decision.

If an individual or family decides to appeal a decision, you are required to send a notice of action which includes information on appeals and fair hearings and advocacy resources. The family is given information on how to present their appeal so that a fair decision can be made.

Most situations can be resolved without becoming involved in a lengthy and expensive legal battle. People want to have as much information as possible about how decisions are made, and will try to work within guidelines. Appealing a decision should follow looking at a

Purchase of Service Standards and Procedures

person's situation to find creative, personalized options that fit within funding guidelines. If there is no other option, the person or their family may want another person to review their request. (see the module on *Conflict Resolution* for further information on reaching a mutually beneficial solution)

Here is a summary of the general procedures that both the Regional Center and the applicant [for services] or recipient [of services] or an authorized representative must follow in the appeal of a decision:

1. Any time the Regional Center proposes certain actions without the mutual consent of the applicant [for services] or recipient [of services] or an authorized representative, the Center must send a notice of action. Those actions requiring a notice are:
 - To reduce, terminate or change services that are included in the IPP;
 - To determine that a recipient is no longer eligible for services;
 - To deny initiation of a service or support requested for inclusion in the IPP; or
 - To deny eligibility to an applicant.

***Note:** Later in this module, you will find the appeal procedure for *Individual Complaints*. The *Early Start* mediation procedure can be found in *Generic and Regional Center Funded Services*.

2. If the Regional Center proposes to reduce, terminate or change services that are included in the IPP, the Center must send the recipient [of services] the notice 30 days prior to the proposed action. If the Regional Center determines that someone is no longer eligible for services, the Center must send the recipient [of services] the notice within 30 days of the proposed action. Anytime a service is requested and the Regional Center makes a decision to deny that request, the Center must within 5 days send out a written notice with a reason for denying that service.
3. As a result of that notice, a fair hearing may be requested by any applicant or recipient of services or authorized representative who disagrees with the decision made by the Regional Center. The individual must initiate the request for a fair hearing within 30 days of the receipt of the notice. If an individual is currently receiving service from the Regional Center and he/she wishes to continue receiving the service while appealing a decision, he/she must notify the Center of this desire by filing a request for a fair hearing within 10 days from the receipt of the notice.

If an individual is not currently receiving service, he/she does not have a right to receive the requested service during the appeal process.

A fair hearing may also be requested for any other action or

Documentation of Service Coordinator Activities and Fair Hearings*

The documentation of service coordinator activities can be very important in a matter which has to be resolved in a fair hearing. That is, where the dispute involves the decision of the Regional Center to decrease, terminate or refuse to provide a service, documentation of the following activities will be important to the fair hearing process:

- assessment and planning activities which verify that requested or current supports and/or services are person and family-centered and promote community integration, independent, productive and normal lives and stable healthy environments;
- exploring the necessary supports and/or service options which will facilitate individual plan achievement;
- referrals for and provision of any/all support, service and program options from public, private or generic resources as well as those funded by Regional Center;
- all activity undertaken on behalf of the individual and family members in accordance with federal program requirements necessary for reimbursement for case management activities;
- individual progress to monitor the outcomes of provided supports and/or services and satisfaction with those support, service and/or program options; and
- any violation, denial, or neglect of rights and any/all systemic and/or individual advocacy activities undertaken to correct the situation.

* Adapted from Tri Counties Regional Center

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- proposed action which the individual believes to be illegal, discriminatory or not in the best interest of the recipient or applicant.
4. A request for a hearing or mediation must be on a form supplied by the Regional Center. If a Regional Center employee receives a verbal request for a fair hearing that employee must provide the recipient, applicant, or authorized representative (claimant) with a hearing request form. If the individual requests assistance the service coordinator must assist in filling out the form.
 5. Immediately upon receiving a Fair Hearing Request form, the Regional Center Director or his/her designee, shall offer in writing to meet informally with the claimant or his/her authorized representative within 10 days of the date the hearing request form is postmarked or received by the Regional Center, whichever is earlier. Notification that the claimant or his/her authorized representative may decline an informal meeting must be provided at the time the offer is made. At this time, the claimant may proceed to either mediation or directly to fair hearing.
 6. If the claimant or his/her authorized representative accepts the opportunity for an informal meeting and is satisfied with the decision of the Regional Center following the meeting, he/she shall submit to the Regional Center a completed Fair Hearing Request
 7. Withdrawal form, withdrawing the request for a fair hearing.
 7. If the claimant or his/her authorized representative has declined an informal meeting or is dissatisfied with the decision following the informal meeting, the matter shall proceed to either mediation or a fair hearing.
 8. If the claimant or his/her authorized representative has elected to pursue mediation, the Regional Center must either accept or decline the mediation within 5 days of receipt of the written request from the claimant or his/her authorized representative. The mediation must be held within 20 days of the date the request form is postmarked or received by the regional center, whichever is earlier. If the issue or issues involved in the mediation are resolved to the satisfaction of both parties, the mediator shall prepare a written resolution. Agreement of the claimant or his/her authorized representative to the final solution shall be accompanied by a withdrawal, in writing, of the fair hearing request. If there is no resolution, the matter shall proceed to fair hearing.
 9. If dissatisfied with the decision of the informal meeting or a resolution through mediation cannot be made or mediation is waived, the individual may request a fair hearing with the California Department of Developmental Services. To request a state level fair hearing, the individual

Purchase of Service Standards and Procedures

completes the bottom- portion of the hearing request form and returns it within ten (10) days to the Regional Center. The Regional Center will send the hearing request to the State Department of Developmental Services.

10. The individual or another person selected by the individual (an attorney, advocate, or friend) will be expected to present the case at the hearing. This is an administrative hearing at which the technical rules of evidence need not be applied. The hearing must convene within fifty (50) days from the date it was first requested, unless either party requests a continuance for good cause. The hearing officer will hear evidence from both parties and will issue a written decision deciding the case within ten (10) days (and no more than 80 days from the date of initial request). The hearing officer's decision is the final administrative decision and is binding on both parties. Any final administrative decision may be appealed to a court of competent jurisdiction within ninety (90) days. Appeal to a court, however, will not stay enforcement of the administrative order. If the subject of the appeal was a termination of service and the decision is unfavorable for the claimant (individual or family), the service will be terminated ten (10) days after the notice is received by certified mail.

11. If the services in dispute were funded through a Medi-Cal waiver, the Department of Health Services will review the hearing officer's decision and either adopt or modify it.
12. If the reason that the service is to be modified is lack of available funds the Regional Center will request that the Department of Developmental Services provide funding.
13. Individual rights in the fair hearing include the following:
 - a. The opportunity to be present in all proceedings and to present written evidence and oral evidence.
 - b. The opportunity to confront and cross-examine witnesses.
 - c. The right to appear in person with counsel or other representative of his/her own choosing.
 - d. The right to access records.
 - e. The right to an interpreter.

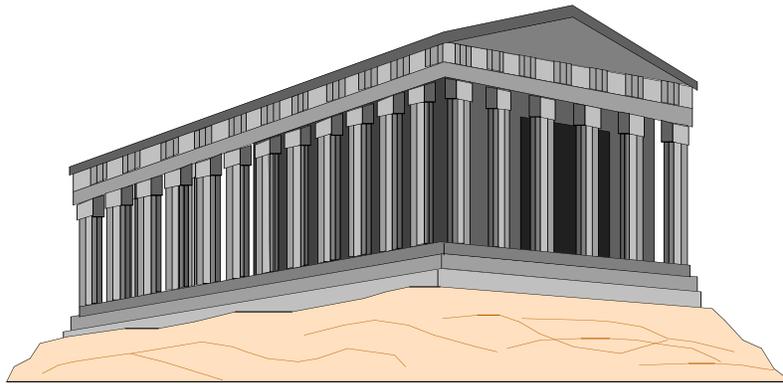


Purchase of Service Standards and Procedures

14. The hearing will be held at a time and place that is reasonably acceptable to the individual. If the Regional Center feels that the individual is not able to represent him or herself adequately they may refer the case to the Area Board for consideration of appointment of a personal representative. If the Area Board agrees or upon its own motion or that of any other interested party that the individual cannot present his or her own case adequately they will designate a person to help. The hearing will be open to the public unless requested otherwise or personal matters are being discussed.

Appealing Service Provider Decisions

All of the service agencies vendored by the Regional Center have a grievance or appeal process for individuals that they serve. While somewhat different because of organizational structures, they follow a basic set of appeal time lines and procedures (see *What to Do If I Don't Like Something: A Grievance Procedure for Individuals* as a sample agency procedure in this module.)



Purchase of Service Standards and Procedures

What is the Individual Complaint Process?

The Individual Complaint Process permits each individual or any representative acting on their behalf, to pursue a complaint either against the regional center, developmental center or a service provider.

If I Believe My Rights Have Been Violated To Whom Do I Complain?

Your complaint should be made to the clients' rights advocate assigned to the regional center from which you receive case management. (You can phone 1-800-390-7032.)

How is This Different from Fair Hearing?

A Fair Hearing is a procedure for resolving disagreements between the regional center and individuals or applicants. It may be used to appeal the nature, scope or amount of services. The disagreements may be about services, an eligibility decision or any action concerning services and supports of the regional center with which you disagree. Contact your clients' rights advocate if you need information regarding this process.

Individual Complaint Process

The complaint may be about any right to which the individual is entitled which the individual or their representative believes has been violated, punitively withheld, or improperly or unreasonably denied.

What Will the Client's Rights Advocate Do?

Within ten working days of receiving your complaint, the client's rights advocate should investigate and send you a written proposed resolution.

What if I am not Satisfied with the Decision of the Clients' Rights Advocate?

If you are dissatisfied with the action taken or proposed, the clients' rights advocate shall, within five working days, refer you to the regional center or developmental center director.

What Will the Regional Center Director Do About My Complaint?

The regional center director shall receive and seek to resolve second level complaints within ten working days.

What if I am not Satisfied with the Decision of the Regional Center Director?

If you are not satisfied with the decision made by the regional center director you must notify the regional center director. Within ten working days of receipt of your notification, the regional center director shall refer the complaint to the director of the Department. The director of the Department shall, within 45 days of receiving the complaint, issue a written administrative decision to the regional center and send a copy to you.

How Will I know What to do if My Rights have been Denied?

All individuals, or where appropriate, their parents, legal guardian, conservator, or authorized representative, shall be notified in writing in a language which they comprehend, of the right to file a complaint when they apply for services from a regional center or at each regularly scheduled planning meeting.

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What to Do If I Don't Like Something: A Grievance Procedure for Individuals

(Excerpted from USARC/PACE Day Services)

If something happens to you in the place where you live or work and you think it takes away one of your rights, then you can start a grievance.

What are your rights? Rights are the things that the law says you need, like the training that you need to live and work like everyone else.

What is a grievance? It is what you can do if you think that the program is taking away one of your rights. A grievance gives you a chance to tell your side of the story and to try to get things changed.

What do you do?

1. Tell someone who works with you about the problem. They will help you write it down on a piece of paper. Do this within 7 days of when the problem happens.
2. This staff person will try to help you with your problem and tell you an answer to it in words and writing within 7 days.
3. If you don't like the answer, then you can take the problem to the Program Director within 7 days. The Program Director will then try to help you with your problem and tell you an answer to it in words and writing within 7 days.
4. If you don't like the answer, then you can take the problem to the Executive Director within 7 days. The Executive Director will then try to help you with your problem and tell you an answer to it in words and writing within 7 days.
5. If you don't like the answer, then you can take the problem to the USARC/PACE Board of Directors within 7 days. The Board of Directors will then try to help you with your problem and tell you an answer to it in words and writing within 7 days.
6. If you don't like that answer, you can take your problem to your North Bay Regional Center counselor, the Area IV Board or State Licensing.

What is a State Level Hearing Like?

(Excerpted from the DDS website)

At this hearing, you may represent yourself. You may also be represented by an attorney, advocate, family member, friend or anyone else you choose. If you hire an attorney or someone else, you will be responsible for those costs. Management or a designee normally represents the center. If you receive documents from the center describing the issues and asking you for information, be sure to read them carefully. They will tell you when you need to respond. Within certain time lines, you may also ask for information from the center. If you do not understand the information you receive, you may request assistance from any advocate or the Office of Administrative Hearings.

Your hearing may be similar to a court hearing, with witnesses, exhibits, and rules of evidence. However, it does not need to be conducted according to the technical rules of evidence and those related to witnesses. An Administrative Law Judge will preside. The judge is employed by the Office of Administrative Hearings.

Each side can offer relevant evidence to prove its case. Both sides can bring witnesses who know about the issues involved and documents such as service records or medical reports. You should try to have witnesses come voluntarily, but you have the right to subpoena relevant records or people for the hearing. Contact the Office of Administrative Hearings well before the hearing to get subpoenas. All testimony will be under oath or affirmation. Before the hearing closes, your side must submit all the evidence you want the judge to consider. After all testimony has been heard, each side may make a closing argument that addresses the facts brought out by evidence.

Purchase of Service Standards and Procedures

What is Mediation/Due Process for Early Intervention (Early Start) Services?*

Early intervention services are those services designed to meet the developmental needs of each eligible infant or toddler and the needs of the family related to the infant's or toddler's development. A toddler is a child ages 0-3 years of age. Early intervention services are provided as a collaboration between the local education agency (LEA) and the regional center.

A parent may request a mediation conference and/or a due process hearing under any of the following circumstances: (1.) A regional center or Local Education Agency (LEA) proposes to initiate or change the identification, evaluation, assessment, placement or provision of appropriate early intervention services; (2.) A regional center or LEA refuses to initiate or change the identification, evaluation, assessment, placement or provision of appropriate early intervention services; or (3.) A regional center or LEA may request a mediation conference and/or a due process hearing when the parent refuses to consent to all or any part of an evaluation and assessment of the infant or toddler.

All requests for a mediation conference and/or due process hearing shall be in writing and filed with the Office of Administrative Hearings (OAH). There is a mediation/due process form (DS 1802) which can be obtained from your child's service coordinator. Mediation/due process requests are forwarded to OAH. If a parent is unable to make a request for mediation or a due process hearing in writing, the child's service coordinator shall assist the parent in filing the request.

The duration for both mediation and due process hearing shall not exceed a total thirty day period from the receipt of the mediation or due process request to the mailing of the decision. The location of the mediation and/or due process hearing shall be at a time and place reasonably convenient to the parent.

During the pendency of mediation and/or due process hearing procedures, the infant or toddler shall continue to receive the early intervention services listed on the Individualized Family Service Plan (IFSP) they are currently receiving. If mediation and/or due process hearing involves the initiation of a service(s) the infant or toddler shall receive those services that are not in dispute.

Mediation means a voluntary resolution process in which an impartial third party may assist the disagreeing parties to resolve issues prior to a due process hearing. Mediation is voluntary. This means either one or all parties may choose to move to a due process hearing rather than participate in a mediation prior to the due process hearing.

"Due Process" is a hearing conducted by a judge from OAH. During the hearing each party will have the opportunity to present their viewpoint about the disagreement. This may include a verbal presentation, as well as, evidence. The judge will issue a decision that complies with federal and state law. This decision should be mailed to both parties within 30 days of the receipt of the due process hearing request. (* Excerpted from *Inland Regional Center* website.)

Purchase of Service Standards and Procedures

4. What would you include in a request for an exceptional service?

5. In general, what is the process for a Regional Center appeal of a purchase of service request of termination of service?

Purchase of Service Standards and Procedures

Suggested Activities

1. Make an appointment to meet with the Regional Center resource developer. Ask the resource developer to review the process of vendorization with you using an example of a resource you need for someone on your caseload. How does it work?
2. If your Regional Center develops new resources with a *Request for Proposal* process, ask if you can serve on the panel which reviews proposals.
3. Make an appointment with the Regional Center Chief of Financial Operations. Ask him or her how the *purchase of service* budget is determined. Is it based on historical expenses? If there were a reduction in the budget, how would your Regional Center respond?

Purchase of Service Standards and Procedures

Learn the Basics:

Documentation Procedures

Documentation Procedures

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is provide an overview of the various types of documentation required by Regional Centers.

Objectives: Upon completion of this module, you should be able to:

- (1) Describe the function of the CDER in the planning process.
- (2) Identify when, why and how to complete a CDER.
- (3) Explain the importance of the Frankland Factor.
- (4) Correctly report Targeted Case Management units.
- (5) Identify the major purposes for documentation of information about individuals served by the Regional Center.
- (6) Identify the areas which must be covered in an IPP for a person who is Medicaid Waiver eligible.

Method:

- (1) Group presentation and discussion or self-directed review of *Documentation Procedures Overview* on PowerPoint, overheads or hard copy;
- (2) Self-directed reading of *Documentation Procedures: Where Does All the Paper Go?*;
- (3) Group discussion or self-directed completion of *Suggested Activities*; and,
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint Presentation or Overheads of Documentation Procedures Overview</i>	20 minutes
<i>Documentation Procedures: Where Does All the Paper Go?</i>	40 minutes
<i>Suggested Activity</i>	30 minutes
<i>Review</i>	20 minutes

Materials:

- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *Documentation Procedures Overview* ;
- *Learn the Basics - Documentation Procedures*

Documentation Procedures: Where Does All the Paper Go?

Introduction

Paperwork! No job is without it. It is critical in this job, because much of the paperwork you are required to complete has a direct bearing on the amount of funding allocated to your Regional Center. In this section, we will explore the reasons for the documentation you are required to complete and the procedures for documenting your work and the progress of the people you serve.



Documentation Procedures

Interdisciplinary Notes

Each individual will have a case record file. [Note: This record is referred to as both a *Consumer File* and a *Service Coordination File* in 56704 (a) (3) and 56002 (a)(43) of Title 17.] In that file, you will be recording each contact you have with the individual or family, or collateral contacts you have with other organizations about the individual. These notes are referred to as interdisciplinary (ID), because they reflect the work of a team of people with varied skills and backgrounds who work together to serve the individual. Your notes might include phone calls from the individual, calls from the workshop about the person, or times when you sent materials about the individual.

The key to all documentation is to keep it simple, and keep it clear, concise and factual. Your ID note after a phone call from an individual might read:

11-02-99: Jack called today to inform me that he got an eviction letter from his landlord. Scheduled meeting for 11-03-99 at 3 PM at Jack's house. Jack will call his Independent Living Trainer to attend meeting as well.

- T. Cable

Your ID note summarizes your contact or activity. All ID notes should include:

Name of individual (which should be on each page if this note is in the case record)

Date

Place of service

People involved, and their title or function

Signature of person making the note

Your ID note is not a time to do clinical diagnosing or to offer your own thoughts – just to report exactly what you heard.

Which ID note is more appropriate?

11-02-99: Mrs. Jones, the group home owner, called to report that Vicky was given PRN medication to help her to calm down earlier today. Mrs. Jones reported that Vicky was screaming for almost 30 minutes, kicking her feet and pounding her fists on the floor.

- T. Cable

or

11-02-99: Mrs. Jones, the group home owner, called to report that Vicky is at it again. She treated the entire house to one of her famous tantrums, complete with kicking this time. A PRN medication was given.

-T. Cable

Of course, the first is more factual and to the point. Since these ID notes could be used in the event of litigation, it is imperative that the material be clear to any authorized reader.

Quarterly Summaries

Quarterly reports are required for people living in licensed residential programs. The information covered may vary from center to center. The information that you will cover will likely be the following:

- Review of health status and medications
- Satisfaction with supports and services

Documentation Procedures

- Living options discussed with individual
- Objectives in IPP or Person Centered plan reviewed for continuation or revision
- Residential appropriateness
- Any concerns raised by individual, family, provider as well as your own
- What action was taken?
- Is there any information that needs to be updated for your center's data base?

This information is dated and signed by the service coordinator. A sample format for quarterly review can be found on the following page.

Medicaid Waiver

Some people on your caseload will be determined eligible for Medicaid Waiver by virtue of areas in which they need assistance and the kind of supports and services they receive. These are people being served in programs other than

those funded by Medi-Cal. People living in an Intermediate Care Facility (ICF) for example, are not eligible for Medicaid Waiver.

Some centers have a person whose job is to review IPPs for eligibility for Medicaid Waiver. The IPPs for the eligible people need to include objectives which address self care skills, hygiene skills, ability to care for own health needs, independent living skills.

Annual Reviews

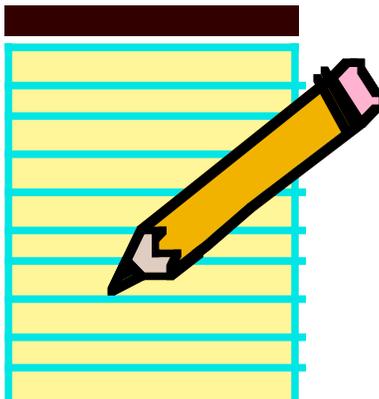
This is another area which may vary from center to center. Generally the information you will need to review on an annual basis will include the following the form that your Regional Center uses will be provided):

Residence – Where does the person live and is that the place the person wants to be?

Medicaid Waiver – Is the person still eligible for funding through the waiver?

Service Assessment – Is the IPP an accurate reflection of the person's needs or does it need revision?

- Were the services purchased on the individual's behalf in accordance with the person's IPP?
- Are other plans about the person also in the case record (such as the IEP from school, or ISP from day program, for example)?



Documentation Procedures

Sample Regional Center Policies Regarding Documentation*

This Regional Center will collect and/or develop and maintain a complete, current and accurate data base of information about each individual for use in:

- assessment and planning to ensure that supports and/or services are person and family-centered and promote community integration, independent, productive and normal lives and stable healthy environments.
- exploring and securing the necessary supports and/or service options that will assure individual plan achievement.

This Regional Center will document:

- referrals for and provision of any/all support, service and program options from public, private or generic resources as well as those funded by Regional Center;
- all activity undertaken on behalf of the individual and family members in accordance with federal program requirements necessary for reimbursement for case management activities;
- individual progress to monitor the outcomes of provided supports and/or services and satisfaction with those support, service and/or program options; and
- any violation, denial, or neglect of rights and any/all systemic and/or individual advocacy activities undertaken to correct the situation.

This Regional Center will balance the individual's right to privacy with the necessity of providing current, complete and accurate information to those providers of support, service and/or program options identified as necessary to the achievement of their goals and preferred future(s).

This Regional Center will assure that:

- individuals with developmental disabilities, and where appropriate their family, have appropriate access to the information contained in their record;
- information from an individual's record will only be released with the express consent of the individual legally authorized to grant such consent; and
- especially sensitive information, or information specified by law as requiring an additional level of confidentiality, will be kept in separate, supplemental confidential records with access limited to those identified and granted expressly by the individual legally authorized to grant such consent.

This Regional Center will maintain complete, current and accurate information by periodically updating the data base information and by regularly purging information which has become outdated. This Regional Center will retain individual case records in closed status for a minimum of five (5) years and will ensure the maintenance of confidentiality through the disposal process.

* Adapted from Tri Counties Regional Center

Sample Quarterly Visit*

QUARTER 1st 2nd 3rd 4th

- Residence appropriate
- Health/Medications status reviewed
- Participation in and satisfaction with current services and supports
- Comments re: concerns (PCP, P&I, Medical, Medications, Rights, etc.)
- Living option discussed
- IPP/Person-Centered Plan reviewed

ACTION TAKEN/Follow-up Needed:

SANDIS information reviewed and updated

Individual's Name: _____

DOB: _____

UCI: _____

* Adapted from NLACRC (1997)

Documentation Procedures

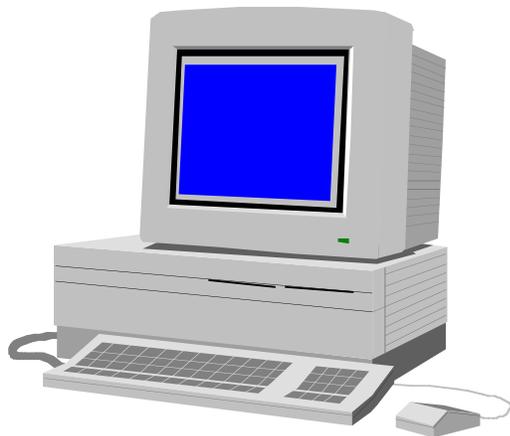
- Does the CDER need to be revised?
- Are there changes in the person's life that are not reflected in the IPP?

Medical Information – Have there been changes in the person's medical condition or medications since the last review? Does the person take psychotropic medication?

Individual Rights – Have there been any reports of rights not being respected or being denied? Is the person conserved? Is the conservator documentation in the case record?

Personal Funds for individuals in residential programs – What is the balance and are all expenditures accounted for?

The information for the annual review is, like all documentation, signed and dated. Depending on the policies of your centers, this review may also require the signature of your supervisor.



Title XIX Targeted Case Management

Targeted Case Management (TCM) became a federal Medicaid program benefit in 1986. In 1988, Department of Developmental Services (DDS) implemented TCM for individuals with developmental disabilities who are eligible for Medi-Cal. This is a way to capture federal Medicaid reimbursement for time spent assessing medical, social, educational and other services and including individual needs assessment, setting objectives related to needs, service scheduling, program planning and evaluating program effectiveness and other such services which assist and/or protect the individual. Only case management activity can be documented – facility monitoring, for example, is not a documented activity.

TCM is documented for individuals who are eligible for Medi-Cal and DO NOT live in Skilled Nursing Facilities or Intermediate Care Facilities. Services in SNFs and ICFs are already billed to Medi-Cal.

What Activities Can Be Documented as Targeted Case Management?

Face to Face contacts

Any time you meet with an individual , even if others are present at the meeting. (When documenting, include travel time and time spent writing ID note.)

Documentation Procedures

Collateral Contacts

Any face-to-face meeting about an individual when the consumer is not present. Examples are: reviewing case during supervision; discussing case with consultants or care providers. (When documenting, include travel time and time spent writing ID note.)

Telephone Calls

Telephone calls to and from any individual (including the consumer) about an individual's case. Does not include leaving or receiving a brief message. (When documenting, include time spent writing ID note.)

Documentation

Writing and processing documents regarding the consumer. This includes writing IPPs, Annual & Quarterly Reviews, letters, court reports; updating the CDER; review of existing documentation and reports, such as in preparation for a meeting or reviewing an updated psychological report. (Writing ID Notes for Telephone Calls, Face to Face Contacts, and Collateral Contacts are not included in the Documentation category.)

Planning

Case management activity related to planning for an individual to move out of a State Developmental Center or Skilled Nursing Facility. (Only the last 30 days prior to the move are actually documented.)

Time spent in case management activity is converted into units of service. One unit equals 15 minutes of time spent in providing the service noted:

7 minute phone call =	1 unit
15 minute phone call =	1 unit
26 minute staffing =	2 units

42 minute case review = 3 units

72 minute home visit = 5 units

Travel time incurred to provide face to face or collateral services is included in the total number of units of service provided. If the travel time to that 72 minute home visit was 45 minutes, the total number of units of face to face service is 8.

As mentioned in the unit on time management, it is important to document your activities before you go on to the next piece of work – in other words – Do it Now! Your billing and ID notes need to match if there were ever an audit by Department of Developmental Services, Department of Health Services or Health Care Financing Agency. Doing the documentation as soon as possible reduces the possibility of discrepancies between your ID and billing notes.

Client Development Evaluation Report (CDER)

The state of California collects information about each person served within the developmental disabilities system. It is one of few states that has as much diagnostic information about people in the system. The CDER information is used by DDS to keep a count on the number of people with developmental disabilities served by Regional Centers, the types of disabilities and to make some gross projections about service needs. The number of people for whom DDS has CDER data on assists in determining funding allocations and staffing requirements for both the state developmental centers and the Regional Centers.

Documentation Procedures

Locally, CDER data might be used to monitor program effectiveness, to determine the appropriate service requirements, and to determine future service needs.

The CDER instrument consists of two elements:

Diagnostic Element

- Summarizes the types of disabilities
- Summarizes the etiology of the disability
- Summarizes the level of severity
- Summarizes the impact on programming

Evaluation Element

- Records level of functioning
- Contains 66 items that measure skill level in:
 - Motor ability
 - Independent living
 - Social
 - Emotional
 - Cognitive
 - Communication

The CDER needs to be updated every year at the time of the IPP or person centered planning meeting, or more often if required. It needs to be reviewed during reviews as well. All items must be answered. Most service coordinators will make changes as necessary on the summary turnaround form (copy attached). The CDER evaluation element will give you valuable information about the person once you know the possible responses to each questions.

A new CDER booklet is required for new cases in Intake, Reactivation, Transfers where the turnaround document is not available. The consultation on medical and psychological information will vary from center. Information about your specific Regional Center will be given to you as part of your training.

What is the FF or the Frankland Factor?

The Frankland Factor is a calculation of the behavior information based on responses to items in the Emotional Domain section of the CDER questionnaire. The Frankland Factor is named after the DDS staff person who developed the weighting and calculation system used to get to the FF. Frankland Factor behavior scores may be used as one of a number of tools to determine staffing needs for an individual. The Frankland Factor is found for current clients on the Client Profile for a completed CDER in a section called Special Conditions / Behaviors – Evaluation.

Frankland Factor Scores (appear in Special Conditions/Behaviors section of CDER Profile)

0-10	no behavior problems
11-20	mild behavior problems
21-30	moderate behavior problems
31+	severe behavior problems

Review

1. **Using the attached CDER profile and a CDER booklet, answer the following:**

Is this individual ambulatory?

How much word usage does the person have?

Can this individual make change for a dollar bill?

How clear is the individual's speech?

2. **What does CDER stand for? What purpose does the CDER serve?**

3. **What does the Frankland Factor describe? Why is this information important enough to have its own section in the CDER summary? What is the information used for?**

Documentation Procedures

THE CDER EVALUATION ELEMENT

SAMPLE

CLIENT NAME: Jane Doe

UCI: 123456789

Motor Domain

- | | | | |
|------|-----------------------|------|---------------------|
| 1. 9 | Rolling and sitting | 5. 4 | Ambulation |
| 2. 4 | Hand use | 6. 4 | Climbing Stairs |
| 3. 4 | Arm use | 7. N | Wheelchair mobility |
| 4. 5 | Crawling and standing | | |

Independent Living Domain

- | | | | |
|-------|--------------------------|-------|--------------------------------|
| 8. 4 | Food preparation | 18. 3 | Personal hygiene |
| 9. 4 | Bedmaking | 19. 2 | Bathing |
| 10. 4 | Washing dishes | 20. 5 | Dressing |
| 11. 4 | Household chores | 21. 4 | Movement in familiar setting |
| 12. 4 | Basic medical self-help | 22. 4 | Movement in unfamiliar setting |
| 13. N | Self-medication | 23. 3 | Transportation in community |
| 14. 6 | Eating | 24. 4 | Money handling |
| 15. 5 | Toileting | 25. 4 | Making purchases |
| 16. 4 | Level of bladder control | 26. 4 | Ordering food in public |
| 17. 4 | Level of bowel control | | |

Social Domain

- | | | | |
|-------|-------------------------------------|-------|------------------------------------|
| 27. 3 | One-to-one interaction with peers | 31. 3 | Participation in social activities |
| 28. 3 | One-to-one interaction with persons | 32. 3 | Participation in group projects |
| 29. 3 | Friendship formation | 33. 2 | Unacceptable social behavior |
| 30. 3 | Friendship maintenance | | |

Emotional Domain

- | | | | |
|-------|--------------------------------------|-------|---------------------------------------|
| 34. 4 | Aggression | 42. 4 | Repetitive body movements |
| 35. 5 | Frequency of self-injurious behavior | 43. 4 | Inappropriate undressing |
| 36. 5 | Severity of self-injurious behavior | 44. 5 | Hyperactivity |
| 37. 5 | Smearing | 45. 4 | Temper tantrums |
| 38. 5 | Destruction of property | 46. 2 | Resistiveness |
| 39. 7 | Running/wandering away | 47. 2 | Adj. to changes in soc. relationships |
| 40. 3 | Depressive-like behavior | 48. 3 | Adj. to changes in physical env. |
| 41. 3 | Reaction to frustration | | |

Cognitive Domain

- | | | | |
|-------|--------------------------------------|-------|----------------------------------|
| 49. 7 | Auditory perception | 54. 5 | Reading skills |
| 50. 8 | Visual perception | 55. 5 | Attention span |
| 51. 3 | Associating time with events/actions | 56. 3 | Safety awareness |
| 52. 5 | Number awareness | 57. 3 | Remembering instr/demonstrations |
| 53. 6 | Writing skills | | |

Communication Domain

- | | | | |
|-------|------------------------------------|-------|--------------------------|
| 58. 4 | Word usage | 63. N | Receptive sign language |
| 59. N | Expressive nonverbal communication | 64. N | Expressive sign language |
| 60. 3 | Receptive nonverbal communication | 65. N | Expressive comm. w/ aids |
| 61. 4 | Receptive language | 66. 5 | Clarity of speech |
| 62. 6 | Expressive language | | |

Documentation Procedures

4. **How often is a CDER completed? How often is it updated?**

5. **During the course of the day, you make 75 minutes worth of calls about one situation – to 5 different sources. You meet with the individual when she arrives unannounced at the Regional Center for 10 minutes. You meet with your supervisor to discuss the situation for 15 minutes. How would you code your time for Targeted Case Management?**

To prepare for your first IPP, you reviewed the individual's case record for 25 minutes. It took you 22 minutes to get the home where the meeting was held. The meeting was an hour and 15 minutes and involved the consumer, his mother, and the workshop staff. How would you code your time for Targeted Case Management?

6. **What areas of a person's life must be covered in the IPP to reflect the person's eligibility for Medicaid Waiver funding?**

Learn the Basics:

Assuring Quality Services

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is provide an overview of quality assurance and the activities of a service coordinator in that system.

Objectives: Upon completion of this module, you should be able to:

- (1) Describe and implement the basic responsibilities of a service coordinator in a comprehensive quality assurance system.
- (2) Understand the basic duties of the *Officer of the Day* well enough to assume those duties if assigned.
- (3) Read, analyze and use the information provided in a *Life Quality Assessment Summary*.
- (4) Understand and implement the Regional Center's emergency intervention plan.

Method:

- (1) Group presentation and discussion or self-directed review of *Assuring Quality Services Overview* on PowerPoint, overheads or hard copy;
- (2) Self-directed reading of *Assuring Quality Services: It's Everyone's Business*;
- (3) Group discussion or self-directed completion of *Suggested Activities*; and,
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint Presentation or Overheads of Assuring Quality Services Overview</i>	20 minutes
<i>Assuring Quality Services: It's Everyone's Business</i>	40 minutes
<i>Suggested Activity</i>	30 minutes
<i>Review</i>	20 minutes

Materials:

- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *Assuring Quality Services Overview*;
- *Learn the Basics - Assuring Quality Services*

Assuring Quality Services: It's Everyone's Business!

Introduction

As a service coordinator, you will be responsible for monitoring the implementation of the Individual Program Plan. In so doing, you will be assuring that services and supports are of sufficient quality to meet the needs of the individuals and families with whom you work. In other words, your *eyes* will become an important part of the Regional Center's quality assurance system. Each Regional Center uses a variety of quality assurance activities to monitor service quality and individual and family satisfaction. This module provides an overview of those typical activities.

What is Quality Assurance?

Quality assurance comprises those preventive and monitoring activities conducted to assure that individuals with developmental disabilities using publicly funded community services are safe, healthy, and satisfied with those services.



Quality Assurance Is Changing!*

Quality Assurance, Then and Now. Historically, quality assurance methods have involved certification, licensure, accreditation, citizen monitoring, or a combination. We have begun to rethink the purpose and process of quality assurance in light of the quality revolution. At least three phenomena are significantly affecting this reevaluation:

- A focus on quality enhancement rather than quality assurance;
- A paradigm shift that places the focus of best practices on the strengths and capacities of the person, normalized environments, integrated services with supports, and the empowerment of persons served; and
- A person-centered planning and supports model that focuses on developing partnerships with families, professionals, and communities.

These three phenomena have resulted in a significant reformulation of how quality assurance should be viewed and implemented. In addressing this reformulation, I would like to suggest that we consider the concept of a person-referenced quality assurance system. What would such a system look like? [It has] five characteristics:

1. It is based on a comprehensive framework.
2. It begins with the end (that is, person-referenced outcomes) in mind.
3. It considers quality assurance as a form of internal program evaluation.
4. It is a shared process involving consumers, providers, and regulatory bodies.
5. It results in quantitative information that can be aggregated for multiple uses.

continued

***Note:** This article has been excerpted from Chapter 9 *Quality of Life and Quality Assurance* by Robert Schalock in *Quality of Life in Health Promotion and Rehabilitation* (Sage, 1996), edited by Rebecca Renwick, Ivan Brown and Mark Nagler.

Comprehensive Framework. A comprehensive client-referenced quality assurance system should focus on three major program-related factors: desired person-referenced outcomes (e.g. independence, productivity, community integration, and health and wellness), program structure (the focus here is primarily on the program's mission statement and conversion activities), and program process (the focus of looking at program process is to continue emphasizing the critical nature of the quality enhancement and quality management techniques).

Begin with the End in Mind. Consistent with the current paradigm shift toward person-centered planning and service delivery, the selection of these desired outcomes is made primarily by individuals and their advocates.

Internal Program Evaluation. Quality assurance can be considered a type of internal program evaluation that uses a decision-making model and focuses on self-monitoring and self-evaluation.

Shared Process. Individual empowerment and equity represent the essence of the paradigm shift currently affecting rehabilitation and health promotion services. Thus a reformulation of quality assurance should incorporate this change.

Using the Data. The specific use will depend on a number of factors, such as whether or not the outcomes meet the needs and expectations of the consumers and the capacity of the program to change. For example, if the person-referenced outcomes are less than optimal, the key players can sit down and problem solve as to how specific quality enhancement techniques can be implemented.

Conclusion. In summary, what I have suggested is that the concept of quality of life is the overriding principle of the 1990s and will continue to influence significantly rehabilitation and community health programs. If this is true, then it is essential that (re)habilitation and community health programs be guided by quality of life models that provide a framework for service provision, quality assurance, and program evaluation. Furthermore, we should embrace a quality assurance system that is individual-referenced and results in quantitative data that can be used to enhance quality, including one's quality of life.

Assuring Quality Services

The Department of Developmental Services

The role of the Department is to oversee the design and operation of a statewide quality assurance program which works to continually plan, assess, assure, and improve the quality and effectiveness of services and the level of satisfaction of individuals and their families. The quality assurance system is outcome-based, focusing primarily on individuals, but also on services and operations.

What Are Typical Quality Assurance Activities?

While Regional Centers use somewhat different techniques in assuring quality services, the following components can be found in all areas of the state:

- Through the individual planning team, a periodic review of the Individual Program Plan that addresses health, living, and other needs and the adequacy of current services and supports in meeting those needs.
- For all licensed residential health and community care facilities, annual certification and licensing evaluations by the departments of Health Services and Social Services, respectively.
- Through the *Life Quality Assessment* (LQA) process (completed by the local Area Board) during a face-to-face meeting, evaluation in the areas

of health and well-being, choice, relationships, lifestyle, rights, and satisfaction for every consumer receiving community residential services and supports.

- Quarterly monitoring (one visit is unannounced) by the Regional Center for each individual living in a licensed residential health or community care facility or receiving services from supported living or family home agencies.
- Enhanced case management for individuals moving from developmental centers to community living arrangements.
- The Department of Developmental Services and local Regional Center review and follow-up on special incidents.
- There is an annual review by the Regional Centers of each community residential care facility to assure services are consistent with the program design and applicable laws, and development and implementation of corrective action plans as needed.
- A review and investigation of health and safety complaints by protective services agencies, the state long-term-care ombudsman, area boards, Protection and Advocacy, the Department, Regional Centers, licensing agencies and/or law enforcement agencies.

What is a Special Incident and How to Report it?

A *special incident* means the following circumstances in which individuals are involved:

- A. Any incident involving a *serious bodily injury** when the individual is under the care and supervision of any vendored service provider;
- B. Any incident which involves the unauthorized or unanticipated absence of a consumer for a period of 24 hours or more when the consumer is under the care and supervision of any vendored service provider;
- C. The death of any consumer, regardless of cause or living arrangement; or
- D. Any incident which may result in criminal charges or legal action.

Requirements for Special Incident Reporting by Regional Centers:

- A. In addition to reporting to the appropriate local agencies, the Regional Center shall submit an initial report to the Department of Developmental Services of any special incident, as defined above, within **two working days** following receipt of the report of the special incident from any vendored service provider and long-term health care facilities. The report must be made by telephone, facsimile, or electronic mail.
- B. Regional Center shall submit a follow-up report in writing of any special incident within **ten (10) working days** following the initial report to the Department of Developmental Services.
- C. The service coordinator from the Regional Center shall use the Special Incident Report form to provide all relevant information regarding the special incident.
- D. The Service Coordinator shall immediately submit to the Department of Developmental Services a copy of any subsequent written reports which the Regional Center receives from the service provider, long-term health care facility or a protective services or law enforcement agency.
- E. The Regional Center shall comply with all Department requests for initial and follow-up information pertaining to a special incident.

* Specific definitions of serious bodily injury can be found in your Regional Center procedures for abuse reporting.

Assuring Quality Services

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY
(REPLICATION OF ORIGINAL)
**UNUSUAL INCIDENT/INJURY/
DEATH REPORT**

INSTRUCTIONS: NOTIFY THE LICENSING AGENCY AND, APPLICABLE, PERSON(S) AND/OR PLACEMENT AGENCY(IES) RESPONSIBLE FOR CLIENT(S) WITHIN THE AGENCY'S NEXT WORKING DAY OF ANY UNUSUAL EVENT, INCIDENT, INJURY REQUIRING MEDICAL TREATMENT AS DETERMINED BY PHYSICIAN OR DEATH. COMPLETE SECTIONS I,II, AND/OR III AS APPROPRIATE. ATTACH SHEET IF ADDITIONAL SPACE IS NEEDED. SEND ORIGINAL TO THE LICENSING AGENCY WITHIN 7 DAYS OF THE EVENT. RETAIN A COPY IN CLIENT(S) FILE. RESIDENTIAL FACILITIES FOR THE ELDERLY SHALL COMPLY WITH SECTION 87508 REGARDING THIS REQUIREMENT.

CHECK ONE OR MORE BOXES:

Incident Injury Death

Date of Occurrence:

Name of Facility	Facility File Number	Telephone Number ()
------------------	----------------------	----------------------------

Address

Client(s) Involved	Age	Sex	Date of Admission
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

I. UNUSUAL EVENT OR INCIDENT - UNUSUAL INCIDENTS INCLUDE CLIENT ABUSE, UNEXPLAINED ABSENCES, OR ANYTHING THAT AFFECTS THE PHYSICAL OR EMOTIONAL HEALTH AND SAFETY OF ANY CLIENT AND EPIDEMIC OUTBREAKS, POISONINGS, CATASTROPHES, FACILITY FIRES OR EXPLOSIONS.

DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION AND NATURE OF INCIDENT)

EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN - INCLUDE PERSONS CONTACTED AND IF INJURY OCCURRED COMPLETE SECTION II

DESCRIBE WHAT FOLLOW-UP ACTION IS PLANNED - INCLUDE STEPS TO BE TAKE TO PREVENT OCCURRENCE

II. INJURY REQUIRING MEDICAL TREATMENT

DESCRIBE HOW AND WHERE INJURY OCCURRED

Assuring Quality Services

WHAT APPEARS TO BE THE EXTENT OF THE INJURIES?

PERSONS WHO OBSERVED THE INJURY

ATTENDING PHYSICIAN'S NAME, FINDINGS AND TREATMENT

III. DEATH REPORT

DATE AND TIME OF DEATH

PLACE OF DEATH

DESCRIBE IMMEDIATE CAUSE OF DEATH (IF CORONER REPORT MADE, SEND A COPY WITHIN 30 DAYS)

DESCRIBE CONDITIONS CONTRIBUTING TO DEATH

WHAT ACTION DID YOU TAKE?

NAME OF ATTENDING PHYSICIAN

NAME OF MORTICIAN

SIGNATURE OF PERSON REPORTING

DATE

SIGNATURE OF LICENSEE ADMINISTRATOR

DATE

Assuring Quality Services

- Training and technical assistance provided by the Department, local Regional Centers, and the Department of Social Services' Technical Support Program to enhance service quality.

One Regional Center's Approach to a Comprehensive Quality Assurance System

Developing all of the pieces of a comprehensive quality assurance system is a daunting task. Many Regional Centers have Quality Assurance Teams just for this purpose. This is the profile of one Regional Center's effort in *making quality assurance everyone's business*.

The Quality Assurance Advisory Committee is at the Core

There is a strong base of commitment to assuring quality services in this Regional Center area. About three years ago, this commitment was formalized by the development of a *Quality Assurance Advisory Committee*. The Committee is made up of people served by the Regional Center, family members, service providers, staff from the Regional Center as well as the Developmental Center in our area. With bylaws, a mission statement and officers, this hard-working committee meets on a monthly basis.

The Committee firmly endorses the work of the Regional Center in developing a comprehensive, quality assurance system which: (1) includes a variety of formal and informal activities; (2) fosters the

growth of a trusting relationship between people served, their families, services providers, and the Regional Center; (3) focuses on a balance of quality enhancement as well as monitoring; (4) develops a cooperative relationship between state and local monitoring agencies (e.g., Community Care Licensing); and, (5) has at its core "personal contact" with every individual using Regional Center services. The following is a brief description of each of those components:

Personal Contact. The core of the system is someone in everyone's life who asks [on a regular basis] *How are things going?* of the individual and/or family or significant others. This might be the service coordinator, a family member, a life quality visitor, a friend, or [hopefully] all of these persons. The idea is to build the capacity of those who know and care about someone to be a part of an individualized quality assurance team.

Standards Compliance. While quality enhancement, technical assistance and training are important, basic standards compliance (e.g., Title 17, 22 is also a vital part of the system. That is, do service agencies *provide basic health and safety, respect for individuals served, and do they offer support which meets the needs of the individuals they serve?* The challenge to the Regional Center is to personalize those basic standards so that they reflect the valued outcomes of developmental services (e.g., choice, relationships, lifestyle, health and safety, rights and satisfaction).

Sample of Regional Center Policy and Procedure on Substantial Inadequacies*

Substantial inadequacy consist of any of the following:

1. Conditions posing a threat to the health and safety of any individual, that are NOT considered an immediate danger;
2. Provision of fewer direct care staff hours than are required by the facility's approved service level;
3. Violations of an individual's rights;
4. Failure to provide individual services as specified in the individual's IPP;
5. Failure to comply with the terms of the individual's Admission Agreement;
6. Failure to provide for the dietary needs of individuals;
7. Improper supervision of individual's self-administration of medications;
8. Failure to provide sufficient clothing in keeping with the individual's physical condition and the weather;
9. Failure to implement recommendations resulting from a monitoring review;
10. Deficiencies or irregularities in the handling of the individual's cash resources, personal property, and valuables;
11. Failure to comply with the requirements for administrator and staff qualifications and/or administrator and staff training; and
12. In Level 4 facilities:
 - a. Failure to utilize the instructional methods and techniques which are specified in the facility's program design; or
 - b. Failure to utilize the methodology for measurement of individual progress toward achievement of IPP objectives which is specified in the facility program design.

When the Regional Center receives a report that there are substantial inadequacies in the services of a facility, or when the Regional Center discovers that there are substantial inadequacies in the services of a facility, the Regional Center shall have the authority to make an unannounced visit to the facility if the Regional Center has determined that the purpose of the visit would be thwarted if advance notice were given.

* Adapted from NLACRC and TCRC policies

Assuring Quality Services

Agency Evaluation. In the evolving quality assurance system, service agencies are encouraged to develop internal methods of evaluation and quality assurance through the development of a program design. That is, a way to determine what the agency's customers think of the service, what they do well and what they could do better. There is no precise prescription on how to do this, which allows service agencies the opportunity to work with the people they serve and their families to develop a customized system. This effort reflects a commitment to *continuous quality improvement*.

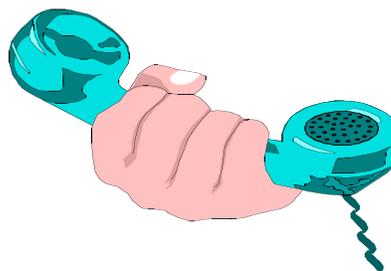
Quality Review Teams. The system also includes a quality review process which is completed by review teams made up of people served, family members, Regional Center staff and service providers. These teams use a *visiting* process and develop a written report based on agency review guidelines. All team members are trained in the process and service agencies are encouraged to take the training and to complete a self-assessment prior to the team visit.

Technical Assistance and Training. In partnership with local service provider organizations, the Regional Center identifies and supports a variety of technical assistance and training activities. This may range from a workshop on Psychiatric Medications or Person-Centered Planning to a peer review and consultation requested by a service agency.

Cooperative Relationships. The Regional Center meets monthly with staff from the Community Care Licensing section of the Department of Social Services. The focus of these meetings is to review issues and concerns regarding licensed residential and day services. There are also monthly meetings with the Service Providers Association, Service Providers Advisory Committee and the Residential Service Providers Association as well as regular meetings with the Supported Employment and Living Team and the Supported Living Round Table. The Regional Center has also worked hard to build a cooperative relationship with the Area Board through joint advocacy, training, and legislative efforts.

Satisfaction Surveys. Each year, the Regional Center contracts out to complete a survey of both individuals and families served. This survey is based on a random sample and is completed through a combination of mailed, phone and in-person interviews.

In Conclusion. While this is a system of quality assurance and enhancement that is still evolving, its *roots* are firmly established. That is, a system that focuses on a variety of activities, involving everyone and *looking at one person at a time*.



Major Day Activity Satisfaction Survey (Adapted from San Andreas Regional Center Adult Survey)

I'd like to ask you a few questions about what you do during the day.

1. Are you going to school, working, attending a day program, or doing something else? *If more than one, which is your main activity?*

Describe: _____

2. Where does this activity take place? (for example, name of workshop, center, business, etc?)

3. *If doing some work, do you get paid?* YES NO

4. How do you feel about
(a) the place or building?

(b) the work or activities that you do every day?

(c) the pay you get (if applicable)?

(d) any people who help, such as instructors or job coaches?

5. Would you rather be doing something else? (OR do you know someone who is doing something you'd like to do?) YES NO

What? _____

1998 Change in Lanterman Act Regarding Training for Direct Care Residential Staff or Direct Support Professionals (DSPs)

(excerpted from Department of Developmental Services website)

As of January, 1999, there are approximately 20,000 children and adults with developmental disabilities residing in 4,400 Community Care Facilities (CCFs) licensed by the Department of Social Services (DSS). CCFs are the backbone of DDS's community residential care system, serving over 75% of people with developmental disabilities living in licensed facilities. Over the past few years, the needs of individuals living in CCFs have become increasingly complex, including children with special health care needs and adults with incidental medical needs. Recognizing that direct support professionals are key to the provision of quality care, it is essential that they be trained and competent to meet the needs of individuals served. Towards this end, DDS will implement a two-year, 70-hour standardized statewide competency-based training program which will be mandatory for all CCF direct support professionals and CCF administrators who provide direct care.

The 70 hours of training will be offered beginning April 1, 1999, and will be divided into two equal parts of 35 hours each to be completed in successive years. Those required to take the training will have the opportunity to take a challenge test for each of the 35-hour segments. Those who pass the challenge test(s) will not be required to take the training. Testing and training will be based upon core competencies or skills necessary for satisfactory direct support professionals job performance.

DDS has entered into an interagency agreement with the Regional Occupational Centers and Programs (ROCPs) to develop and implement the training program. The ROCPs provide vocational training opportunities for high school students and adults through a network of seventy-two (72) ROCPs. The ROCPs will recruit and train instructors who have practical work experience in the provision of services to people with developmental disabilities. The training program will be provided by local ROCPs in their respective communities at no cost to enrollees.

The ROCPs will involve direct support professionals, CCF administrators, regional centers and others in completing a detailed job analysis to determine necessary skills in provision of CCF supports and services. Based upon the job analysis, core competencies for direct support professionals will be identified, and testing and training materials developed.

Typical Quality Assurance Activities of a Regional Center Service Coordinator

Your primary quality assurance activity is monitoring the implementation of the Individual Program Plan. As the service coordinator, you be periodically reviewing the plan with other team members to make sure that it still addresses appropriate needs through its goals and objectives and that services and supports are meeting those needs. The most common ways to find out are through: (1) conversation with the individual and/or family members regarding services (e.g., what's working well, what could be better, level of satisfaction); (2) observation of services and supports (e.g., do supports reflect the directives of the IPP); and (3) written progress reports from the service agency.

If any of the individuals you support are living in licensed homes or receive services from supported living or foster family agencies, you will be required to complete a quarterly monitoring visit (one visit is unannounced). Also, as a community care facility liaison, you will be required to complete an annual review to assure services are consistent with the program design and applicable laws. You will also need to develop and implement a corrective action plan if needed.

Looking at Life Quality

As mentioned in the module on *Advocacy Agencies*, each local area board has the responsibility of completing a *Life Quality Assessment (LQA)* with individuals living in other than their family homes. This assessment is another aspect of the local quality assurance plan. It provides information to the service coordinator for use in the development, implementation and monitoring of the IPP.

What is *Looking at Life Quality*?

It is a process which helps people look at their lives and identify ways to improve their life quality. In the case of a child, or an individual who has a conservator, or legal guardian, the family, conservator, or legal guardian is also a part of the process.

Who will be visited and how often?

All individuals who live outside of their family's home. People who live in licensed community or health care homes, certified family homes (foster family or family home agencies), or in supported living arrangements. The life quality assessment will be completed no less than once every three years, or more often at the request of the individual, or where appropriate, the parent, guardian, or conservator.

Who are the visitors?

Visitors are members of a team from the local Area Board. Before completing a life quality assessment, visitors receive training on the 25 individual life quality outcomes, how to gather information from individuals about their life quality, and what to do with the information.

Assuring Quality Services

Individual Life Quality Outcomes

CHOICE

1. Individuals identify their needs, wants, likes, and dislikes.
2. Individuals make major life decisions.
3. Individuals make decisions regarding everyday matters.
4. Individuals have a major role in choosing the providers of their services and supports.
5. Individuals' services and supports change as wants, needs and preferences change.

RELATIONSHIPS

6. Individuals have friends and caring relationships.
7. Individuals build community supports which may include family, friends, service providers/professionals, and other community members.

LIFESTYLE

8. Individuals are part of the mainstream of community life and live, work, and play in integrated environments.
9. Individuals' lifestyles reflect their cultural preferences.
10. Individuals are independent and productive.
11. Individuals have stable living arrangements.
12. Individuals are comfortable where they live.
13. Children live in homes with families.

HEALTH and WELL-BEING

14. Individuals are safe.
15. Individuals have the best possible health.
16. Individuals know what to do in the event of threats to health, safety and well-being.
17. Individuals have access to needed health care.

RIGHTS

18. Individuals exercise rights and responsibilities.
19. Individuals are free from abuse, neglect, and exploitation.
20. Individuals are treated with dignity and respect.
21. Individuals receive appropriate generic services and supports.
22. Individuals have advocates and/or access to advocacy services.

SATISFACTION

23. Individuals achieve personal goals.
24. Individuals are satisfied with services and supports.
25. Individuals are satisfied with their lives.

How is information gathered?

Information is gathered during a conversation(s) with the individual and others and through the observation of the person in their daily activities. After that, a *Life Quality Summary* is completed which covers each of the 25 outcomes and provides a quantitative look (e.g., *Okay at this time, Needs Follow-Up*) as well as a qualitative (e.g., examples of what's going well, what needs follow-up, and suggestions that would make things better) narrative.

What happens with the *Life Quality Summary*?

It is shared with the individual and, as appropriate, parents, guardian or conservator, Regional Center and others as chosen by the individual. Typically, the visit will be scheduled prior to the individual's IPP planning meeting. The information is used in the review of the Individual Program Plan to support the individual in achieving greater life quality and personal satisfaction. In addition, information will be used by the Regional Centers to improve services provided to individuals and the system as a whole.

Performance Contracts

Another method of assuring quality services is the use of performance contracts. In addition to the contract between the Department of Developmental Services and each Regional Center, many centers are developing contracts with local service agencies. These contracts include: (1) a series of person-centered outcomes which are stated in terms of service goals;

(2) methods that will be used to evaluate progress towards those goals; and
(3) evaluation information will be shared with both the Regional Center and those individuals and families served. Some Regional Centers have developed incentive systems for agencies who reach or exceed their performance goals.

Crisis Intervention Services

A key element in assuring quality services is providing back-up and support in times of an individual crisis. In fact, each Regional Center must have a written, emergency response policy and plan. Situations which may call for a crisis response include: (1) an individual whose services are abruptly terminated; (2) an agency which is forced by fiscal or legal actions to close; (3) services and supports can no longer meet critical individual needs; (4) allegations of abuse or neglect; and (5) an individual has asked to change his or her services immediately through words or actions. Any of the above situations can create a need for an emergency response and possibly an immediate change in services and supports.

When a crisis occurs for someone who is on your caseload, you will be expected to handle it. However, if you are not available or the individual is on an uncovered caseload, the Regional Center officer of the day (OD) is typically responsible for handling any service coordination responsibilities. The OD must first determine if the situation truly needs immediate attention. If there is no imminent danger to health or safety, the caller is asked to leave a message for

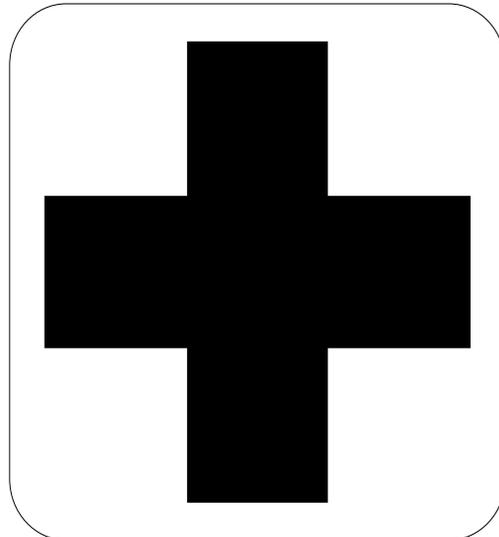
Assuring Quality Services

their assigned service coordinator who will call them back the next business day. The following are examples of emergency OD responsibilities: all types of abuse or suspected abuse; emergency placements; individuals who are missing; and individuals stranded without transportation to get home from a day program.

OD responsibilities in emergencies also include completing emergency funding requests, coordinating needed services (programs, transportation, therapies) and calling families or service providers. If the caseload is uncovered, the OD is typically responsible to see the emergency through to completion. The assigned service coordinator is expected to complete any necessary follow up upon returning to the office.

There is an *on-call, after hours* staff person at most Regional Centers who is assigned to respond to emergencies when the Regional Center is closed. He or she will complete special incident reports as needed, make an ID note, and forward the information to the assigned service coordinator.

In an emergency, the *after-hours, on-call* staff person will need to make some decisions about next steps. The kinds of *after hours* emergency calls received include death, hospitalization, fire, missing, or a psychiatric crisis. On other occasions, *on-call staff* may receive a call from an individual with a question, or may need to *walk someone through* the solution to a problem in the absence of their assigned service coordinator.



A Sample Regional Center Policy Regarding Monitoring the Implementation of the IPP*

Definitions

Monitoring means a regular review of the individual program plan by you and the Regional Center staff.

Purpose

- To find out if services were provided.
- To decide whether outcomes were met when people said they were going to be.
- To learn whether you are satisfied with the program plan and the way it is being carried out.

What to expect from the Regional Center

- A review of the individual program plan whenever you ask but no less than once every three years.
- Identification of services and supports that are ineffective or of poor quality and consultation, training, or technical assistance to agencies or individual providers to upgrade the quality of services and supports.

Your right

You have a right to stop a service or support provided by an agency when you are dissatisfied and you and the Regional Center agree that planned supports and services have not been provided or reasonable progress has not been made toward achieving outcomes.

Your responsibilities

- To let the Regional Center know about any services you are getting that are ineffective or of poor quality.
- To think about volunteering for a quality assurance evaluation team.

* Adapted from *Tri-Counties Regional Center*

Assuring Quality Services

A Sample Regional Center Policy on Monitoring Services and Supports for Service Quality*

The Regional Center will ensure the monitoring of all providers of supports and/or services provided to individual. Monitoring will be implemented on a variety of levels including: program design assessment; systematic quality assurance reviews; consultation and technical assistance identified as needed; ad hoc review visits; follow up activities as recommended through monitoring review visits; review of regular written progress reports required of all providers; and coordination of licensing agencies.

The liaison may invite others to participate in the monitoring review including, but not limited to: other employees of the Regional Center; consumers; parents or other family members of individuals; clinical specialists either from the community or from the Regional Center; and/or other providers of support, service or program options.

The monitoring review will include review of the service environment, achievement of individual outcomes, and the consumer satisfaction.

The Regional Center will ensure that the results of monitoring review visits are clearly communicated to the provider in order to facilitate the implementation of any recommendations. Technical assistance will be provided as necessary to enable the provider to execute the recommendations.

The Regional Center will ensure an immediate response to any situations identified as constituting an immediate danger or a substantial inadequacy. Situations that constitute an immediate danger or a substantial inadequacy may be identified through a monitoring review visit, by the direct observation of a Regional Center service coordinator or specialist, or by report received from a consumer, parent or family member or other visitor such as personnel from a licensing agency or another service provider.

Situations that constitute an immediate danger include: conditions which pose a risk of immediate harm exists to the health or well-being of a consumer; life threatening structural conditions; suspicion or allegation of physical, sexual, or emotional abuse to a consumer; lack of qualified direct supervision; failure to provide a consumer with prescribed medications or with a medically prescribed diet; presence of individual whose aggressive or assaultive behavior is likely to result in bodily harm to others; and/or failure to seek timely medical treatment or to follow medical orders which results in a danger to the individual's health or safety.

The Regional Center will minimize unnecessary or unwanted disruption in the lives of persons with developmental disabilities and their families through the early identification of potential changes, such as possible closure or loss of an existing support, service or program option, and the proactive maintenance of service quality wherever possible.

* Adapted from *Tri-Counties Regional Center*

Sample Language from a Service Agency Performance Contract*

The Regional Center and the service agency agree to the following contract performance outcomes:

IFSP Outcomes

Children will accomplish, to parent satisfaction, an average of 75% of the action plan objectives in the outcomes targeted on the IFSP, after receiving services from the agency for a minimum of six months.

High-Risk Infant Outcomes

Of all children served by the agency who are considered at risk, 25% will progress to the age of developmental norms and no longer require continuing services from the Regional Center, by the age of 3 years. This measure excludes those children with known category 1 and 2 risk and diagnoses.

Family Satisfaction

Each parent/primary caregiver will participate annually in completing a Family Program Rating Scale and the agency will achieve an outcome of 80% overall satisfaction.

Parent Skills and Benefits

Each parent/primary caregiver of a child receiving intervention services from the agency will be able to document three benefits gained from program participation.

Program Evaluation

Early Start team members including Early Start service coordinators and Family Resource Center coordinators will complete an annual program evaluation addressing areas such as timeliness of services, quality of family provider relationships, personnel competence, and communication. The agency will achieve an 80% satisfaction rating from this group.

* Excerpted from a *Tri-Counties Regional Center Agency Performance Contract*

Assuring Quality Services

A Sample Regional Center Emergency Service Policy*

I. Intent

The Regional Center will have a mechanism to address the emergency needs of individuals so that individuals will be maintained in safe and healthy living arrangements.

II. Definitions

Emergency services are those services which are required to immediately protect the life, health and safety of the individual and others. *Emergency intervention services* are those services necessary to maintain the individual in his or her current living arrangement. *Emergency relocation services* are those services necessary to move an individual from his or her current living arrangement to a safe temporary alternative until the individual's long-term needs can be addressed.

III. Policy

All consumers, families, care givers, and program staff should use the generic emergency services available to the community, e.g., police, fire, medical services, as warranted by the situation.

The Regional Center has an emergency twenty 24-hour response system that consumers, families, service providers, and the public can access by calling the main phone number at the office from which the consumer normally receives service. The Regional Center on-call staff shall respond immediately to an emergency call.

The Regional Center provides twenty four-hour emergency intervention services. If necessary, a crises response team can be sent to the site of the emergency (e.g. residence, day program/work site, emergency psychiatric center) to:

- Assess the situation;
- Provide the support necessary to insure the health and safety of the consumer and others;
- Maintain the individual in his or her residence.

The Regional Center provides emergency relocation services and also maintains crises facilities. In response to an emergency, a consumer may be placed in a crisis facility for up to ninety days until a safe and appropriate living arrangement can be located.

The Regional Center has a process for providing consent for emergency medical treatment when no family member can be contacted.

* Adapted from *San Andreas Regional Center*

Review

1. **What are the typical quality assurance activities of a service coordinator?**
2. **What is the responsibility of the Officer of the Day in an emergency and what happens after the Regional Center closes?**
3. **What is Looking at Life Quality? How can it support the work of a service coordinator?**

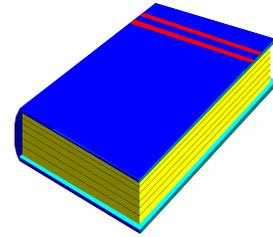
Assuring Quality Services

4. How does a performance contract work?

5. What are examples of crisis situations that you will have to confront?

Assuring Quality Services

Resources for Individual Services and Supports



Listen, Understand, Plan, Support: A Resource Guide on Individual-Centered Planning

By Allen, Shea & Associates for CARF (1996)

In this resource guide, you will find some general information about: basic concepts of individual-centered planning, general process involved, an example of the process from information gathering to plan development, summaries of information from other planning meetings, ideas about facilitating a planning team, additional resources you can purchase which will provide more information about planning in this way, some brief articles about planning in different service environments, and several checklists to help you look at your planning process. The resource guide can be obtained from CARF, 4891 East Grant Road, Tucson, Arizona 85712 • (520) 325-1044 or Voice/TDD FAX (520) 318-1129 or Internet <<http://carf.org/>>.

Individual Program Plan Resource Manual

By Department of Developmental Services (1994)

Provides service coordinators with the value-base, as well as format and instructions for developing person-centered individual program plans.

Person Centered Planning: How Do We Know When We Are Doing It?

By Oregon Transition Systems Change Project (1994)

An overview of a variety of approaches to person-centered planning and what is common to all of them. This booklet also contains a list of resources and a checklist for looking at your planning approach. You can obtain a copy from Oregon Transition Systems Change Project, Oregon Dept. of Education, Office of Special Education, Salem, Oregon, tel: (503) 378-3598.

Reach for the Dream: Developing Individual Service Plans for Persons Needing Supports

By Dale DiLeo (1993)

Information on how to integrate the development of individual service plans with the futures planning process. Includes sections on: developing personal profiles and personal futures statements; writing service plans, and putting it all together. You can order this booklet from TRN, Inc., P.O. Box 439, St. Augustine, FL 32085-0439, tel: (904) 823-9800.

Quality Assurance for Individuals with Developmental Disabilities: It's Everybody's Business

By Valerie J. Bradley (Editor) and Hank A. Bersani (1990); Paul H. Brookes Publishing Co.; ISBN: 1557660387

A compilation of writings on all aspects of quality assurance from the individual and family perspective to systems. This book provides a baseline of information about the history of quality assurance and where it is going.

Quality of Life in Health Promotion & Rehabilitation: Conceptual Approaches, Issues, & Applications

By Rebecca Renwick, Ivan Brown, and Mark Nagler (1996); Sage Publications, Incorporated; ISBN: 0803959141

This is an excellent resource for learning about the theory and practice of measuring quality of life in the health field. There are six chapters devoted to people with disabilities.

Your Regional Center Purchase of Policy Procedures

This manual provides the service coordinator with a description of available services and the circumstances under which they may be purchased.

North Los Angeles County Regional Center Training Information for Staff

CDER Documentation (1998)

North Los Angeles County Regional Center Training Information for Staff

Targeted Case Management Documentation (1998)

North Los Angeles County Regional Center Forms and Procedures

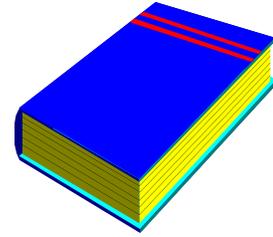
Case Management Training (1998)

Tri Counties Regional Center Website

<<http://www.tri-counties.org/index.html>>

Assuring Quality Services

References for Individual Services and Supports



Charting your Course with Harbor Regional Center – A Service Guide for Families and Consumers

Harbor Regional Center

Department of Developmental Services Website

<http://www.dds.cahwnet.gov/>

Individual Program Plan Resource Manual

By Department of Developmental Services (1994)

Lanterman Regional Center

Fair Hearing Procedures

Lanterman Regional Center Website at

<http://www.lanterman.org/>

Lanterman Developmental Disabilities Services Act (including 1994 amendments)

Prepared by the Organization of Area Boards on Developmental Disabilities (1995)

Learning Disabilities Association

<http://www.ldanatl.org/pamphlets/iep.html>

Listen to Me Individual Planning Process

By USARC/PACE, Inc. (1996)

Matrix Guide for Disability Services

Matrix Parent Network and Resource Center (1995)

North Bay Regional Center website

<http://www.nbrc.net/>

North Los Angeles County Regional Center

Orientation to Residential Services

North Los Angeles County Regional Center Training Information for Staff

CDER Documentation (1998)

North Los Angeles County Regional Center Training Information for Staff

Targeted Case Management Documentation (1998)

North Los Angeles County Regional Center Forms and Procedures

Case Management Training (1998)

North Los Angeles County Regional Center

Policies and Procedures

North Los Angeles County and Harbor Regional Centers

Individual Program Plan Guides for Service Coordinators

One Person at a Time

Article in Newsletter Published by Allen, Shea & Associates (June, 1997)

Person Centered Planning: How Do We Know When We Are Doing It?

By Oregon Transition Systems Change Project (1994)

San Andreas Regional Center Website

<<http://www.sarc.org/internet/index1.htm>>

San Gabriel/Pomona Regional Center Website at

<<http://www.sgprc.com/>>

The Family Guide to Services

Harbor Regional Center

Tri-Counties Regional Center Website

<<http://www.tri-counties.org/index.html>>

USARC/PACE

Grievance Procedures for Individuals who Use Services

Assuring Quality Services

***Answers to Reviews for
Learn the Basics:***

**Overview of
Developmental Disabilities,
Laws and Regulations**



Lanterman Act

1. What helped motivate the Legislature to start the work of developing a community care system for individuals with developmental disabilities?

In California, as in other states, large institutions dominated the service system for people with mental retardation through the mid-1960s. In fact, there was such a demand for building more institutions, the California Legislature started to take interest.

2. The Lanterman Act refers to choice as a basic right. What kinds of choices?

A right to make choices in their own lives including, but not limited to: where and with whom they live; their relationships with people in their community; the way they spend their time, including education, employment and leisure; the pursuit of their personal future; and program planning and implementation.

3. What does entitlement mean?

The Lanterman Act states that individuals with developmental disabilities and their families have the right to receive services and supports which will enable them to make decisions and choices about how, and with whom, they want to live their lives; achieve the highest self-sufficiency possible; and lead productive, independent and satisfying lives as part of the communities in which they live.

Answers to Reviews

4. In general, define a developmental disability.

According to the Lanterman Act, a developmental disability is defined as a disability which originates before an individual attains age 18, continues or can be expected to continue indefinitely, and constitutes a substantial handicap for that individual.

5. What are the major classifications included in the definition of a developmental disability according to the Lanterman Act?

Mental Retardation, Epilepsy, Cerebral Palsy, Autism, Other, and Developmental Delay

6. Describe the term payer or payor of last resort?

Pursue all possible sources of funding before requesting Regional Center funds (Regional Centers are considered to be the *payer of last resort*).

7. List six or more of the services and supports listed in the Act.

Diagnosis; evaluation; treatment; personal care; day care; domiciliary care; special living arrangements; physical, occupational, and speech therapy, training; education; supported and sheltered employment; mental health services; recreation; counseling of the individual with a developmental disability and of his or her family; protective and other social and sociolegal services; information and referral services; follow-along services; adaptive equipment and supplies; advocacy assistance, including self-advocacy training, facilitation and peer advocates; assessment; assistance in locating a home; childcare, behavior training and behavior modification program; camping; community integration services; community support; daily living skills training; emergency and crisis intervention; facilitating circles of support; habilitation: homemaker services; infant stimulation; paid roommates; paid neighbors; respite; short term out-of-home care; social skills training; specialized medical and dental care; supported living arrangements; technical and financial assistance; travel training; training for parents with developmental disabilities; vouchers, and transportation services.

8. Outline the major responsibilities of the Regional Center.

Outreach activities; assessment and evaluation; preventive and counseling services for persons at high risk of having a baby with a developmental disability; services for infants at risk; development of an Individual Program Plan; service coordination; development of innovative, cost-effective services and supports; assurance of the quality and effectiveness of services and supports; and, advocacy to protect an individual's civil, legal, and service rights.

Laws and Regulations

1. Why are the implications of the Americans with Disabilities Act for people who are served by Regional Centers?

It prevents discrimination in employment, requires reasonable accommodations, makes public places physically accessible, requires transportation to be more accessible, requires communication to be more accessible.

2. According to Title 17, what is the major responsibility of the service coordinator?

The Regional Center or designee agency employee, or his/her designee, who has responsibility for implementing, overseeing and monitoring the consumer's IPP and for maintaining the consumer's Regional Center record.

3. List two of the rights guaranteed by the IDEA.

1. A free and appropriate public education for all children with disabilities.
2. Education in the least restrictive environment.
3. An individualized education program (IEP) prepared by a team which includes the parents.
4. The provision of necessary related services in order to benefit from special education.
5. Fair assessment procedures to determine a student's abilities and educational requirements.
6. Due process and complaint procedures to ensure the student's rights are met.

4. Describe why the Medicaid Waiver program was initially developed.

Through the *Medicaid Waiver* program, California receives funding from the Federal Government for eligible individuals which allows them to be served in community-based programs. That is, the *Medicaid Waiver* assures that services will be provided in the local community as an alternative to a more restrictive setting (e.g., state developmental center).

Answers to Reviews

Regional Center Organization

1. What is a “mission statement”? How does it differ from a series of goals and objectives?

A mission statement expresses simply and succinctly the overall *purpose* of the organization, in terms of what it hopes to achieve. A series of goals and objectives are typically time-limited and point to things that need to be accomplished for the mission to be achieved.

2. What does “Building Partnerships, Supporting Choices” mean to you? Is this a “mission statement” or a “vision statement”? Please explain.

To me, it means _____. It is a “vision statement,” as it stands, because the statement does not convey to an average citizen an idea of what the organization does, or what its purpose happens to be. For example, nothing is said about meeting the needs (or aspirations) of individuals with developmental disabilities or their families, which would be part of a mission statement.

3. Thinking about your job as a service coordinator, what kind of performance-based outcome measures might make sense in evaluating your performance?

You may suggest some ultimate outcomes, in terms of better lives for individuals with disabilities, for certainly the service coordinator is expected to contribute to such an end. Linking the service coordinator’s work with such outcomes, however, is not easy. Other indicators, such as timely completion of Individual Program Plans, satisfaction with your services, and the like, are also possibilities.

- 4. Can you describe several requirements concerning the composition of your Regional Center's board of directors? How would you describe the relationship between these requirements and the responsibilities of the board?**

Yes, interest, knowledge, particular expertise (e.g., legal, public relations), disability categories, geography, ethnicity, and being a primary or secondary consumer. All are related to effective and efficient operation of the Regional Center, in ways that are responsive to needs and diversity.

- 5. Compare and contrast a Regional Center performance contract with a strategic plan.**

A performance contract is time-limited (5 years), and addresses outcomes, performance standards, accountability for funds, processes for establishing goals and reviewing performance, and incentives and sanctions. A *strategic plan* identifies mission, vision, and values; sizes up the context within which the organization operates; establishes and prioritizes strategic goals; and talks about strategies to accomplish those goals so as to realize the vision and mission, in ways consistent with vision and principles.

- 6. Describe at least 4 of the 11 basic Regional Center services.**

Advocacy - to get needed services from other agencies; *Assessment and consultation* - clinical information and recommendations; *Behavior intervention* - classes and individual consultation around behavior issues and needs; *Early intervention programs* - for children not yet in public school; *Independent/Supported living* - services and supports for adults to live more independently in their own homes; *Medical* - help in identifying and accessing needed health services; *Residential* - licensed or certified residential options; *Respite Care* - added help for the family in order to provide a break from care-giving responsibilities; *Social/Recreational* - help in accessing a variety of social/recreational activities through various community organizations; *Therapy and Counseling* - referral to various therapists and public or private mental health agencies; and *Vocational* - assistance in accessing a variety of work-related services, some of which are funded by Regional Centers, others of which are funded through the Department of Rehabilitation.

Answers to Reviews

Generic and Regional Center Funded Services

1. List at least 4 publicly funded organizations which can assist people with developmental disabilities.

Department of Social Services, Social Security Administration, Department of Rehabilitation, Independent Living Center, In-Home Supportive Services, Disabled Student Centers, Mental Health, Department of Children and Family Services, Special Education

2. Describe the procedure for qualifying for supplemental security income.

Qualification is based on income and disabling conditions. Applications are through the social security office. Regional Center may provide some of the documentation of disabling condition.

3. Describe the primary services available through California Childrens Services.

Coordination and provision of specific health care (e.g., physical therapy, occupational therapy, adaptive equipment, medical procedures) and case management services for children with physical disabilities.

4. List some potential generic resources available for various age groups.

Children - recreation centers, community pools, local gyms, boys and girls clubs, boy and girl scouts

Adults - recreation centers, colleges and universities, adult education programs, religious institutions, gyms, YMCA

Senior citizens - senior programs, recreation centers

5. Why is the federal-state Medicaid program such a pervasive and important resource for individuals with developmental disabilities and their families?

For those without private health insurance, or significant health care needs, often combined with low or moderate income, Medi-Cal provides funding for *medically necessary care*. Historically, the Medicaid program has also funded hospital and other institutional services (including long-term health care facilities in the community). Home and Community-Based Service waivers, IHSS, and other special programs (targeted case management) also draw on this funding stream, in whole or in part.

6. What essential differences (and similarities) are there between SSDI and SSI?

SSDI and SSI provide cash payments for a “disabled child” or individual (on their own account, through work), if a long-term impairment prevents the person from *substantial gainful activity (SGA)*. This test is essentially the same. SSDI, however, is not needs based. One can have some income and assets from other sources that do not reduce the SSDI benefit. SSI, on the other hand, is needs-based and at some point SSI is reduced when income is received from other sources.

7. For an adult who wants to live “independently” (with some support), how can Section 8 Rental Assistance and IHSS help?

Once off the waiting list, a Section 8 subsidy can make housing affordable by essentially capping at 30% the percentage of a person’s income used for rent and utilities. This typically frees up limited SSI/SSP to meet other needs, including food, clothing, entertainment, and incidentals. If the person needs some in-home assistance with personal or household or selected other needs (e.g., shopping, cooking, some transportation), IHSS pays for such.

8. Who might you want to suggest that a family involve if they do not agree with a decision made by the school district?

Client Rights Advocate, Area Board, Protection and Advocacy

Answers to Reviews

9. Is it a good idea to appeal a decision made by the Social Security administration?

In fact, close to 50% of the decisions appealed are overturned in review.

***Answers to Reviews for
Learn the Basics:***

Individual Rights



Answers to Reviews

Basic Rights and Confidentiality

1. **What do we mean by confidentiality?**

Treating information confidentially means not releasing it to anyone outside the Regional Center without the express consent of the individual, a guardian (typically a parent of a child under the age of 18), or a conservator (a person appointed by a court to legally represent an adult). Under certain circumstances, information may be released without permission.

2. **What is the penalty for violating the laws of confidentiality?**

You could be fined \$500 or three times the amount of actual damages, whichever is greater.

3. **Why are there special rules about HIV?**

HIV status is confidential. This could be an issue in how an individual is treated, or whether he or she is accepted into a program. Preventing discrimination is the key issue.

4. **Under what circumstances could your director consent for medical treatment on behalf of an individual?**

- the person authorized to consent does not respond to the request for consent in a reasonable time (for example, emergency medical situations)
- the person has no parent, guardian or conservator legally authorized to consent
- if the person is mentally incapable of giving his own consent

Answers to Reviews

5. How would you know if an individual was giving “informed consent” for treatment?

The consent has to be given voluntarily, knowingly and intelligently. Competence to give medical consent is defined as “the medical competence necessary to comprehend the risks and benefits of a proposed medical treatment and its alternatives.” Generally, unless an adult is shown to be incapable of making decisions through court proceedings, that person is assumed to be able to consent for medical treatment and testing.

6. Name three organizations that can get information without express written consent?

Licensing organizations	Agencies that investigate abuse
Youth Authority	Adult Correctional Agency
Senate or Assembly Rules Committee	Courts
Law Enforcement (if lost, missing, committed crime, victim of crime)	
Boards that license professionals	
Research associations (with approval of DDS director)	

7. What are the good cause reasons for a denial or right procedure?

‘Good cause’ exists only when there is a finding that: a) The exercise of the specific right sought to be denied would be injurious to the individual otherwise entitled to exercise it; or b) There is evidence that the specific right sought to be denied if exercised by that individual, would seriously infringe on the rights of others; or c) The institution or facility would suffer serious damage to the physical plant if the specific right is not denied; and_d) There is no less restrictive means of protecting the specific interest listed in a, b, or c.

Reporting Procedures

1. What is a mandated reporter?

Mandated reporters are persons (for example, care custodian, health practitioners) with a legal duty to report suspicion or knowledge of the abuse of a child, dependent adult or elder that they encounter during the course of their work. Failure to report can result in a mandated reporter being held liable for both criminal and civil consequences. Conversely, the mandated reporter has complete immunity from legal actions even if the report turns out to be false. Regional Center service coordinators are considered mandated reporters.

2. Define a special incident?

A special incident is: any incident involving a *serious bodily injury** when the individual under the care and supervision of any vendor; any incident which involves the unauthorized or unanticipated absence of a consumer for a period of 24 hours or more when the consumer is under the care and supervision of any vendor; the death of any consumer, regardless of cause or living arrangement; or, any incident which may result in criminal charges or legal action.

3. Write a general definition of abuse?

In general, abuse is defined as physical abuse, neglect, intimidation, cruel punishment, fiduciary abuse, abandonment, or other treatment with resulting physical harm or pain or mental suffering, or the deprivation by a care provider of goods and services which are necessary to avoid physical harm or mental suffering. The reporting of these kinds of abuse to outside agencies is mandatory.

4. What should you do if you suspect sexual assault?

If the individual has injuries or you suspect sexual assault, do not interfere with evidence (no changing clothing or cleaning up). Take the individual to a physician or emergency room for proper medical attention and-evaluation.

Answers to Reviews

5. How soon after making a verbal report must you file a written report with Child or Adult Protective Services?

The law requires mandated reporters to make a verbal report immediately, followed by a written report within two working days.

6. What incidents should you report to Adult Protective Services and what incidents should you report to the local ombudsman?

When the suspected victim resides in a domestic setting, the abuse should be reported to the county Adult Protective Services Agency. If the abuse occurs in any long-term care facility (nursing homes, residential facilities, foster homes, any licensed or unlicensed facility providing care and supervision), it must be reported to the local ombudsman program.

Guardianship and Conservatorship

- 1. What is “competence”? What does the law presume about a person’s competence as a child? as an adult?**

Competence is about the ability to make “reasoned decisions.” Reasoned decisions typically involve problem-solving skills, such as (1) defining a problem or need; (2) brainstorming approaches; and (3) evaluating and choosing alternatives. Until a person reaches the *age of majority* (age 18 in California), he or she is *presumed to be incompetent*. Upon reaching the age of majority, even if the person has a significant intellectual impairment, he or she *is presumed to be competent*.

- 2. There are several types of “conservatorships,” one of which is expressly designed to accommodate substantially impaired adults with developmental disabilities in need of a conservatorship. Please explain.**

Of either the person, estate, or both, there are (1) general conservatorships; (2) limited conservatorships; (3) LPS conservatorships; and (4) appointment as guardian ad litem to handle complicated litigation. Under California law, limited conservatorships are expressly for individuals with developmental disabilities

- 3. Since one of the seven powers under a limited conservatorship of the person is “the right to contract,” how would you distinguish this power from the responsibilities attendant upon being a limited conservator of the estate?**

Some people need support in deciding whether to enter into contracts. The limited conservator with the power in question can substitute his or her judgment for that of the conservatee, if necessary. A conservatorship of the estate is used to protect a person’s income or assets more generally. Only infrequently do adults with developmental disabilities have substantial assets or income needing such protection, since most rely on SSI and limited earnings.

- 4. What knowledge and skills should a limited conservator have in order to carry out his or her responsibilities?**

(1) personal knowledge of the conservatee; (2) knowledge of what constitutes the ‘best interests’ of the conservatee; (3) a commitment to providing that which is in the person’s ‘best interests’; (4) financial management skills (as appropriate); (5) a knowledge of programs and services, their availability and effect; (6) knowledge of appropriate methods of protection; (7) proximity to the conservatee; and (8) availability in terms of time and energy.

Answers to Reviews

- 5. In general, how does one obtain a conservatorship? What is the role of the Court Investigator? Why is notice given various parties (proposed conservatee; relatives; Regional Center)? How does one maintain a conservatorship?**

One submits certain papers asking the court to appoint one as conservator. The judge directs a Court Investigator to gather information regarding the need and to report back to the court. Notice is given various parties, including the proposed conservatee, so that they may contest the petition. A Regional Center is often asked for its view of the need and desirability of a conservatorship being established. To maintain a conservatorship, the conservator needs to carry out his or her responsibilities well. He or she may also need to report periodically to the court, and to prompt the court (and the Court Investigator) to review the continuing need for a conservatorship.

- 6. Name at least four alternatives to a limited conservatorship of the person, that may be available and help protect (and advance) the best interests of the person.**

Representative payee; power of attorney; voluntary acceptance of assistance; personal advocacy by an area board; Regional Center director providing substitute consent for medical treatment; use of a surrogate parent to assist with special education.

- 7. Why is it important for parents to have a will that names the child with a disability? How do discretionary, special needs trusts work? How can they be an important vehicle to meet a person's emergency and special needs?**

If parents have substantial assets title to which will pass by *will* (that is, through Probate Court), the absence of a will (or the failure to name the disabled child in the will) will trigger distribution of assets by state law, and the child with a disability may inherit some (or all) of the assets. If some assets are cash (or near cash), this can interfere with needs-based, public benefits, such as SSI and Medi-Cal. A *discretionary, special needs trust* is often used to protect some assets, and to direct that they be used at the trustee's complete discretion only to meet emergency and special needs (i.e., those to which the person is not otherwise entitled).

Advocacy Agencies

1. **When might you refer someone to a Client Assistance Program?**

The Client Assistance Program (CAP) is available to assist clients in answering questions and working with the Department of Rehabilitation. This office's primary function is to ensure that clients receive the Rehabilitation services to which they are entitled.

2. **What is the role of the Family Resource Network?**

The Family Resource Network supports the emotional and informational needs of families and assist parents and family members in locating and understanding local services and the overall early intervention service delivery system for infants and toddlers.

3. **If a family is having problems with the special education services for their child, to whom would you refer them?**

Area Board	Protection and Advocacy
TASK	Parents Helping Parents
Client Rights Advocate	MATRIX Family Resource Center
	Disability Rights and Education Defense Fund

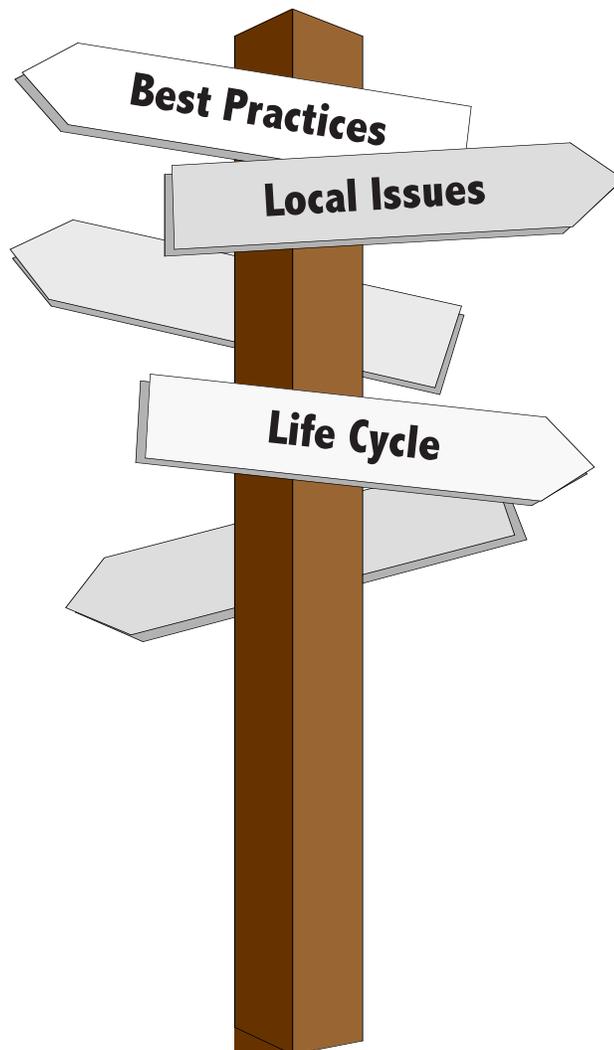
4. **What does the law require regarding the reporting of suspected abuse? to whom?**

The law requires mandated reporters to make a verbal report immediately, followed by a written report within two working days. When the suspected victim resides in a home setting, the abuse should be reported to the county Adult Protective Services Agency. When the abuse occurs in any long-term care facility (nursing homes, residential facilities, foster homes, any licensed or unlicensed facility providing care and supervision), it must be reported to the local ombudsman program.

Answers to Reviews

***Answers to Reviews for
Learn the Basics:***

Individual Considerations



Answers to Reviews

Life Cycle Issues

- 1. What are some major stages of a person's life cycle? When a child is born with a developmental disability, a variety of life cycle issues can (and do) arise. Please explain.**

Childhood, adolescence, the middle adulthood years, and the retirement years are major stages of the life cycle. A child with a disability, especially a significant one, will place demands on parents, who are typically in the middle adulthood years. Parents face the challenge of incorporating the child into the way in which the parents want to live. Then, too, various special needs of the child can be issues: inclusive schooling, health care, and how that person will live in adulthood. Also, knowledge of the grieving cycle is important in assisting families through these major stage in a person's life cycles.

- 2. When a child with a disability is born, key family members may go through several stages, like (1) shock or confusion; (2) emptiness; and (3) acceptance. Please explain.**

Sometimes, there is foreboding. When a disability is obvious (or identified), parents are likely to be confused and upset (e.g., denial, anger, etc.). As they begin to address the needs of the child (and their own), there may be an extended feeling of emptiness. As the family finds resources, experiences success in raising the child, and experiences some of the gifts such a child brings, acceptance is said to occur.

- 3. Parenting is a challenge for all parents. Please identify at least three parenting issues that stem from the child's disability.**

The following, although not experienced by every parent, were mentioned: (1) dealing extensively with health care and other professionals; (2) wanting to try nearly everything that might be helpful; (3) a tendency to overprotect from the "rough and tumble" of life; (4) isolation and not having much in common with other parents; (5) issues surrounding special educational services; (6) extra support needed during adolescence; and (7) helping siblings and extended family integrate disability into their lives.

Answers to Reviews

4. In assisting individuals through transitions (e.g., from school to adult life), identify three ways you, as a service coordinator, can be helpful?

(1) provide information about options; (2) help develop a transition plan; (3) urge everyone to talk about their desired futures; (4) accompany to meetings and advocate for collaborative services in line with the child's desired future; (5) make sure the team gets back together to review progress; and (6) make sure the child has a team with a "facilitator or leader," who will see that everyone follows through.

5. For adults with developmental disabilities no longer in high school, identify at least three (a) major day activities and (b) living arrangements.

Major day activities: (1) college or adult school; (2) proprietary school; (3) employment training program; (4) competitive or supported employment; (5) sheltered employment; (6) day training or activity center of some kind. Living arrangements: (1) home with parents; (2) independent living; (3) supported living; (4) licensed care home of some kind; (5) foster care.

6. Why is it said that certain issues, like independence, inclusion, and health, cut across the life cycle?

Because issues related to these matters can arise at any time, early in the child's life or much later. Indeed, time and attention paid to certain issues, such as health and health care, will ebb or flow over the life cycle, typically being more significant in childhood and later adulthood than during the middle years.

Natural Supports

1. What is the difference between natural supports, generic services, and developmental services and supports?

Natural supports are naturally-occurring resources (e.g., families; friends; co-workers) that are not publicly funded, and generally available to citizens. Many generic services are publicly funded and available to a broader array of citizens than just people with developmental disabilities. Developmental services and supports are publicly funded and exclusively for individuals with developmental disabilities (or their families).

2. How can extensive professional services sometimes send a message that natural supports are not needed or wanted?

Unique (or unusual) professional services can send a message that professional expertise is needed to meet a person's needs. Some professionals take a rather proprietary interest in those they serve, and send a message that the "client is owned" by the professional.

3. What is a Circle of Support? What other names are sometimes used in referring to the same (or similar) groupings or relationships?

A Circle of Support is a group of people, a majority of whom are not in a paid relationship with the person who is supported, who typically come together occasionally to plan, and to assist the person in various ways. The terms circle of friends, personal support network, and Joshua committee are sometimes used in referring to such groupings.

Answers to Reviews

- 4. Peer age-mates are often a good source of natural support. Please provide three examples.**

Examples include: (1) neighborhood children who play and otherwise spend time together; (2) children in school who help out (e.g., peer tutors); (3) co-workers at job sites, who teach and help the person fit in.

- 5. Some associations are viewed positively, even though they involve segregation. Other associations, more open to diversity, also provide natural support. Please explain.**

People First and some other organizations (e.g., "Best Buddies" and Special Olympics) have traditionally focused almost exclusively on people with developmental disabilities. Other associations, such as Little League, Scouting, and the like, have reached out to include individuals with special needs, and have accommodated them as well.

- 6. Please identify at least three ways that you may be able to help an individual or family access appropriate natural supports.**

Here are several ways: (1) providing information; (2) counseling; (3) encouraging; (4) connecting people who can help; (5) accompanying the individual or family; (6) helping figure out what changes (or accommodations) make sense; (7) helping the individual or family access needed assistance in order to make use of a relevant natural support.

Local Issues in Community Participation

1) In what ways are Regional Centers responsible for integrating people into the community?

- Outreach, training, and education to and of community service agencies, programs, businesses, and community activity providers
- Developing a community resources list
- Expanding community integration options in the areas of work, recreation, social, community service, education, and public services
- Using innovative methods of contracting with community members to provide support
- Providing technical assistance to community support facilitators

2) Suppose a person on your caseload wants to get a job as a self-employed computer data base manager and needs to practice on a computer at home. This person doesn't have the financial resources to purchase a computer, and has brought PASS information to you. What would be your next step? What information would you need to help the person collect?

Social Security needs information on exact costs and a plan for how funds are spent and outcomes expected. Periodically, PASS requests are "put on hold" dependent on funding availability.

3) What are four leisure/recreation resources in your community?

Parks and recreation programs; YMCA and YWCA; religious and ethnic groups; local community colleges and adult education programs.

Answers to Reviews

- 4) Transportation is a most cited need for people with developmental disabilities. What does the ADA require? What steps would you take to help a person who uses a wheelchair and needs transportation to get to a job he really wants to keep?**

The Americans with Disabilities Act (ADA) requires that all new public transit busses be accessible and that supplementary paratransit services be provided for individuals with disabilities who cannot use fixed route services. Public transportation services are administered by local transportation boards in cities and counties. Some Regional Centers have a transportation coordinator who assists individuals in accessing either taxi service, public bus passes, or paratransit services, in addition to coordinating Regional Center funded transportation services. If not, you would need to contact the local transportation coordinating council (sometimes called Paratransit Coordinating Committees).

- 5) How does a section 8 certificate benefit individuals or families you know. Would a voucher serve people better? Explain the difference.**

Section 8 Rental Assistance is another public housing subsidy for people with low incomes also administered by the city or county housing office. Section 8 certificates are issued on a periodic basis, and there is no systematic way in which people waiting for certificates are notified. The certificate and the agreement of the landlord gets a person a predetermined, lowered rental rate. There are also Section 8 vouchers which allow a landlord to charge less than the going rate for the units being rented, and HUD pays the remainder of the rent.

Cultural Diversity

1. What are the demographic trends in California?

It's projected that by the year 2000, the majority of individuals with and without developmental disabilities in California will be nonwhite and non-Anglo.

2. How can cultural sensitivity help you do your job?

It makes good sense to be as culturally aware as possible in your job as a service coordinator. Your roles as *planner*, *problem-solver*, *information seeker*, *consultant* and *collaborator* require you to accept, understand and value the lifestyles of the individuals and families you will support.

3. What are some examples of questions which can help you identify the individual or family perspective on an issue or concern?

Examples of questions which can be used to understand the individual or family's perspective are: *tell me about your concerns; how do you view the issues?; what does this mean to you?; what does this mean to your family?; what do you recommend be done?; am I understanding you correctly?*

4. What are some characteristics of effective cross-cultural communication?

Communication effectiveness is significantly improved when the [service coordinator]: respects individuals from other cultures; makes continued and sincere attempts to understand the world from others' points of view; is open to new learning; is flexible; has a sense of humor; tolerates ambiguity well; and, approaches others with a desire to learn

Answers to Reviews

5. Describe high context communication.

High-context cultures emphasize understanding through shared experience, history, and implicit messages. Fewer words are spoken and less emphasis is placed upon words. Asians, Native Americans, Arabs, Latinos, and African Americans typically use high context language.

6. It's your first meeting with an individual or family. Describe the first steps in building a relationship.

The first steps in building a relationship are: relax and prepare for the meeting; greet the individual or family; state your role; establish and vary your eye contact; listen attentively; and, go where the conversation leads you.

Best Practices

- 1. In general, what does the term "best practice" refer to? Why are they deemed "good" or "best"?**

They are practices that work, and that are associated with leadership, in the sense that others often try to follow and adopt such practices. Practices are typically deemed "best" or "good," because they are more responsive, more effective, and/or more efficient than past practices or the practices of others.

- 2. The concepts of "normalization" and "support" typify two paradigm shifts evident over the past quarter century. What does each term mean, and how did it change what people did?**

Normalization, as a principle for organizing services, emphasized patterns, activities, roles, and materials typical of individuals (of equivalent chronological age) without disabilities. Earlier, many adults with disabilities were treated like children and prevented from having full, active lives like other citizens. Support refers to encouragement and assistance to do things. Earlier, a "readiness logic" often prevented people from having relationships and full lives.

- 3. Why are sibling groups and outreach to fathers considered "best practices" in early intervention and related circles?**

Total emphasis on "Moms and babies," to the exclusion of others, often left fathers and siblings to fend on their own with the confusion, life-altering circumstances, and feeling triggered by having a child with a disability in the family. Far-sighted practitioners found effective ways to make lives better by engaging fathers and offering support to siblings.

Answers to Reviews

- 4. Transition planning (say, from school to adult life) is an example of a collaboration "best practice." Please explain.**

For most people, life after high school involves more than one agency. Adult services, rehabilitation counselors, Regional Centers, and the Social Security Administration are often involved. If the person is changing residence, Section 8 Rental Assistance and Social Service Agencies (e.g., through In-Home Supportive Services) may be involved as well. Hence, one needs an effective "coordinator" and multiple efforts from diverse agencies to bring most transitions to fruition.

- 5. In terms of residential services, the trend has been toward a wider array of options, with the new ones "smaller" and "more individualized." Please illustrate.**

For children, specialized foster care, wherein one or two children are cared for in a family home, is a relatively new option. For adults, supported living and foster care are the newest options, and both involve services typically for one or two people living together, sometimes with others (housemate; family). Both in matching individuals with families, and in crafting services and supports, services are typically more individualized than they would be in a home for six, especially if the latter has relatively little staff support.

- 6. "Best practices" in community inclusion, honoring choice, and assistive technology cut across the life span. Please explain.**

Choices (albeit small choices, such as type of toast or how one likes his eggs cooked) are offered in most homes from an early age. In adolescence, allowances and other practices give people more choice. Sensitive to health and safety considerations, the prevailing view is that even dependent individuals should have as much choice as possible. Inclusion is a dominant value for schooling, for jobs, for living arrangements, and for community life in general. Assistive technology can play a helpful role at nearly any age, if it is both needed and wanted.

Person-Centered Planning

1. What is person-centered planning?

Person centered planning is a process of learning how a person wants to live and then describing what needs to be done to help the person move toward that life.

2. Outline several ways to reduce interruptions.

When you are working on a person-centered plan, remember that it's about five things: (1) getting to know someone really well; (2) finding out about what is important to the person; (3) supporting someone's choices about where he or she wants to live, how he or she wants to spend each day, whom he or she wants to spend time with, and his or her hopes and dreams for the future; (4) working with others to come up with a way to make those choices a part of the person's everyday life; and (5) figuring out what supports and services someone needs and wants.

3. What are the major roles and responsibilities on the planning team?

Focus Person and/or Family. Provide information about needs, preferences, likes and dislikes. **Team Leader or Facilitator.** Anyone on the team who wants to help keep the meeting going. **Team Recorder.** Someone who will take notes about the meeting. **Team Members.** Everyone who comes to support the person and his or her family in working on a plan.

4. What are the key elements of the person-centered IPP?

The plan includes: kinds of services and supports the individual needs, who will provide each service and support, and how these services and supports will assist the individual to have opportunities to experience what is important to him or her and to get movement towards his/her goals for the future.

Answers to Reviews

- 5. Can the process be used when the focus person does not communicate very well with words? True False**

If true, how?

Members of the team include the individual and people who know and support him or her (e.g., friends, family, and direct support service providers). If the focus person doesn't speak very well or at all or if someone speaks a different language, then a helper should also be on the team. This helper should be someone who knows the language of the individual and who knows his or her lifestyle very well. Team members should use a conversational style that's easy for everyone to understand.

- 6. Can the process be adapted when the focus person is a student in school? True False**

If true, give an example:

Adapt the MAPS process which includes many of the considerations that are supposed to be included in the formulation of an IEP, but are usually glossed over. These include a full discussion of the student's past and present, and potential skill levels. It also includes the other crucial questions such as needs and plans to accomplish the goals. One person can be appointed to act as facilitator and another to take notes on pieces of poster paper placed around the room.

- 7. As you understand it, describe the difference between traditional service planning and person-centered planning?**

Traditional service planning is typically focused on the deficits of a person and on ways to remediate those deficits. The planning team does not usually include the person or family. The resulting plan does not include individual preferences, or choices about services and supports. This is the opposite of how we now do person-centered planning.

***Answers to Reviews for
Learn the Basics:***

Individual Services and Supports



Answers to Reviews

Guidelines on Person-Centered Plan Development

1. What do you need to do as a service coordinator to make sure that individuals and families understand their choices and options in services and supports?

Everyone needs to know what the options are before they can make a meaningful choice. To aid individuals and families in making the choices related to their IPPs, all publicly funded agencies shall provide relevant information in an understandable form. For example, information can be provided in individual forums on specific topics or areas of interest. Visual and experiential information can also be provided by facilitating individual visits to different types of living arrangements or job possibilities. Personal preferences and cultural background can also affect the ability of some individuals and families to express their choices in a manner that is easily understood. Those who present options for individuals and families to choose among must present them in a way that reflects awareness of, and sensitivity to, their lifestyle and cultural background.

2. What is the general purpose for the person-centered IPP and who is eligible for it?

A person-centered IPP describes the needs, preferences and choices of the individual and family. It is developed through a process of individualized needs determination, and embodies an approach centered on the person and family. Any person who is eligible for Regional Center services shall have an IPP. The IPP process uses person-centered methods' to assist individuals with developmental disabilities and their families to obtain the services and supports needed to build their capacities and capabilities. Person-centered methods provide individuals with developmental disabilities and their families with opportunities to choose where and with whom they live, with whom they socialize, how they spend their time, what jobs they have, and other aspects of their daily lives.

3. What are some ways to set a positive tone for the planning meeting?

Be positive. Develop a team spirit. Talk with each other before the meeting. Encourage individuals to come to the planning conference with well-prepared statements of hopes, dreams and preferences. Some individuals find rehearsing what they want to say at the planning conference helpful. Encourage everyone to speak freely. Be specific about the changes and actions you feel are necessary. Explore several different ways to solve the identified problems. Build trust with each other.

Answers to Reviews

4. Describe some of the considerations for selecting a service provider.

The individual's choice of providers; a provider's ability to deliver services and supports that can accomplish all or part of the individual's IPP; a provider's success in achieving the objectives in the IPP; the cost of providing the services or supports of comparable quality by different providers, if available; the eligibility of the individual for the same, or similar, services and supports from any publicly funded agency that has a legal responsibility to serve all members of the general public; the cost-effective use of public resources; the desire of the individual to receive necessary services and supports without having to move elsewhere

5. Write a sample outcome in the area of independence and productivity.

- **Increased independence**
Example: I will take the bus to work.
Example: I will live in my own apartment.
- **Increased productivity**
Example: I will get a 5 day a week job.
Example: I will volunteer at the Senior Center twice a week.

6. What is the purpose of assessment in the planning process?

The purpose of assessments is to help the team understand the needs, preferences and choices of the individual and family. Assessments provide information that helps the individual and family to define a preferred future, and to choose the best way to get there. In a person-centered planning system, assessments are not used to determine how "disabled" a individual is or to determine whether the preferred future defined by the individual and family is appropriate.

7. Describe the major elements of an Individual Education Plan.

The IEP should consist of: a statement of the child's present educational performance level; a statement of annual goals, including short term instructional objectives; specific special education and related services to be provided and a statement of the extent to which the child will participate in regular education programs; the dates for initiation of services and the anticipated duration of services; appropriate objective criteria and evaluation procedures and schedules for determining at least annually, whether instructional objectives are being achieved; all accommodations and modifications necessary for participation in regular education programs; and a statement of the least restrictive environment (LRE).

Purchase of Service Standards and Procedures

1. **What are two factors Regional Centers consider in developing new vendors?**

Ability to deliver quality services and supports which accomplish IPP objective; success in achieving the objectives in the Individual Program Plan; where appropriate, the existence of licensing, accreditation, or professional certification; cost of providing services and supports of comparable quality by different providers, if available; innovation and ability to promote cost effectiveness; ability to develop and facilitate services in natural environments with natural supports; ability to empower consumers to make choices in their lives; and ability to implement services and supports which result in a more independent, productive and normal life for the individual.

2. **What are four of the major vendor categories of services?**

Advocacy	Assessment and Consultation
Behavior Intervention	Early Intervention Services
Genetic Counseling	Medical
Residential	Independent Living
Respite Care	Social/Recreational
Transition Assistance	Employment/Vocational
Family Resource Centers	Mobility Training
Sex Education	

3. **What might be an alternative to purchased services for a child who needs care after school?**

Neighbors, friends, relatives providing care; YMCA after-school program

Answers to Reviews

4. What would you include in a request for an exceptional service?

Clear references to relevant IPP objectives; precisely how services will be used; specific information on needs; necessary identifying information; time period for request.

5. In general, what is the process for a Regional Center appeal?

An appeal is requested within 30 days of a decision

Within 10 days of receipt of the request an informal meeting is held

Within 5 days of the informal meeting, a written decision is mailed

Within 10 days of receipt of the informal meeting decision, a request for state level hearing may be made

Within 20 days of receipt of the state level hearing request, a hearing is scheduled

Within 10 days of receipt of the hearing, a written decision is mailed

Within 90 days of receipt of the hearing decision, a filing may be made to a court of appropriate jurisdiction

Note: In the event of a decision which reduces current service levels, the appeal must be requested within 10 days of the decision. This is also known as *aide paid pending* a decision.

Documentation Procedures

- 1. Using the attached CDER profile and a CDER booklet, answer the following:**

Is this individual ambulatory? Yes

How much word usage does the person have? Has a broad vocabulary

Can this individual make change for a dollar bill? Yes

How clear is the individual's speech? Readily understandable to a stranger

- 2. What does CDER stand for ? What purpose does the CDER serve?**

Client Development Evaluation Report – gives valuable information about ability levels, useful for placement planning. The number of CDERs that DDS has on record for each center determines the funding level.

- 3. What does the Frankland Factor describe? Why is this information important enough to have its own section in the CDER summary? What is the information used for?**

It is a summary of behavioral attributes. It assists in placement planning, both residential and day programming. The higher the FF, the more sophisticated the programming required to meet the person's needs. These programs are generally more expensive to operate as well.

- 4. How often is a CDER completed? How often is it updated?**

CDERs are completed on Intake or reactivation, and are reviewed at least yearly. The updates need to be done whenever information significantly changes.

Answers to Reviews

5. **During the course of the day, you make 75 minutes worth of calls about one situation – to 5 different sources. You meet with the individual when she arrives unannounced at the Regional Center for 10 minutes. You meet with your supervisor to discuss the situation for 15 minutes. How would you code your time for Targeted Case Management?**

F (1)
T (5)
C (1)
D
P

To prepare for your first IPP, you reviewed the individual's case record for 25 minutes. It took you 22 minutes to get the home where the meeting was held. The meeting was an hour and 15 minutes and involved the consumer, his mother, and the workshop staff. How would you code your time for Targeted Case Management?

F (7)
T
C
D
P

6. **What areas of a person's life must be covered in the IPP to reflect the person's eligibility for Medicaid Waiver funding?**

Areas in which there are deficits in self-help skills, hygiene, ability to manage own health care needs, independent living skills.

Assuring Quality Services

1. What are the typical quality assurance activities of a service coordinator?

As a service coordinator, you be periodically reviewing the IPP with other team members to make sure that it still addresses appropriate needs through its goals and objectives and that services and supports are meeting those needs. If any of the individuals you support are living in licensed homes or receive services from supported living or foster family agencies, you will be required to complete a quarterly monitoring visit (one visit is unannounced). Also, as a community care facility liaison, you will be required to complete an annual review to assure services are consistent with the program design and applicable laws. You may also need to develop and implement a corrective action plan if needed.

2. What is the responsibility of the Officer of the Day in an emergency and what happens after the Regional Center closes?

The Officer of the Day handles all aspects of an emergency until the service coordinator is available. After hours, an on-call person is available for emergency situations.

3. What is Looking at Life Quality? How can it support the work of a service coordinator?

It is a process which helps people look at their lives and identify ways to improve their life quality. In the case of a child, or an individual who has a conservator or legal guardian, the family, conservator or legal guardian is also a part of the process. The information is used in the review of the Individual Program Plan to support the individual in achieving greater life quality and personal satisfaction. In addition, information will be used by the Regional Centers to improve services provided to individuals and the system as a whole.

Answers to Reviews

4. How does a performance contract work?

An agreement between the Regional Center and a service agency, these contracts include: (1) a series of person-centered outcomes which are stated in terms of service goals; (2) methods that will be used to evaluate progress towards those goals; and (3) evaluation information will be shared with both the Regional Center and those individuals and families served. Some Regional Centers have developed incentive systems for agencies who reach or exceed their performance goals.

5. What are examples of crisis situations that you will have to confront?

(1) an individual whose services are abruptly terminated; (2) an agency which is forced by fiscal or legal actions to close; (3) services and supports can no longer meet critical individual needs; (4) allegations of abuse or neglect; (5) an individual has asked to change his or her services immediately through words or actions; and (6) death of an individual or family member.

Service Coordination Orientation and Training Curriculum

Part 2 Learn the Process



(Pages 431-660)

**Southern California Training and Information Group
(1999)**

Part 2 - Learn the Process

A compilation of the process skills needed to plan, coordinate and monitor services and supports.

What You Will Find in Each Module

Each module contains a reading, suggested activities, additional resources, references, and a self-review of the material. You will find the information below at the beginning of each module.

Sample Cover Page for Each Module

Purpose, Outcomes, Methods, Time, and Materials

Purpose: Provides a general purpose statement for the module. For example, *the purpose of this module is to provide an overview of the Lanterman Act, its history and how it affects your job as a service coordinator.*

Objectives: Suggests the knowledge and skill you should have upon completion of the module. For example, *define a developmental disability and the four major categories of disability within that definition according to California law.*

Method: Suggests a format for group or individual paced learning. For example, (1) *discussion or self-directed review of the module outline as presented on PowerPoint or overheads;* (2) *read the information brief in each module;* (3) *complete the suggested activities;* and (4) *take the review to test your understanding of the material.*

Time: Suggests the approximate time to allow for each of the methods listed above.

Materials: Recommends the printed and electronic material needed as well as equipment.

Learn the Process:

Supportive Communication



Learn the Process:

Communication

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to provide the new Regional Center service coordinator with the basic skills to successfully communicate with individuals and their families in a way which effectively builds a foundation for *supportive relationships*.

Objectives: Upon completion of this module, you should be able to:

- (1) To understand how to create a positive communication climate and explain why it is necessary.
- (2) To present information about service options in an effective way.
- (3) To discuss and present difficult information to individuals and their families in a way which supports problem solving.
- (4) To develop and maintain an effective working relationship with individuals and their families.

Method:

- (1) Group presentation and discussion or self-directed review of *Communication Overview*;
- (2) Self-directed reading of *I Hear What You're Saying, But What Do you Mean?*;
- (3) Group discussion or self-directed completion of *Suggested Activities*; and,
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint Presentation or Overheads of Communication Overview</i>	30 minutes
<i>I Hear What You're Saying, But What Do you Mean?</i>	20 minutes
<i>Suggested Activities</i>	30 minutes
<i>Review</i>	20 minutes

Materials:

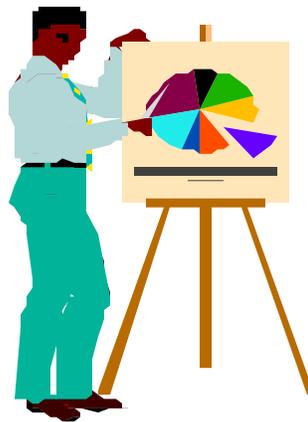
- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *I Hear What You're Saying, But What Do you Mean?*
- *Learn the Process - Communication*

Communication: I Hear What You're Saying, but What Do you Mean?

Introduction

The year 2000 computer glitch is a real one and so are the ever-changing communication needs of service coordinators. Whether you have a basic knowledge of communication or not, you will be expected to interact with individuals, family members, service providers, and other professionals in a way that:

- Creates a sense of being understood through clear, honest, and persuasive communication, and responds constructively to conflicts and differences of opinion;
- Emphasizes individual and family worth through challenging but realistic expectations;
- Establishes confidence and builds trust by providing useful and timely information;
- Supports reasonable risk-taking, effective decision-making, problem-solving, and creative thinking; and,
- Facilitates teamwork, cooperation, and interdependence through "responsibility" and "action."



Communication

Establish a Positive Communication Climate

The effectiveness of any communication may depend on the ability of the service coordinator to create a positive *climate*. Indicators of a positive communication *climate* include:

Empathy

Empathy is “entering imaginatively into the inner life of someone else.” (Kadushin). Empathy has two important aspects: (1) the perception of the life experience of another (along with the feeling generated by that perception); and, (2) the communication of that perception. A service coordinator does not have to have any experience with individuals who have disabilities to try to understand how a person feels at a particular time. We are all people first!

Descriptiveness

Descriptiveness means “putting into words the behaviors you have observed or the feelings you have.” (Verderber) For the effective service coordinator, this means describing individuals (families, or conservators), behaviors, or encounters without labeling them good or bad, right or wrong.

Phrasing ideas tentatively

Acknowledging that the other person has a viewpoint and letting it be heard. For example, an individual may be asking for something that the service coordinator might consider unrealistic. An effective service coordinator can hear the point of view and feed it back without adding a personal bias or expectation.

Equality

Equality means simply being on the same level, or seeing others as worthwhile as one’s self. Projecting an air of superiority, or encouraging a perception that one is superior results in a negative rather than a positive communication *climate*. An effective service coordinator is conscious of facial expressions, dress, body language and the physical layout of the area in which the communication occurs.

In order to create a positive communication climate, consider the following strategies:

- *Avoid making assumptions* - Avoid drawing conclusions before meeting with an individual or a family based on written information. Read only what you need to ask informed questions.
- *Avoid jargon and explain technical terms* Use conversational language with individuals and families, and explain any technical terms. Service coordinators should refer to service agencies by name as opposed to initials, and explain terms such as behavioral intervention, authorizations, etc.
- *Share complete and unbiased information* - Share results of assessments with people in their entirety, giving individuals and families information with which to make informed choices. Avoid screening information based on personal values.

- *Offer suggestions to individuals, but be certain that its clear that the suggestions are not the only options* - Share advice with individuals and families, letting them know all other possibilities. Be supportive if they choose another option.
- *Don't be afraid to say "I don't know."* Be honest with people. Everyone appreciates a service coordinator who will look into the questions and get back to the person or family with the answer as soon as possible!
- *Recognize differences in the way people acknowledge and understand information.*- Explain information to people using a variety of aids (e.g., drawings, pictures) if necessary. Allow time for processing information, and answering questions.
- *Strive for equality* - Meet with individuals in a location where they are comfortable. If the meeting is at the Regional Center office, make the room comfortable for a discussion. Sitting behind a desk will likely convey professional distance.
- *Respect cultural differences* - Ask the focus person who ought to be invited to meetings. This can vary from person to person and family to family.
- *Pay attention and respond to nonverbal cues* - Be aware of body language of all parties.

Maintaining a positive communication climate can be very difficult, particularly when you might be in a position of giving very bad news to a family, or needing to advise of provider of a major problem in the program. It helps to tone down bad news if your message starts with a positive piece of information. The person waiting for information is paying closer attention to the first part of your message.



Communication

Supportive Relationships

We have the difficult task of being in a helping relationship with people, while facilitating the process of individual problem solving. It may be a change from the kind of helping relationships you have developed in the past. This relationship requires you share *power with* individuals and families that you support.

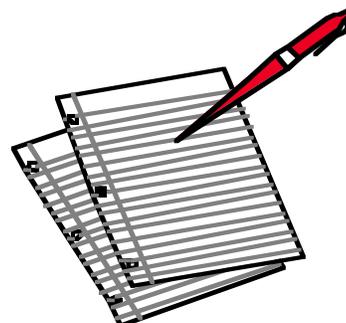
Power with depends upon and reinforces respect, cooperation, self-direction and negotiation. *Power over* arises from a willingness to make decisions for others and to enforce their compliance. Some of the characteristics of helpers in a supportive relationship:

- **Self-Awareness**
An awareness of your own values and feelings and how they affect your communication with others. A supportive relationship affects both people. It's a powerful relationship and can be misused if as a "helper" you cross over from support to directiveness.
- **Sense of Ethics**
The primary responsibility of a "helper" in a supportive relationship is to the person supported not the agency supporting the "helper."
- **Responsibility**
Don't promise support you can't give.

Your job as a service coordinator will involve assisting people with problem solving. Regional Center work is based on working toward self-determination

and choice on the part of the individuals who receive support. One way to creatively assist people with solving problems is to follow the guidelines below:

1. *State the problem.* Sometimes there are a lot of issues that get presented, and it is not always easy to determine exactly what the problem is.
2. *List the possible solutions.* This could include brainstorming with another person or group of people to list possibilities without determining whether any of those possibilities are likely to work.
3. *Analyze the pros and cons of each solution.* You can write them down, or simply review what happens when each solution is applied.
4. *Pick a course of action.* Determine what the next steps will be.
5. *Review the solution* to evaluate whether the solution was the right one, or whether another solution might be in order.



Building Effective Working Relationships

What is an effective working relationship?
It is one that is:

- Effective in getting things done (e.g., problem-solving, resolving disagreements)
- Efficient in the use of time and energy
- Amiable, if not enjoyable

You will be working closely with your co-workers, with family members, with individuals, and with programs and schools. It is important to develop and maintain effective working relationships.

In working relationships, there are . . .

- *Substantive matters.* These include such things as whether a person is eligible for a service; what service is most appropriate; whether progress reports are informative and timely; and so forth.
- *Relationship issues.* These include how we treat, communicate, and work with one another; etc.

For example, consider your working relationships with service providers. There are several different roles that will evolve in those relationships. Also, your interactions with service providers will take place within the context of an on-going relationship, which encourages you to pay attention to *both* substantive and relationship issues.

Working relationships with service providers can be classified as:

Consultation (providing information or other support at the other person's request)

Monitoring (getting information from others related to certain standards or expectations)

Technical Assistance (providing information and other assistance of a technical nature to bring about a desired change)

Other (e.g., working together in some other way)

Here are suggestions for maintaining (or enhancing) your working *relationships*, aside from dealing with *substantive issues*:

- *be friendly;*
- *express genuine interest* (e.g., in the person, their work, and those they serve);
- *make no assumptions* (e.g., about motives; intentions; reasons);
- *be honest and clear;*
- *pay attention to impact;*
- *be trustworthy* (e.g., not violating confidences; doing what we say we will do); and
- *learn what the other party would like from you* (e.g., understanding as to why something has/has not been done; help finding/accessing a resource; etc.).

Communication

You will also be expected to provide information to people in a way that gets your points across while maintaining that foundation of trust. This can be difficult when the first time you meet a family is when you have to share diagnostic or eligibility information. This can certainly be a difficult time for a family. You will need to consider who you are providing the information to, what needs to be conveyed and when, what and where is this information best conveyed.

To prepare for presenting information, consider who will hear the information and what that person(s) is expecting to hear. Consider ways to present the information keeping in mind the positive communication pointers discussed earlier.

Present the information in a clear and concise manner. Keep your information focused and responsive to what the person wants. If the person getting the information responds in a resistive way, listen to what the resistance is about. Acknowledge the person's feelings. This allows you to build credibility and trust. Make sure your information is correct. You don't want to be promising something that doesn't exist, or giving improper diagnostic information. Present the information in a way that shows you care – with feeling and commitment. Depending on your audience, you might want to take additional written material with you, or take pictures or video tapes.

“The worse the news, the more effort should go into communicating it.”

Andrew S. Grove

Nonverbal Communication

As a service coordinator, you will be working with individuals who do not communicate with words or adaptive devices which aid communication. What kinds of cues will you look for in communication with him or her? For example, an individual might come up to you and put out a hand which is, of course, typically a signal for a handshake.

Sometimes it's easier to figure out what a person doesn't want. These are often the communication behaviors that make it difficult for the person to be with others. For example, how would you let someone know that something was making you unhappy if you could not use words?

Some individuals have learned that making loud noises gets the attention of others or gets others to leave them alone. A person's communication behavior and facial expressions can give you a lot of information about their interests.

Some basic examples of nonverbal communication:

Shows attention to another
Turns body toward person

Asked if thirsty
Smiles

Requests information
Points to picture with a puzzled look

Responds to name
Lifts head at looks at person

Says good-bye
Waves

Directs attention to self
Waves arms, repeats when someone looks

Communication

Suggested Activities

1. Think of 3 people that you would describe as effective, successful communicators. These don't have to be powerful or famous people necessarily. List five characteristics that these three people have in common.
 -
 -
 -
 -
 -
2. Review each of the following statements and write them in a way to convey a more positive tone and sensitive to the person who will hear the message.

I just don't have time to send out referral packets to ten different homes.

I cannot authorize a request for additional respite hours.

I don't know what schools have after-school programs that will accept your child.

I cannot work on a Wednesday evening, even if that's the only day you are free to meet.

3. The scenario: An individual has just called to tell you that the power in his apartment has been turned off because the bill wasn't paid. His attendant had taken a vacation, he doesn't cook, and he spent all of his money on eating out. He says he needs your help in getting the power turned back on, and is also afraid that he might also be evicted, since he hasn't been able to pay this month's rent.

What are some of the ways you might help this individual with this problem? You want to encourage personal problem solving, and you also want to build a foundation upon which trust is built. What questions might you ask? How would you describe the first three steps of basic problem solving?

State problem:

List possible solutions:

Analyze pros and cons of solutions:

4. You have been asked to meet with a group of new staff at one of the local day programs to explain how the Regional Center works.

Where would you go for the information?

What information would you want to present?

What do you think your audience wants to hear?

Communication

5. Ask the resource developer if you can sit in when he/she meets with a potential vendor of service. Pay attention to how information is delivered to the person. How was it presented?

6. You need to prepare to present an exceptional service request to your supervisor. A family in which the mother has a chronic illness has asked for 24 additional hours of respite services (to add to the 24 already provided) to last for the next 8 months until the mother can recover from recent surgery.

What information would you need to prepare?

How would you present the information?

Learn the Process:

Written Communication

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to provide an overview of how to use the power of the written word in a positive and beneficial way.

Objectives: Upon completion of this module, you should be able to:

- (1) Describe the conditions under which written communication is a good alternative to face-to-face communication.
- (2) Demonstrate the key elements of effective written communication
- (3) Demonstrate the methods for conveying bad news through written communication.
- (4) Understand the need for and use of people first language in both written and face-to-face communication.

Method:

- (1) Group presentation and discussion or self-directed review of *Written Communication*;
- (2) Self-directed reading of *Choosing the Right Words in A Letter Can Communicate Volumes*;
- (3) Group discussion or self-directed completion of *Suggested Activities*; and
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint or Overhead Presentation of Written Communication Overview</i>	15 minutes
<i>Choosing the Right Words in A Letter Can Communicate Volumes</i>	15 minutes
<i>Suggested Activities</i>	45 minutes
<i>Review</i>	15 minutes

Materials:

- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *Choosing the Right Words in A Letter Can Communicate Volumes*
- *Learn the Process - Written Communication*

Choosing the Right Words in a Letter Can Communicate Volumes

Introduction

In another module (*Communication*), the need for creating a positive communication climate was stressed. As with spoken messages, written messages (e.g., letters, memos, reports, case notes, proposals, fax, e-mail) often require thoughtful planning. Since written communication provides a record for both the sender and the receiver, a lack of planning and subsequent poor written communication can come back to you in the future.

One of the first things you need to decide in developing a written communication is if you need it at all. For example, if urgency, interaction, or emotional content need to be conveyed, you may choose to use the phone or a face-to-face meeting. Written communication seems to be the best choice when:

- you need to reach a large number of people;
- the message is not urgent;
- you're communicating something that is fairly straightforward;
- documentation of the message is important;
- you need to include some type of data;
- you want to make sure that the message is clear; or
- you need to communicate something negative in a nonconfrontational way.

A Guide to Writing About People With Disabilities - People First*

The primary subject as you write chart notes, assessments, or referrals is the person, not the disability. *It's people first, the disability comes second.* The subtle difference between calling Joe on your caseload "a person with mental retardation" rather than a mentally retarded person is one which acknowledges Joe as a person first. Although you may still hear people use the following terminology, the following terms ought to be avoided.

AVOID:

victim
invalid
crippled
afflicted with
suffers from
DDs
TMRs
EMRs
confined to a wheelchair
mongoloid
the retarded
the handicapped
mentally deficient
patient

USE:

person with a seizure disorder
person with cognitive disabilities
an individual who is
non-ambulatory
person with Down Syndrome
individual
person
participant
worker
student

* Adapted from *Put in a Good Word for Me*, North Los Angeles County Regional Center.

Some Tips on Effective Written Communication

Whether a case note, letter, or e-mail, everyone can improve on his or her writing skills. Here are some general tips adapted from successful business communications.

1. Write to your audience

Are you writing to a family of someone you support? A service provider? Another regional center? Think of your writing as though you're having a conversation when the receiver about the topic at hand. If you can create the impression of a conversation, you are likely to interest the reader in what you have to say.

2. Know the material

Make sure that you know what you're writing about or you can lose credibility in what you have to say. If you're writing about a regulation or regional center procedure, check it one more time.

3. Don't waste words

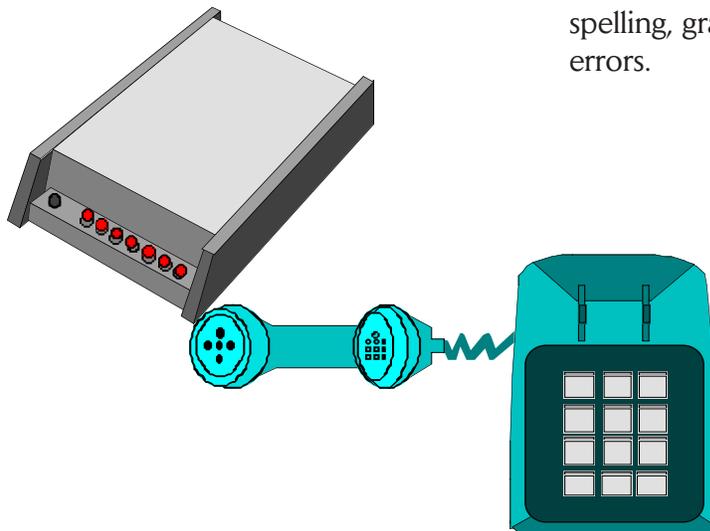
Start off your first sentence with the point you want to make. You can explain it later, but don't waste the reader's time with a long build-up to the punch line. Also, use short and familiar words instead of long or unusual ones. This helps keep your written communication clear and to the point.

4. Be respectful and courteous

You may be feeling strong emotions when writing a letter, but keep the tone positive. Remember that you are producing a written record for the receiver.

5. Use spell and grammar checkers

In the near future, most or all service coordinators will be writing on lap or desktop computers using a standard word processor. These applications are equipped with both spell and grammar checker, use them. You can lose your credibility in a flash when readers notice obvious spelling, grammar, or punctuation errors.



Written Communication

6. Whenever possible, use the active voice

Unless you're writing something clinical or a legal document, it's best to use an active voice in your writing.

Active Voice

I visited with the family at their home.

Passive Voice

The visit took place at the family home.

As you can see, an active voice sounds more conversational.

7. Keep the communication flowing

Make sure that the ideas you are trying to convey are connected and flow, it will help guide the reader through your letter. You can do this with paragraph breaks, subheadings, *italics*, underlining or with words (e.g., *therefore*, *in addition*).

8. Avoid jargon

Unless you're sure of the reader, avoid using technical jargon when conversational words will do.

9. Keep the letter easy to understand

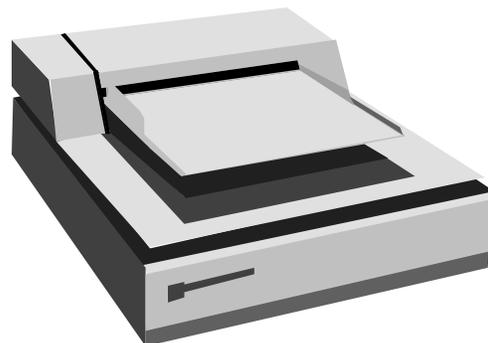
Use a simple sentence structure. Make two sentences out of a long and awkward one. If you're writing a long letter, you may need to remind the reader about the matter at hand.

10. Stick to the facts

This may be one of the most important things you learn in your job as a service coordinator. Unless asked to do so, write what you see and observe and not what you feel or think. For example, you may observe that someone's apartment is very cluttered and not very clean. If that is relevant to the point of your written communication, it should be stated as factually as possible. What you think about it is not relevant to the letter or to the individual.

11. Another set of eyes

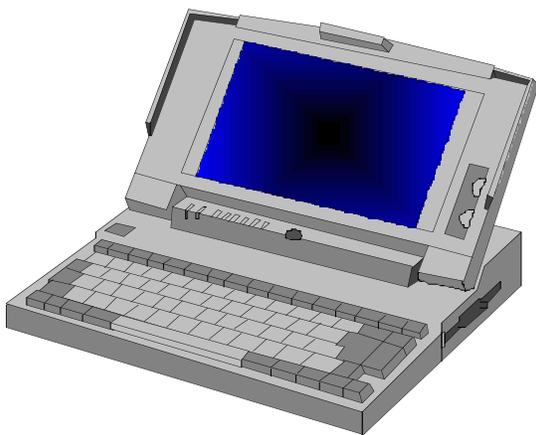
Ask your program manager or a co-worker to proof read your letter before you send it out.



The Golden Rule for Good News and Bad

Before you write any message that delivers some kind of news that might inspire anxiety, sadness, or elation, pause and consider the golden rule for delivering good news and bad. Think from the point of view of the person you are writing to, and be considerate of his or her feelings in the way you deliver the message.

*10 Minute Guide to
Business Communication*



Delivering Good News, Bad News or a Little of Both

The Good News Is . . .

As a service coordinator, you may be writing a letter to an individual or family about an approved service or to a service provider about the approval of some requested funding. These are, of course, the easiest letters to write. Make sure to mention the good news in the first sentence of the letter. Next, it's important to follow with an explanation of the positive benefit to the individual and family. Finally, close the letter with a positive comment that will help build your relationship.

A Little of Each

You may need to write a letter that describes both something of benefit to the reader and something that will disappoint him or her as well. For example, you might need to convey that someone's request for a respite service has been approved, but at a lower number of hours.

For a mixed news letter, it's important to start out with the good news and the benefits for the individual or family. In this way, the bad news may not be quite as disappointing. In writing the bad news, get to the point with as few words as possible. Also, make sure that any appeal rights are stated clearly. Finally, make sure to provide suggestions for making the most of the situation (e.g., offer to meet with the family to brainstorm alternatives). In a mixed news letter as with any others, remember to promote goodwill if at all possible.

Written Communication

And the Bad News Is . . .

As a service coordinator, you will likely write letters that convey bad news. For example, informing an individual of a reduction in services or notifying a service provider that a report about services has been forwarded to Community Care Licensing.

While it is important in a good news letter, it is critical in bad news letter to both *deliver the information* and to try to *retain the relationship*. A bad news letter takes more planning and you may want to ask someone else (another service coordinator or your supervisor) to read it before you send it. Again, it's important to remember you are developing a written record for the reader.

There are two strategies to use when delivering bad news in a letter. One strategy is to state it right away and the other would be providing an explanation prior to the bad news. You might state it right away if: (1) you know the individual or family well; (2) the bad news is relatively minor; or (3) the receiver does not trust you or the regional center.

If you decide to get right to the point with bad news:

- tell it as directly as possible in your opening sentence;
- follow up with reasons for the bad news;
- offer a suggestion for an alternative; and
- end with a positive statement that will help maintain the relationship.

If you're not sure which approach to use, it may be best to start with something that will soften the bad news. This allows you to break the news without hurting the feelings of the receiver. Here are some things to consider when using this strategy:

- after the opening *buffer*, state the reason and then the bad news (e.g., the service standards committee feels that the service request for additional speech therapy is not needed at this time); and
- close with something positive and do not restate the bad news.

Tips on Writing a Bad News Letter

1. Be clear about the reason for the bad news.
2. Don't go on and on about it.
3. Don't place the blame on anyone.
4. Be polite, clear, and firm.
5. Make sure that the reader knows that bad news is the result after serious and careful consideration.
6. Keep the letter as brief as possible.

Interdisciplinary Notes

Writing notes in your case file (sometimes called *Case Notes* or *ID Notes*) is one of the most important and frequent types of written communication you will be preparing. Your notes might include: summaries of phone calls from an individual, family, or service provider; summaries of meetings; or, documentation of materials sent to someone.

As stated in this module, the key to documentation is to keep it simple, and keep it clear, concise and factual (See *Documentation* for additional information about ID Notes). One format you can use to assure that you stick to the facts and write a clear and concise not is called the *SOAP* technique:

ID NOTE

Date:

S (What was said or reported to you)

O (What you observed)

A (Assessment of the situation as you see it)

P (Plan or action - as needed)

Written Communication

Review

1. **What is the golden rule for delivering good news or bad?**
2. **What is the people first language? Provide some example of words or phrases to avoid and words or phrases to use in written communication.**
3. **When writing case notes, what is the #1 thing to remember?**
4. **What are the two basic strategies for writing a bad news letter?**
5. **What are some general tips for effective written communication?**

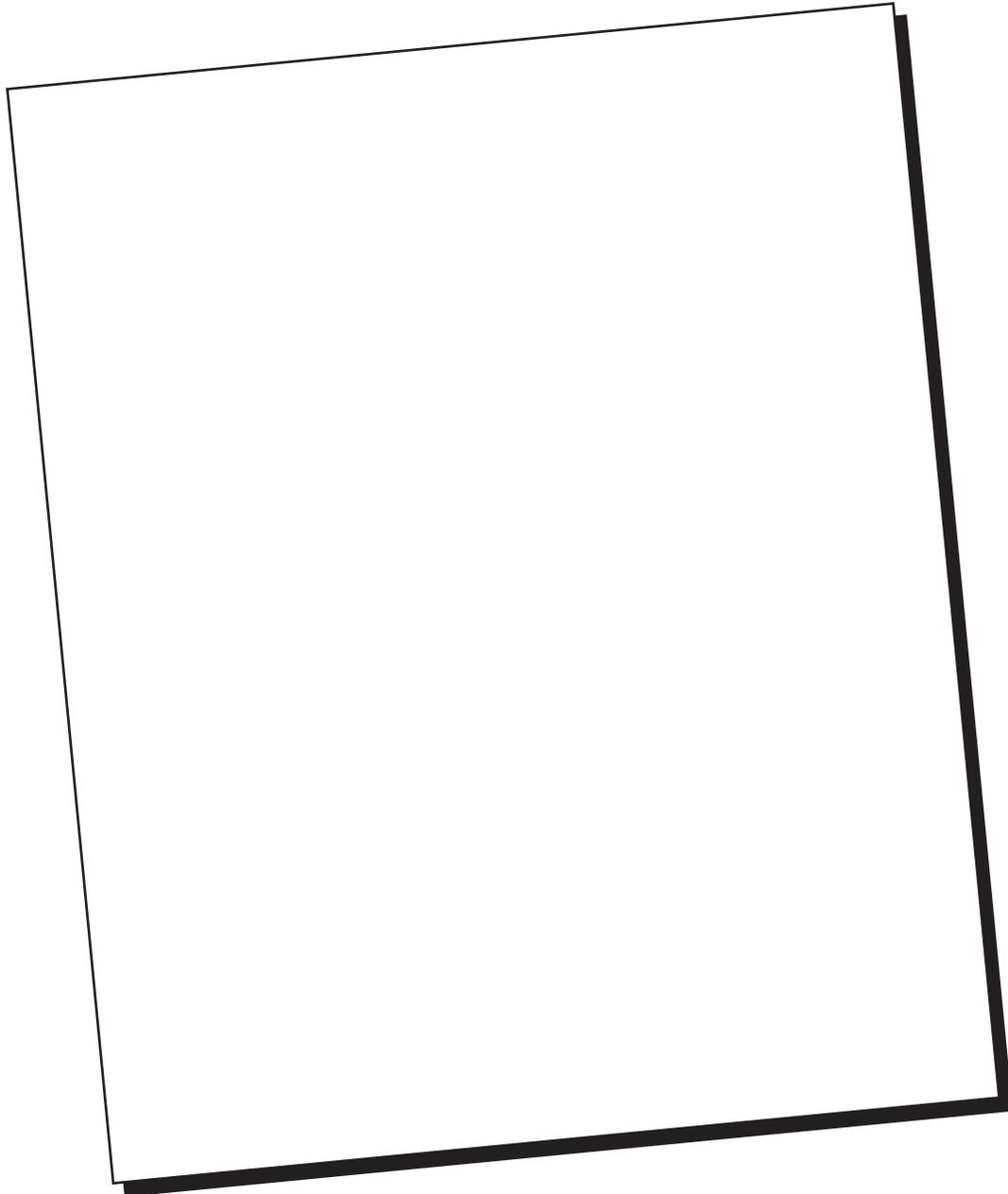
Suggested Activities

1. A little bad news goes a long ways.

Dear Family,

I'm sorry to have to inform you that your request for respite service has been denied. If you have any questions about this decision, please give me a call.

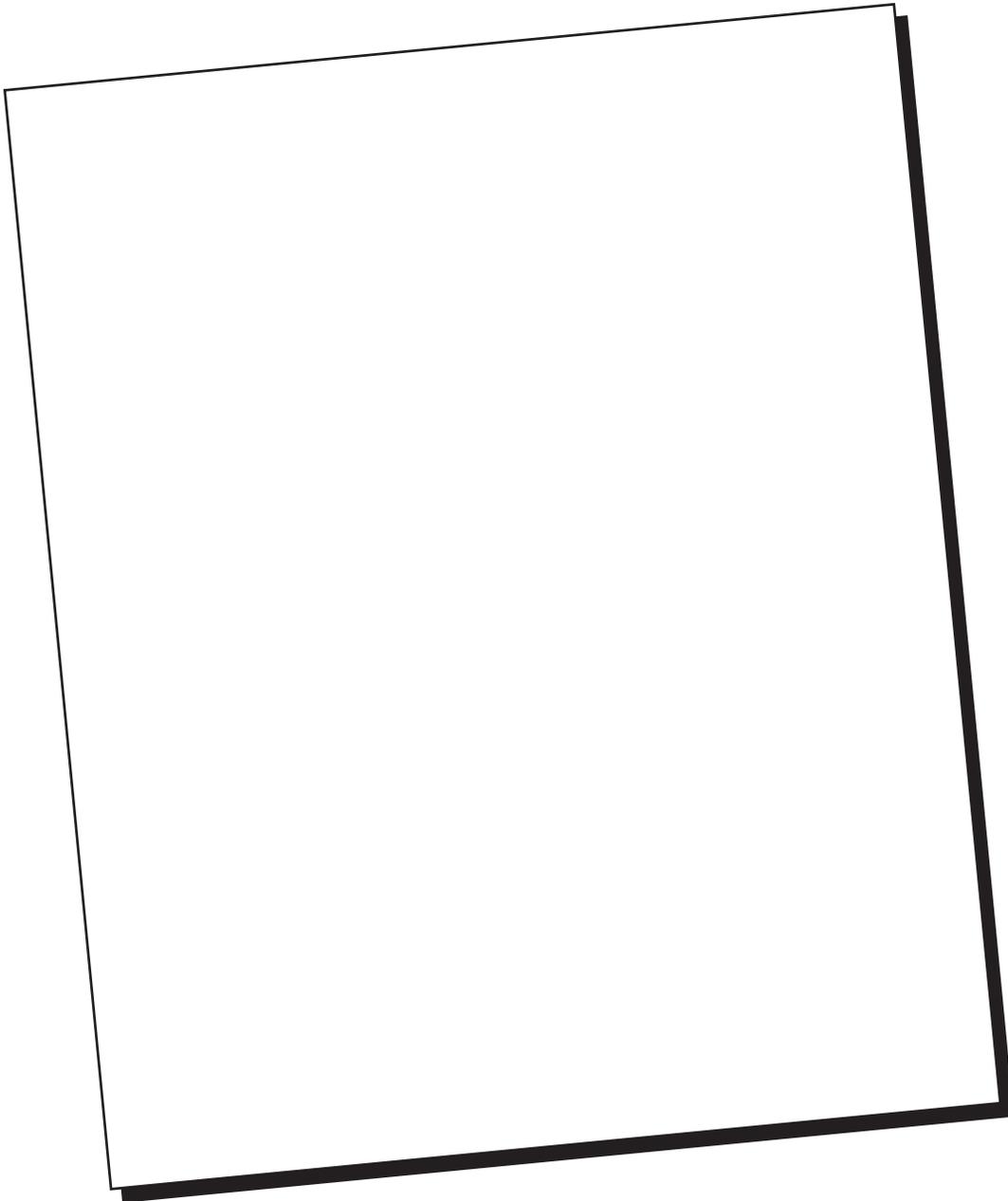
In the space provided, please rewrite the above note using the outline for writing a bad news letter. This is a family that you do not know very well.



Written Communication

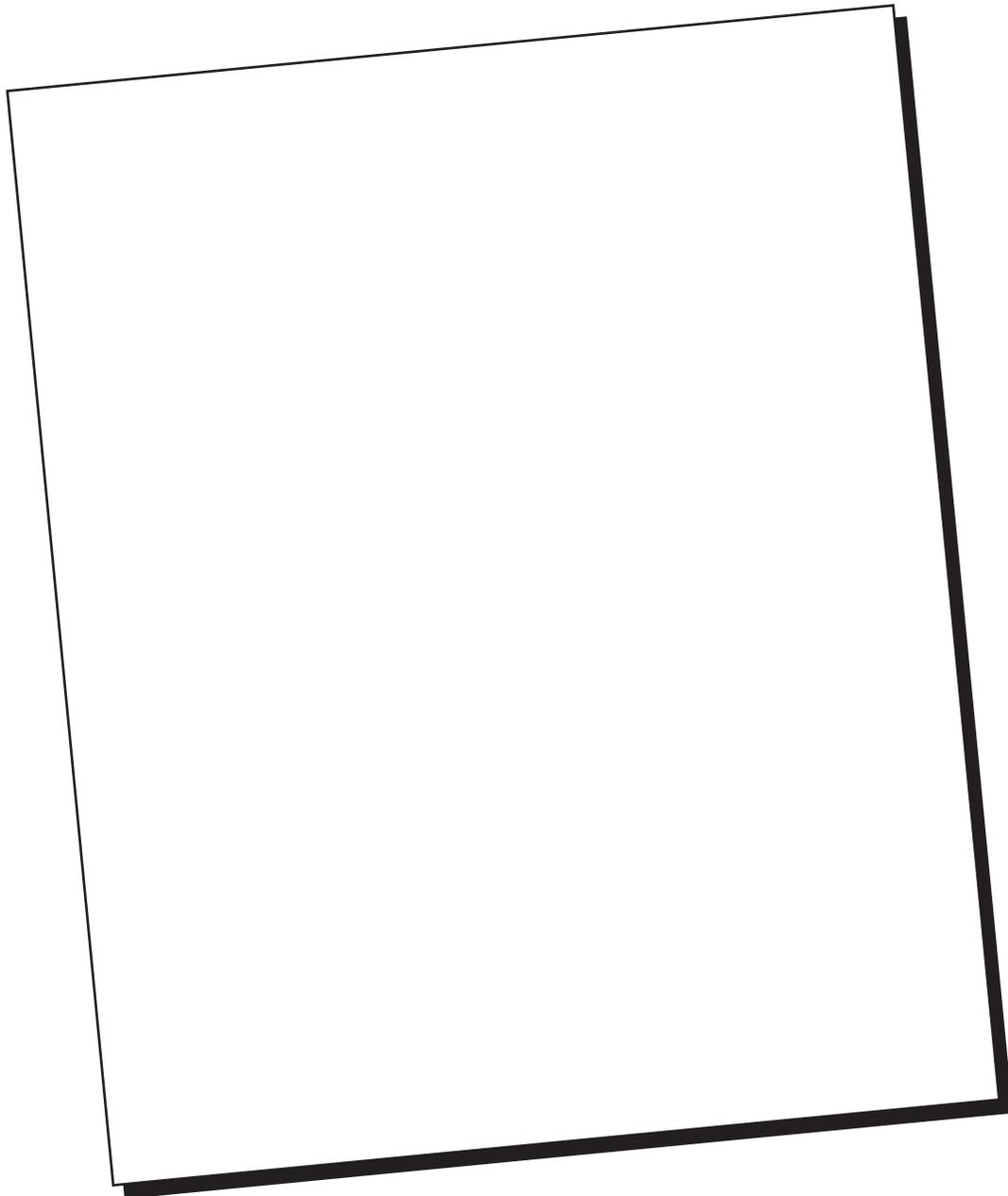
Suggested Activities

2. In the space provided, write a note to a service provider which commends him or her for the services provided to someone you support. Use the outline for writing a good news letter.

A large, empty, tilted rectangular box with a thin black border, intended for writing a note of commendation. The box is tilted slightly to the right and occupies most of the lower half of the page.

Suggested Activities

3. In the space provided, write a case note about a home visit you have just completed. This is a family with two youngsters under 5, one of whom has a developmental disability. The home is very dirty, there are no toys, both children appear to be thin and unwashed, mother's primary method of parenting is through intimidation, father appears to be groggy.

A large, empty, tilted rectangular box with a thin black border, intended for writing a case note. The box is oriented vertically but tilted slightly to the right. It occupies most of the lower half of the page.

Written Communication

Learn the Process:

Public Speaking

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to give the service coordinator tools for developing public speaking skills, since the service coordinator is often in a position of providing information to the community.

Objectives: Upon completion of this module, you should be able to:

- (1) Identify the five activities in developing a presentation.
- (2) Identify ways to decrease anxiety about public speaking.
- (3) Identify characteristics of effective speakers.
- (4) Demonstrate an effective way to organize a presentation.

Method:

- (1) Group presentation and discussion or self-directed review of *Public Speaking Overview*;
- (2) Self-directed reading of *Public Speaking: Getting Your Message to the Community*;
- (3) Group discussion or self-directed completion of *Suggested Activities*; and
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint or Overhead Presentation of Public Speaking Overview</i>	15 minutes
<i>Public Speaking: Getting Your Message to the Community</i>	20 minutes
<i>Suggested Activities</i>	30 minutes
<i>Review</i>	20 minutes

Materials:

- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *Public Speaking Overview*;
- *Learn the Process - Public Speaking*

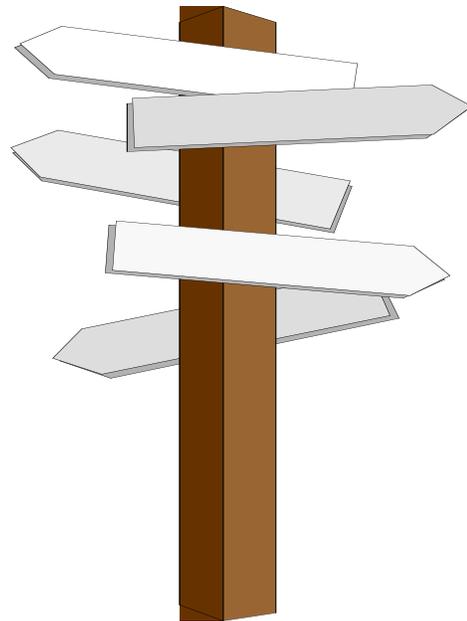
Public Speaking: Getting Your Message to the Community

Introduction

As a service coordinator, you will find yourself giving information to people in a variety of ways. This module will help you if you are asked to represent your center in the community. You may be asked to give information to a city planning committee meeting about the needs for transportation in the area; you may be asked to train a group of service providers about a topic you know well; you may be asked to present to a group of parents about the services of the Regional Center. Whatever the topic, public speaking seems to evoke fear in people. Public speaking ranks as the #1 fear of people – outranking death which is #6. This chapter will give you tips on how to present effectively and communicate powerfully.

There are five steps in developing a presentation:

- Assess your presentation situation
- Analyze your audience
- Research your topic
- Organize and write your presentation
- Deliver your presentation



Public Speaking

Assess Your Presentation Situation

There are a number of questions you can ask yourself about the situation:

- What is the reason a presentation is necessary?
- What interests me about the topic?
- Can I be passionate about this topic?

As mentioned earlier, there are a number of reasons why a presentation might be in order. You'll need to look at the situation in which you will be presenting.

Analyze Your Audience

The way in which you earn credibility with your audience is to be seen as confident and competent and when the audience respects your trustworthiness. Your audience wants you to relate to them.

There are a number of ways that you can analyze your audience. In the course of analyzing the audience, you are also assessing how you relate to your listeners.

- **Demographics** - how do you relate to the audience in terms of social groupings, such as age, sex, family status, educational level and socioeconomic class?

- **Psychographics** – how do you relate to the audience based on ideology, values, beliefs and attitudes?
- **Credibility** – how does the audience perceive your competence, your character, your good will.

You will want to know what you are walking into. Do you expect the audience to be receptive to the information you are presenting? What if you had to present a policy change to a group of service providers which would create considerable extra work for them? You would want to know what to expect as you prepare your presentation.

Research Your Topic

You will need to gather information about your topic. Reporters use the “5 Ws and an H” method for getting news:

- Who did What?
- When?
- Where?
- Why?
- How?

You need to have supporting material to use to prove the point you are attempting to make with your presentation. You have to have persuasive material so that you can move people to adopt a point of view or perhaps to take some action. Getting that material is part of the art of rhetoric. Aristotle said that rhetoric is the “art of discovering the available means of persuasion in a given situation.”

What kind and how much material will you need? In the course of your presentation, your job is to establish your credibility. You can start by explaining how you got to be chosen to do this presentation. If your audience believes you to be an expert, evidence or material you present which is outside your direct experience will enhance the points you are making. If you are not able to create the perception that you are an expert, you need to have evidence which will prove your point.

Your audience will determine how much and what kind of evidence to present. If your audience doesn't agree with what you are presenting, you will need more evidence to be more persuasive. Being persuasive with a skeptical audience requires more material outside of your personal resources. That might include case examples, statistics, or visual aids.

Organize and Write Your Presentation

There is an old adage about giving speeches – “Tell them what you are going to tell them, tell them, and then tell them what you told them.” This is most easily accomplished by outlining the

main ideas of your presentation, writing the introduction and the conclusion. You will want to find creative ways to say what you have to say. You might want to research what others have said when presenting on the same topic.

It helps to write three to five goal statements. These goal statements will present the central theme of your presentation. Below the goal statements, you can write several subpoints.

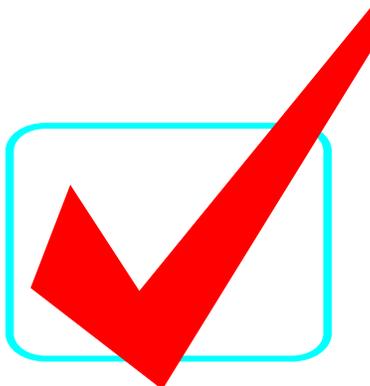
What is the best way to organize your presentation?

If you were asked to present a history of services to people with disabilities you would organize materials to be presented *chronologically*.

If you were asked to present about inclusion, you might organize the information so that there are several *subtopics* which relate to the larger topic. You might have inclusion as the topic, and the segments you will cover might include subtopics like school, employment, services to elders.

If you were presenting to a city council planning committee about transportation needs in your area, you might organize your materials *geographically*.

If you were presenting to providers about a new process for reporting special incidents, you would organize your materials as a *sequence of steps or stages*.



Public Speaking

Delivering Your Presentation

First, determine how you will present. Will you read from notes, or will you memorize your presentation, or will you speak extemporaneously? The most effective speakers:

- use a conversational style
- vary their vocal patterns in terms of pitch and tone
- use natural gestures and movements
- express emotions through their voice and facial expressions naturally
- use eye contact

What will you do if you feel nervous or anxious about speaking in front of a group? Toastmasters International, a group which trains people in the art of public speaking, suggests:

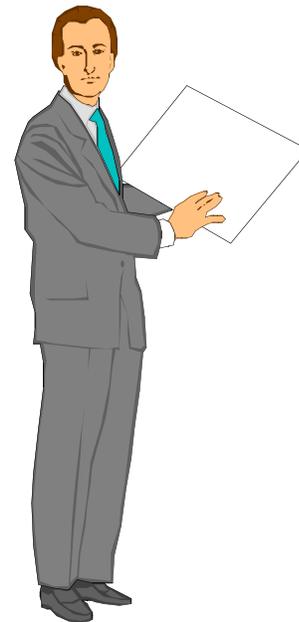
1. *Know the room* – be familiar with the place you will be presenting, practice using the microphone if necessary, practice using any equipment you might need (overhead projector, slide projector, VCR)
2. *Know the audience* – Arrive early enough that you can greet people as they arrive.
3. *Know your material* – Practice and revise as necessary

4. *Relax* – Take deep breaths
5. *Visualize yourself giving your presentation* – As you practice, imagine yourself being successful, with the audience responding favorably.
6. *Realize that people want you to succeed* – Audiences don't want you to fail.
7. *Don't apologize* – Don't call the audience's attention to something they might not have noticed. You don't need to tell them that you are nervous or are having problems.
8. *Concentrate on the message- not the medium* – Focus your attention on your presentation and your audience, and not on your anxiety.
9. *Turn nervousness into positive energy* – Transform anxiety into vitality and enthusiasm.
10. *Get experience* – experience builds confidence.



Some Additional Tips for Effective Public Speaking

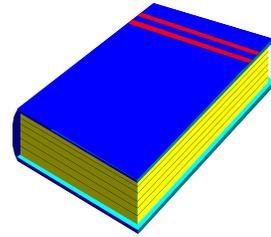
- **Dress comfortably.** What could be worse than feeling a little anxious about giving a presentation and wearing shoes that are uncomfortable?
- **Learn to feel comfortable with silence.** Listen to yourself on a tape presenting. If you say “ah” or “um,” practice thinking silently before moving on.
- It is better to **enlarge visual aids** so the whole room can see than to pass around items or photographs.
- Be sure your screen is large enough if you use a TV, slides, or overheads. The **screen should be one foot for each 8 feet from the audience.** Use a small amount of text on overheads or slides. Use 5 or fewer bullet points per page, with 4-5 words per bullet. Use a large font.
- Have a **back up plan for machinery** – bad bulbs, broken televisions.



4. **How might you organize a presentation to the board of trustees about the implementation of the increased monitoring of service programs?**

3. Think about the person you regard as the best communicator. What makes their presentation style effective? Think about politicians, comedians, teachers. All of them have to be effective presenters. What makes your most respected politician's presentations effective? What makes your favorite comedian effective? Can you think of a teacher who had an impact on you? Was it because of his/her presentation style?

Resources for Supportive Communication



10 Minute Guide to Business Communication

by Raymond M. Olderman (February 1997); Macmillan General Reference; ISBN: 0028616006

Unskilled communication in the workplace can lead to missed deadlines for reports, letters which provide contradictory information and hurt feelings. This guide includes how-tos are suggestions for defining communication goals and approaches; using e-mail; writing persuasive letters; developing better listening skills; dealing with peers, subordinates and superiors; conducting productive meetings; communicating across cultures; and solving disagreements.

100 Ways to Improve Your Writing

by Gray Provost (1985); Mentor Books; ISBN: 0451627210

One of the best brief source books for strong writing! What makes writing effective is its punch, its power, its ability to reach an invisible, long skinny finger into your soul and scratch awake a feeling. If you read one directive a day, think about it for 60 seconds, get on with your work while integrating the new principles, you'll be a better writer in three months.

101 Secrets of Highly Effective Speakers: Controlling Fear, Commanding Attention

By Caryl Rae Krannich (1998); Impact Publications

This book shows the reader how to command the attention of their audience by formulating the delivery and presenting dynamically. It offers 101 of the most important secrets to becoming an effective speaker.

101 Ways to Improve Your Communication Skills Instantly

by Jo Condrill, Bennie Bough (1998); Goalminds; ISBN: 0966141474

A great list of communication strategies! A clear, concise format for improving your communication skills. This book delivers it in bite-sized chunks that are easy to read and apply. This terrific treasury of tips and techniques gets right to the point. You can open to any page and find information you can put to use immediately.

Communicate With Confidence: How to Say It Right the First Time and Every Time

by Dianna Daniels Booher (December 1994); McGraw-Hill; ISBN: 007006606X

In a book designed to be read by professionals on the go, communications *dynamo* Booher covers speaking, listening, and all the dynamics of verbal communication on the job. Each savvy tip is based on real-life problems raised by participants in Booher Consultants workshops.

Communicating in a Diverse Workplace: A Practical Guide to Successful Workplace Communication Techniques

by Lillian A. Kuga (April 1996); Chang Associates; ISBN: 1883553695

Many factors can hinder effective workplace communication-including authority levels, department structures, and unclear objectives. A diverse workplace can either add another complication, or, if managed well, can overcome other organizational obstacles.

Conquering the Fear of Public Speaking

By Todd L. Thomas (1997); Harcourt-Brace Publishers

This upbeat text will help those faced with the common fear of public speaking. A discussion of relaxation techniques and step by step instructions offer a practical and effective strategy for those who are fearful of speaking in public.

Effective Business Writing :A Guide for Those Who Write on the Job

by Maryann V. Piotrowski (1996); HarperCollins (paper); ISBN: 0062733818

From persuasive memos to complaint letters, sales letters to executive summaries -- this exceedingly useful guide helps the business worker write clearly and in an appropriate format, style, and tone. Numerous examples show how to overcome writer's block, organize messages for maximum impact, achieve an easy-to-read style, find an efficient writing system and much more.

Effective Listening Skills

by Dennis M. Kratz, Abby Robinson Kratz, Art James Productions, Art James (May 1995); Irwin Professional Pub.; ISBN: 0786301228

Covers the essential listening skills everyone needs to succeed in business including a basic understanding of the communication process, giving and receiving feedback, screening out distractions, listening critically for information and evidence, and being open, interested, and attentive.

Public Speaking

Fearless Presenting: A Self-Help Workbook for Anyone who Speaks, Sells, or Performs in Public

By Eric Maisel (1997); Watson-Guptill Publications

This workbook helps people who appear in the spotlight to successfully overcome performance anxiety. Techniques and exercises are offered by the author-therapist who has treated artists, actors, musicians, and "non-theatrical" clients.

Interpersonal Communication Skills

By Debra Sutch (May 1996); Careertrack Inc.; ISBN: 1559774886

Creating a "feedback loop" that promotes cooperation, Sutch teaches listeners how to solve problems without blaming, ways to clear up mistaken assumptions, how to listen in a way that relaxes people, how to use small talk to come across as warm and genuine, and much more. 2 cassettes.

Inter-Act : Using Interpersonal Communication Skills

By Rudolph F. Verderber, Kathleen S. Verderber (October 1997); Wadsworth Pub Co; ISBN: 0534520561

The Verderbers describe the essential elements of building a positive communication climate. They also provide the reader with useful strategies on maintaining and enhancing positive communications with coworkers, customers, and family members.

Public Speaking: An Audience Centered Approach

By Steven A. and Susan J. Beebe (1997); Allyn and Bacon Publishers

This book features narratives by professionals who use public speaking in their work. It also gives ways to adapt and succeed in challenging situations. The book includes a chapter on ethics and new information about adapting to diverse audiences and use of technology for research and presentations.

The Compete Idiot's Guide to Speaking in Public with Confidence

By Laurie E. Rozakis (1996); Alpha Books

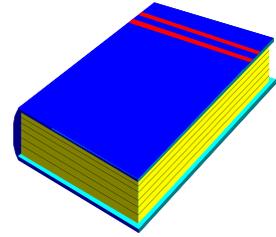
This fun-to-read reference contains information, tips, alerts, and more to help the average person prepare and give powerful presentations.

The Guidebook for Public Speaking

By People First of California (1996)

This guidebook gives the reader a way to assess their skills, to deal with anxiety, to plan their speech, to organize the speech and how to give the speech. The booklet is available from People First of California; P.O. Box 3969; Chico, CA 95927-3969.

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Toastmasters International website

<http://www.toastmasters.org>

Learn the Process:

Supportive Problem Solving



Learn the Process:

Problem Identification and Action Planning

Problem Identification and Action Planning

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to offer the service coordinator some basic methods for problem identification, facilitating problem solving and developing action plans.

Objectives: Upon completion of this module, you should be able to:

- (1) Use a problem solving strategy that can be used in a variety of situations.
- (2) Describe the basic process of brainstorming and how to use it effectively in problem-solving.
- (3) Develop an action plan as a part of the problem resolution process and know how to evaluate its effectiveness.

Method:

- (1) Group presentation and discussion or self-directed review of *Problem Identification and Action Planning Overview*;
- (2) Self-directed reading of *Finding Direction and Developing a Map to Get There*;
- (3) Group discussion or self-directed completion of *Suggested Activities*; and
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint or Overhead Presentation of Conflict Resolution Overview</i>	25 minutes
<i>Finding Direction and Developing a Map to Get There</i>	20 minutes
<i>Suggested Activities</i>	30 minutes
<i>Review</i>	20 minutes

Materials:

- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *Problem Identification and Action Planning Overview*;
- *Learn the Basics - Problem Identification and Action Planning*

Finding Direction and Developing a Map to Get There

Introduction

The individuals and families for whom you are responsible expect that you will assist them in developing a plan for achieving goals, to identify when something has gotten in the way of achieving goals, and to help get back on the path again. There is no “right” or “wrong” way to assist people in this process.

You will need to have a way to help people to solve problems which begins with identifying what the problem actually is, to look at solution possibilities, and forge ahead.

A Common Approach to Problem Solving

A common approach to problem solving is to use a four step process such as the *SLAP it* technique:

State the problem	Developing a clear statement of the problem or issue must come first
List the possible solutions	This could include brainstorming, or other ways to generate ideas
Analyze the pros and cons of each solution	This could mean writing a list of the positive things about each idea and the negative things about each idea
Pick a course of action	Choose one of the solutions, or combination of solutions, and make a plan to reach the solution

Problem Identification and Action Planning

Stating the Problem

Michael Doyle and David Strauss, in *Making Meetings Work*, distinguish the difference between problem solving for ourselves and problem solving with a group. The individuals and families with whom you work will primarily be dealing with issues in a group. Because of what we know about natural supports, circles of supports and the importance of relationships, problem solving with people who care is generally most effective.

Doyle and Strauss use the example of buying a pair of shoes. Since this is an individual problem, you probably don't think through each part of the decision-making process. The problem is that you need a new pair of shoes. If you have thought about repairing an old pair of shoes and discarded the idea, that issue is not part of the process. In fact, you probably don't even think through the decision-making process until after you have returned home with your new shoes. Problem solved!

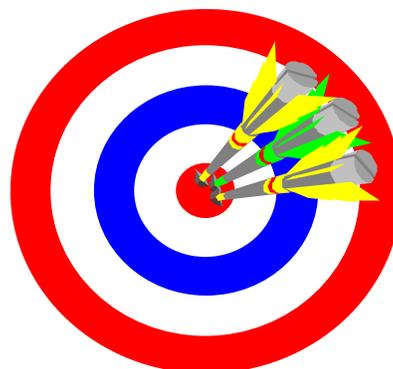
In a group, however, all parties have to focus on the same problem at the same time. The service coordinator needs to understand the phases of problem solving and how to move the group from phase to phase.

What is the perception of the problem? Something is definitely wrong: the workshop is complaining about a person's behavior, the school is referring a student included in regular education to a special education center, the parents don't know how to cope with the child's medical issues, the parents need

additional assistance after school with their child.....**Step one, though, is making sure that everybody agrees on the definition of the problem.** You can't agree on a solution until you agree on the problem. And having problems is part of life. Some people see having problems as an indication that they have failed - that they couldn't resolve the issues by themselves. Hence, the importance of creating a supportive and positive relationship so that problems can be identified, acknowledged and solved.

Doyle and Strauss offer five problem-solving methods for the perception phase:

- **Legitimize the expression of people's personal views** - You might ask everyone at a problem solving meeting or at the IPP meeting to state their own view of the problem, and asking others not to comment until the personal views have been expressed.
- **How does the problem feel to each person** - How might others see the problem? - It could be that each party has a different concern, and each needs to see how the problem affects others. It is helpful to ask parties to step in "each other's shoes."



Problem Identification and Action Planning

- **What is the “real” problem?**
Sometimes groups avoid openly discussing problems, for fear of offending another person, because the problem seems petty to some, or because people are very confused about what is wrong. You may have to help the process along, but not by forcing people to discuss the issues. When an individual or family receives services from a variety of providers, it can be confusing when a problem surfaces. Who should be involved? Is this really a problem?
- **What’s the best and the worst that can happen? What is most probable?** People are sometimes afraid to face problems for both real and imagined reasons. Maybe you are dealing with a family whose culture dictates that they accept assistance without causing conflict; maybe a person is afraid that by revealing a problem the solution will make life worse, maybe people are afraid that raising an issue about services will signal a decrease in services. The questions to pose then are *What’s the worst thing that happens if we solve this problem?* and *What’s the best thing that happens if we solve this problem?*
- **Whose problem is it?** Is the person having the problem part of this problem solving process? Again, the issue of a variety of agencies involved with people’s lives can both help and hinder the situation. If a problem is raised by a day program and the residential provider doesn’t see the problem as

an issue, the problem will likely linger. Include all of the appropriate parties before continuing with problem solving.

Defining the Problem

This is the stage where we say what the problem is and what it isn’t. The danger is in defining the problem too narrowly. Defining the problem determines the range of acceptable alternatives. Problem definition is related to solution space. You have to be cautious about making assumptions which don’t allow you to create innovative solutions. You have to be certain you are defining the problem and not defining the solution. For example, Mrs. Jones can’t deal with Jack’s screaming behavior in the residential facility. If the problem is defined as *need another place for Jack to live*, the possibility that Mrs. Jones might learn how better to work with Jack has been eliminated, as well as other possible solutions.

This isn’t a quick and easy part of the process. It is important that all parties learn about the problem and understand it. It’s easy to say that Jack should just be referred to another program, but that’s not really the most simple solution. There are no simple solutions. You have to make sure that you have all of the information you need to define the problem. Bad data, bad solutions. Incomplete data, incomplete solutions. If you don’t have all of the information you need, it might be best to gather the data and meet again. For example, when does Jack scream? What’s going on before he screams? What other things

Problem Identification and Action Planning

are happening in the house? What other things are happening in Jack's life? Is Jack using medication?

Break Down the Problem

This means breaking up the defined problem into sub-problems that can be worked on. For example, Juan wants to move to his own apartment. The sub-problems might include finances, needing furniture, needing a job, wanting a roommate, needing support, etc.

It may also mean looking at what could help and what gets in the way. When you study some of the person-centered planning issues, you will look at different ways in which people can gather information to help a person plan their life. Some people look at what's great about the person and what gets in the way? Some people ask what people dream about, and ask what is in place right now to make the dream happen and what will have to be changed? Some people look at who is in a person's life who can help make the dreams happen and who will need to do what tasks? Beth Mount and Kay Zwernik in *Making Futures Happen* talk about identifying obstacles and opportunities but warn that calling attention to obstacles can get in the way of the process. They remind service coordinators to record opportunities, and that obstacles can sometimes be turned into opportunities. Each of those questions helps to break the problem into sub-problems.

So, What Can We Do?

So, everyone agrees on the definition of the problem and the sub-problems. Now you can list possible solutions and alternatives. Brainstorming is a simple and effective way to generate ideas. The key is that no one is permitted to judge anyone else's ideas. Some other tips for service coordinators about brainstorming:

- Be clear about the focus
- Be prepared to record what is said and who said what
- Set a time limit ("in the next 15 minutes...")
- Set an objective ("can we list 5 ideas?")
- Remain neutral - follow the rules yourself
- Reinforce the ground rules
- Draw people out
- Have a clean ending



Problem Identification and Action Planning

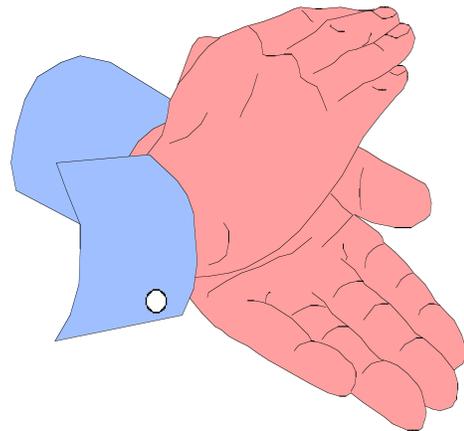
And, What Will We Do?

At this point, you will need to help people sort through the solutions to determine the best path to follow. You could list the negatives and positives to each solution, and later eliminate the solutions in which the negatives outweigh the positives. The individual or the group might put some parameters on solving the problem which would effectively eliminate some solutions and narrow the possible solutions. The individual might decide on the things that are absolutely non-negotiable (as Michael Smull suggests as part of Essential Lifestyles Planning), what things are negotiable. Jack might decide that moving might be okay, but he won't move further than 10 miles from where his brother lives.

Mount and Zwernik offer the following as a remedy to the group which needs to choose the best alternative or when people can't agree on the best option to pursue:

- (1) List the advantages and disadvantages of each option and identify the action steps for each option.
- (2) Meet with one or two people to identify each option. List and describe each option.
- (3) See which option has the most advantages and the most concrete strategies to make it happen.
- (4) Delay the decision until all options are explored. Identify strategies for exploration.
- (5) Create a new option that combines advantages of several options.
- (6) Select an option and take the decision back to the planning group for input.

Once a decision is made about what path to follow, an action plan can be created.



Problem Identification and Action Planning

Action Plan

At this point, it is time to list all of the action steps which need to occur. For service coordinators, this will tie into the IPP document you are required to produce. This part of the process identifies the tasks that need to be done, who will do them, and most important, how you will know when the problem is successfully solved.

Sometimes people have a list of so many problems that it would be impossible to solve them all in a short period of time. There are too many options and too much to work on. The individual or family need to prioritize what needs to be solved first. There may be problems which need to be solved before the next can be tackled. For example, the person who needs money to buy a car first wants to find a job. Both of those ideas have a series of sub-steps before the full task is accomplished.

Each member of the group needs to commit to assisting the person in meeting the issues by priority. That might mean that a list is generated that includes what each person agreed to accomplish toward reaching the goal. Your IPP will list time frames for accomplishment of tasks. The group may wish to break down the task accomplishment to shorter time periods. A next meeting date or phone conference should be scheduled to determine what has been accomplished.

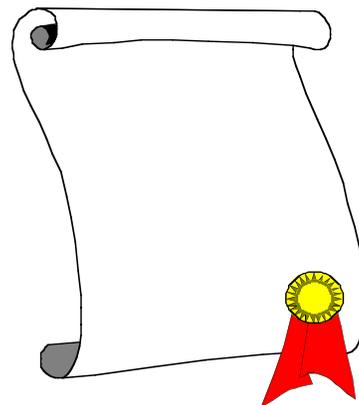
What is Working?

The planning team has put together a glorious plan which truly reflects the person's hopes and dreams and outlines who does what. How will you know if the action plan worked?

As you review the plan periodically and generate continued commitments to assisting with sub-tasks, it is important to look back to see what worked about the plan. And if parts aren't working, to rethink solutions, and periodically check to see if the problem has changed and needs to be redefined. Solving problems often leads to new problems.

Each person involved in the process has a responsibility to be part of evaluating the effectiveness of the solution. Did the plan work? Did we find a way to find out why Jack screams? Did Jack stop screaming? Did Juan find a job? Has Bob benefited from the anger management classes?

Problem identification and problem solving is endless. We are always in a process of change. It is imperative that the service coordinator continue to work on problem solving skills.



Problem Identification and Action Planning

4. What are some of the important things to remember about brainstorming solutions?

5. What are some ways to get a group to decide on a plan of action?

Problem Identification and Action Planning

Learn the Process:

Conflict Resolution

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to assist the service coordinator in dealing with conflict, being able – where circumstances permit – to negotiate or mediate disputes, or failing that, informing individuals and families of their right to pursue alternative dispute resolution processes (e.g., a fair hearing).

Objectives: Upon completion of this module, you should be able to:

- (1) Identify the major differences between *negotiation*, *mediation*, *arbitration*, and *adjudication*?
- (2) Explain the difference between *positional bargaining* and *principled negotiation*.
- (3) Use the essential features of *principled negotiation*.
- (4) Explain the relationships, if any, between *non-compliance complaints*, *mediation*, *fair hearings*, and *arbitration*.

Method:

- (1) Group presentation and discussion or self-directed review of *Conflict Resolution Overview*;
- (2) Self-directed reading of *When People Disagree: Go to War, or Try Another Way?*;
- (3) Group discussion or self-directed completion of *Suggested Activities*; and
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint or Overhead Presentation of Conflict Resolution Overview</i>	15 minutes
<i>When People Disagree: Go to War, or Try Another Way?</i>	40 minutes
<i>Suggested Activities</i>	30 minutes
<i>Review</i>	20 minutes

Materials:

- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *Person-Centered Planning*;
- *Learn the Process - Conflict Resolution*

When People Disagree: Go to War, or Try Another Way?

Introduction

Conflict resolution involves coming to terms (taking action) when parties disagree about what action should be taken. Individuals, families, and agencies have both shared interests and interests which conflict. Shared interests serve as a kind of glue that binds the parties together, and makes it advantageous to talk things through and to seek agreement. Nearly all parties, for example, want to be heard, understood, and treated with respect. Conflicting interests, needs and concerns call for resolution.

What is conflict resolution?

Writings on *conflict resolution*, in its broadest sense, talk about communication (e.g., dialoguing; active listening; understanding needs, interests, and concerns; looking at options; analyzing pros and cons from various vantage points; etc.), while acknowledging that clear, assertive, empathic communication does not always result in agreement on things. How does one resolve conflict, when conflict appears unavoidable? Most discussions of *conflict resolution* identify several possibilities, as follows:

- negotiation;
- mediation;
- arbitration; and
- adjudication.

These are intended to avoid aggression or violence (e.g., war), withdrawal (e.g., isolation), or coercion, none of which are productive for both side.

Conflict Resolution

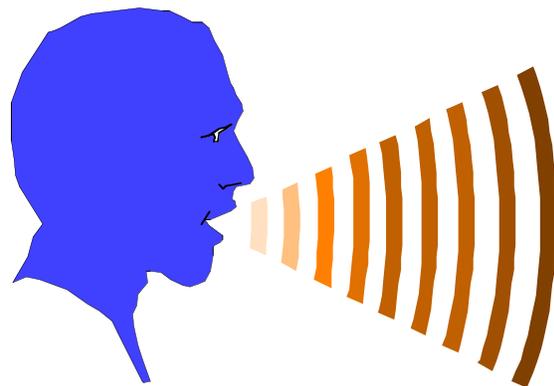
Negotiation

Negotiation is a basic means of getting what people want from others. It involves back-and-forth communication in pursuit of agreement between the parties, when some of their needs are shared and others conflict. Here are two ways of negotiating:

1. **Positional Bargaining.** - This traditional approach involves (a) one side making a demand (e.g., 100 hours of respite per month) and the other side taking a counter position (e.g., "No, we cannot fund that"); (b) discussions of why each party's position is unworkable for the other; and (c) the principals either making concessions or coming to *impasse*, where neither side wishes to budge from its latest offer (or demand). Depending on relative power and how it is exercised (e.g., to hold out, delay, or coerce) and what each side expects to gain or lose, the result can be *lose/lose* or *win/lose*. It would be accidental if the outcome were *win/win*, since neither side typically "shows its hand" and little or no time is spent understanding the other, or generating alternatives that would meet each side's priority interests and needs. If agreement is reached, one or both parties may feel resentful or taken advantage of. The long-term relationship is likely to suffer. Time delays and other inefficiencies are quite common.

2. **Principled Negotiation.** - This approach, if exercised properly, can result in *win/win* agreements. The approach involves:

- *Keeping separate the people and the problem.* "The people" refers to relationship issues (understanding, empathy, respect, clear communication, etc.), as distinct from "the problem," or the substance over which there is disagreement (e.g., whether to approve a request for extraordinary respite).
- *Focusing on interests, not positions.* This involves each party seeking to understand the interests, needs, and concerns of the other. Probing for information to gain an understanding of needs and interests behind positions can be helpful to both sides.
- *Generating a variety of possibilities before deciding what to do.* This typically involves brainstorming, without judgment, followed by examination of the pros and cons by all parties.



- *Insisting that the result be based on some objective standard.* Within the Regional Center system, such criteria may be (a) expected benefit; (b) consistency with expert opinion (e.g., an assessment); (c) fairness; (d) efficiency; (e) consistency with system reform values, such as empowerment, independence, or inclusion; (f) precedent; (g) agreement with rules and regulations, including policies and procedures, such as whether there may be supplanting of generic services; or (h) some combination of criteria.

Many experts on *negotiation* stress the importance of preparation, suggesting that each party spend at least as much time preparing to negotiate as they do in actual negotiations.

Mediation

Mediation is a process of assisting parties in a dispute to settle differences and to jointly agree on an action plan. Often, an individual or family will approach their area board for assistance. The mediator uses a variety of tools to assist parties in understanding each other and to come up with a solution. A skilled mediator manages conflict by (1) maintaining ground rules that don't inflame the disputants; (2) maintaining neutrality (e.g., not letting either party draw him/her into the conflict or to take sides); (3) gathering information to understand the nature and scope of the problem (i.e., What are the issues and who is involved?); and (4) assisting the

parties to agree upon a solution, if possible. Dr. Beverly Potter, in *From Conflict to Cooperation*, recommends that mediators:

Gather information through active listening, frequent checking out to see if the person has been understood, probing, wise use of silence, and reviewing and summing up:

1. Bring the Disputants Together;
2. Maintain Control (setting; ground rules, such as taking turns; making sure each disputant directs their remarks to the mediator);
3. Establish Rapport (trust, based on a commitment to understand the way each disputant sees things);
4. Don't Agree or Sympathize;
5. Don't Be Interviewed (e.g., no more than 20% of the talk by mediator);
6. Don't Lead Disputants;
7. Avoid Closed Questions;
8. Keep Disputants on the Topic;
9. Mediate One Problem at a Time;
10. Focus on the Current Problem;
11. Remain Impartial;

Conflict Resolution

12. Get Specific Information (e.g., What did he say? What did he do? Avoid interpretations);
13. Accept Each Disputant's View;
14. Don't Make Suggestions; and
15. Encourage Disputants to Express Their Feelings.

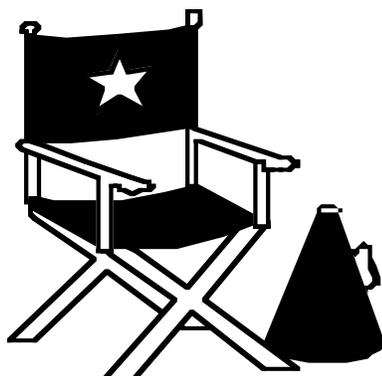
Move towards a *Decision Point* where, once each party has been understood by the mediator, several actions might be taken, including (1) doing nothing; (2) giving a directive (if one has authority); (3) referral to someone else who might help; (4) transfer; (5) termination; or (6) mediation.

Close with a *Mediation* which involves asking each disputant for suggestions to resolve the issue, and seeing whether *as is* or modified in some way, one can get the parties to agree on an action plan. Such action plans are typically committed to paper, and sometimes signed ceremoniously. Where there is movement toward cooperation, applause is typically in order.

Arbitration

In general terms. -*Arbitration*, which involves a third party deciding what should be done, is a common way of settling some disputes. Some managed health care organizations, for example, such as Kaiser Permanente, seek signed agreements with members to use this alternative dispute resolution process prior to litigation. Fair hearings, before an administrative hearing officer, are common both in the schools and within the Regional Center system. *Non-compliance complaints*, involving allegations that laws have not been followed or that unlawful discrimination (e.g., based solely on disability) has occurred, are also relatively common. Typically, the *arbitrator* hears each side's case, asks questions, and renders a decision based on the facts, the law (or regulations, policies, contracts), and precedent.

The Regional Center fair hearing process. - The Lanterman Act provides for *fair hearings* before a State-appointed hearing officer if a client and the Regional Center disagree and fail to resolve their difference short of this step. Recent changes in the law (a) call for a final administrative decision by the Department of Health Services, if services



are provided through the Medicaid Home and Community-Based Services (HCBS) Waiver, and (b) offer of formal mediation services, starting July 1, 1999, if both parties agree to this step. Basically, if the Regional Center proposes to end, reduce, or modify a service, or if a service request is denied, the following time-lines apply for actions indicated:

5 days from IPP meeting

Regional Center sends written notice, certified mail, describing reason for service denial or reduction and appeal process.

10-30 days

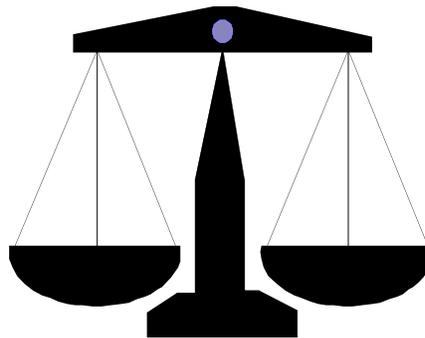
Request for hearing filed. (If dispute is over current services and request is filed within 10 days, current services must continue until ten days after final administrative hearing decision is issued.) In any case, request for hearing must be filed 30 days of receipt of notice.

Once a hearing request is filed, there are various time-lines for (1) an informal meeting with the Regional Center director or designee (optional for the individual or family); (2) that person's written informal meeting decision; (3) mediation; and (4) the hearing. The hearing officer has a few days to issue a decision, and if funded through the Medicaid HCBS Waiver, the Department of Health Services has another 90 days to issue a final administrative decision. It may adopt or modify the hearing officer's decision.

Individuals may, and often do, waive the statutory time lines in order to secure information, get advocacy assistance (say, from the area board, Protection & Advocacy, or some other organization), or accommodate a witness.

Adjudication

Adjudication is action taken by the judicial system (e.g., Superior Court) to resolve a disagreement. Typically, courts will deny jurisdiction until or unless the parties have exhausted their administrative remedies.

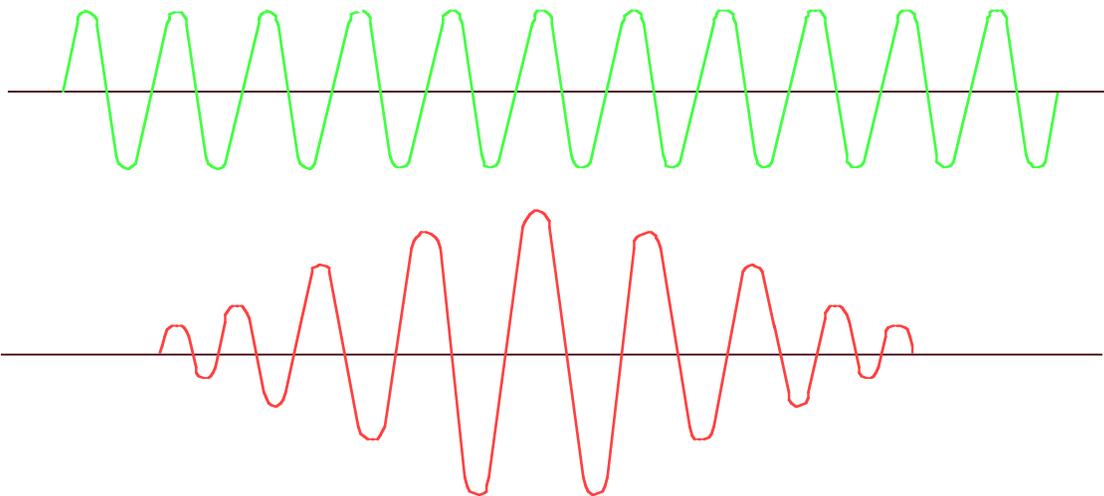


Conflict Resolution

General Approaches to Conflict Resolution

Current approaches to conflict resolution tend to involve “problem-solving.” That is, one seeks to understand the nature and scope of the disagreement, to suggest (or, better, get the parties to suggest) ways of resolving the disagreement that are fair and just, and to arrive at *consensus*, meaning that the parties freely agree that the way in which the disagreement has been resolved is in their interest. *Consensus* typically does not mean that each party has gotten its ideal outcome, but rather that the agreement is the “best possible,” and one that each can support (or, at least, not subvert).

Service coordinators and others (e.g., other service providers) can also build strength by the way in which they work with others in resolving disagreements. Indeed, Baruch Bush & Folger, in *The Promise of Mediation: Responding to Conflict Through Empowerment and Recognition* (1994) suggest that depending on how things are done, mediation can give people “a greater sense of their own efficacy and a greater openness to others,” which they refer to as the transformative potential of mediation. (See Resources section.) This sentiment suggests that service coordinators urge disputants to do as much as they can for themselves, and to learn from the experience.



Suggested Activities

Conflict Resolution: A Case Study Involving the Schools

Instructions: Please read the case below. Then, answer the questions and provide a rationale for your answer based on *conflict resolution* principles. (NOTE: If a small group of at least three people are working on this unit, they may choose to role-play various parts, and to provide feedback to one another.)

Case: Tom and George are teenage boys attending their local high school. They are assigned to a Special Day Class, with limited mainstreaming. Besides art (Tom) and ceramics (George), both are taking Mr. Smith's regular shop class. One day, George pushes a non-disabled student and knocks him to the floor. Mr. Smith has emphasized safety and asked the boys not to engage in horse-play. A year earlier, a student with a learning disability had improperly used a table saw and cut the end off his finger. Although George is sorry for what he did and promises not to do it again, Mr. Smith decides to send Tom and George back to their Special Day Class, because neither seems to understand the importance of safety. Furthermore, he feels that supervising them around dangerous equipment, such as power saws, takes too much of his time. Both boys, and their parents, are disappointed. George has always wanted to work with wood.

1. **George's parents have asked you to assist them in negotiating a solution to their son's problem.** Who might be parties to the negotiation? How would you describe each party's needs, interests, and concerns? What suggested solutions can you envision coming from each side? What kind of win/win solutions might be possible?

Conflict Resolution

2. **Tom's parents are very upset. A friend of yours, with a counseling background, has offered to mediate.** Who are the disputants? How would you suggest that the volunteer mediator proceed? Please explain.

Learn the Process:

Facilitation

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to assist the service coordinator in facilitating a person or group – that is, guiding a process through which people work together, learn, create, and move toward their goals.

Objectives: Upon completion of this module, you should be able to:

- (1) Explain the meaning of facilitation – of oneself, of another person; of a group.
- (2) Describe two essential commitments facilitators make to the group.
- (3) Explain the importance and interrelationship among four structural elements typically attended to in effective and efficient meetings: Objectives; Agenda; Rules; and Roles
- (4) Use the process of consensus in a team decision-making situation.

Method:

- (1) Group presentation and discussion or self-directed review of *Facilitation Overview*;
- (2) Self-directed reading of *Facilitation: Assisting Individuals or Groups to Accomplish Their Goals*;
- (3) Group discussion or self-directed completion of *Suggested Activities*; and
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint or Overhead Presentation of Facilitation Overview</i>	15 minutes
<i>Facilitation: Assisting Individuals or Groups to Accomplish Their Goals</i>	40 minutes
<i>Suggested Activities</i>	30 minutes
<i>Review</i>	20 minutes

Materials:

- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *Facilitation Overview*;
- *Learn the Process - Facilitation*

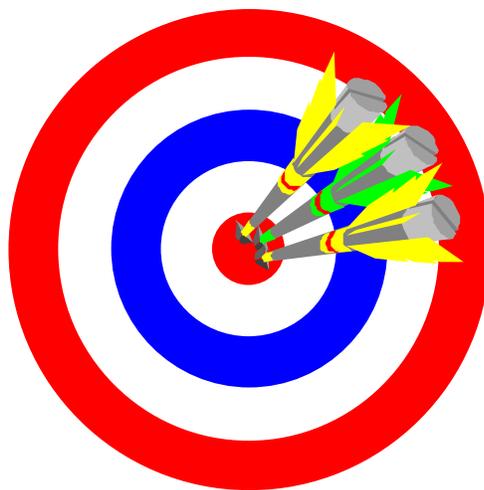
Facilitation: Assisting Individuals and Groups to Accomplish Their Goals

Facilitate = to make easy or more convenient

-- Dale Hunter & others, *The Art of Facilitation*

Introduction

As a service coordinator, facilitation is important for many aspects of your work. Self-facilitation involves guiding a process for your own growth and development, not only as a person, but as a member of groups or teams, and in your work with individuals and families. You will be expected to structure and guide processes that assist people in moving toward better, more fulfilling lives. In this age of consumer satisfaction, working collaboratively with others, and taking responsibility for service improvements at every turn, you may have chosen (or been assigned) to participate on any number of teams (task forces, work groups, planning teams, etc.) involving Regional Center personnel. With meetings so frequent, you will want to have both the knowledge and skill to contribute effectively and efficiently to the work of groups.



Facilitation

What is Facilitation?

Facilitation is about assisting ourselves and others, individually or in groups. We self-facilitate when we strengthen our bodies or minds, let loose of "baggage" (e.g., counterproductive thoughts, emotions), and relate to people in ways that are authentic, mindful, and compassionate. Facilitating others is not therapy, not about fixing others, not even about liking others. Rather, it is about acceptance, honor, and respect. You may find, of course, that the behaviors, values, and beliefs of some people are so "out of sync" with your own that someone else should facilitate for them. That's to be expected.

By being present, and listening actively to a person, we gain some understanding of that person's world. Good facilitators try to avoid projection, interpretation, and giving advice or their opinion . . . unless requested. Facilitating another person is about listening, asking questions, and making suggestions (interventions) that lead to insight, resolve, connections, and actions. Dale Hunter and his associates (1995, p. 26), express the idea this way:

"Facilitating a person is about empowering him or her to:

Fulfill his or her dreams.

Create something new.

Have something happen that will make a difference in his or her own life and in their world.

Catch his or her own patterns and block.

Identify what he or she wants to happen next."

Group Facilitation

Facilitating groups can be a more complex task. The ideal, especially if the group is large and diverse, or the objectives are complex, is to have a neutral facilitator, from outside the group, who has experience in helping groups achieve their goals. The reason is that facilitation involves two key commitments by the facilitator: (1) to see the group achieve its purposes; and (2) to protect every person in the group, so that each feels safe and can express themselves in an authentic way.

Meetings: How Can We Achieve More at Less Cost?

If the facilitator is an integral member of a group (e.g., a first-line supervisor), and has personal objectives to pursue, it may be difficult to keep the two roles (facilitator; group member or leader) straight, and to be present, listening, and intervening in ways most helpful for the group. As a practical matter, having an outside, neutral facilitator is a luxury that some organizations cannot afford. Hence, bringing in a neutral facilitator may be an occasional practice, when the issues are quite complex, the group large, and neutrality an overriding value.



The *ideal* is for purposeful meetings to be structured and guided by four elements (also known as OARR) agreeable to all group members, as follows:

Objectives. Purposeful meetings have goals: What does the group expect to accomplish? Often, a person or core group will articulate a purpose (goals, objectives, expected outcomes or results, etc.). The facilitator needs to understand what the group hopes to accomplish, so that he/she can assist the group in reaching those goals. Facilitators will often check with the group to see whether purposes are understood, and whether there are any other outcomes that group members want. Sometimes, the facilitator will ask a question along this line: "Please fill in the blank: For this meeting to be a success, it should include _____." This gives each person a chance to express anything else they may want from the meeting.

Agenda. An agenda is a list of topics or activities that are intended to assist the group in reaching its goals. Some are more detailed than others. Agendas, such as the one below, typically identify the topic or activity, in a suggested sequence. In addition, many agendas include (1) a suggested amount of time; (2) the name of a person to lead; and (3) the action expected. Figure 1 (on the next page) is an example of an Agenda, which includes both a team objective and a meeting objective.

Rules. Facilitators will often suggest a few ground rules, and ask the group for additions or modifications that will assist them in their work. Here is an example:

- Listen to one another;
- Avoid judging what others say, until asked to do so;
- In talking about Mary's future, direct questions and suggestions to Mary;
- Work together as allies;
- Decisions to be made by (e.g., consensus).

Roles. Four common roles in meetings are (1) facilitator; (2) recorder; (3) timekeeper; and (4) team member (participant; contributor). In the illustration, above, the recorder's role may be especially critical and be split with two participants who expect IEPs and IPPs to come out of the dialogue. Sometimes, sub-groups agree to meet after a transition meeting like the one sketched to "flesh out" details (e.g., what will be taught and learned). The facilitator role is to structure and guide the work of the group typically by asking questions, sensing what people may be thinking, redirecting in line with agreed-upon rules, acknowledging contributions and progress, suggesting approaches that might be fruitful, and so forth. The recorder typically writes down the gist of what people say on flip chart paper or another surface (e.g., chalk board). A timekeeper may be

Figure I. Example of an Agenda

Team objective: To assist Mary Smith in making a successful transition in two years from school to adult life.

Meeting objective: To develop a plan, with associated commitments to action, that will guide Mary and others, so that her transition is successful.

<i>Topic/Activity</i>	<i>Leader/facilitator</i>	<i>Time</i>	<i>Action</i>
1. Review of objectives, agenda, rules, and roles	Family friend	5 min	Discuss
2. Mary's envisioned future*	Mary & family	30 min	Present & clarify
3. Developing a comprehensive action plan w/commitments <ul style="list-style-type: none"> • school (e.g., proficiencies; work exp; activities; \$ aid) • work/college/\$ (e.g., DR connection; summer job; Social Security Adm?) • living arrangement (e.g., SL/ILS providers; Sec 8) • relationships (e.g., family; friends; leisure stuff) • bringing it all together! 	Family friend	45 min	Suggest & offer to help
4. Review of agreements, commitments, future roles	Family friend	10 min	Review
5. Housekeeping (e.g., signatures; checking-in along the way; next team meeting)	Family friend	15 min	Agree & formalize

Distribution: Mary; Mary's Mom and Dad; Brown, Regional Center Service Coordinator; Black, Case Carrier at School; Jones, Vocational/Transition Specialist; Weber, School Counselor; Wing, HS X-Country Coach; Chung, DR Counselor; Gomez, Family Friend (and neutral facilitator).

* Mary is taking a "Self-Determination Class," and has a lot to say about how she wants to live. Her teacher has worked with her on a written description of how she envisions her future.

needed, if timelines are tight. He or she advises the facilitator from time to time. The facilitator and/or recorder occasionally summarize (often called checking-in with the group), to be sure what is being written down is what the group has decided.

Decision-Making Rules

Consensus decision-making is common in group endeavors. It is often helpful to agree early on how decisions will be made. Consensus typically means that everyone in the group can support (or, at least not sabotage) what the group has decided to do. This kind of cooperative decision-making often takes extra time, but it is often worth it. Cooperative decision-making, as opposed (say) to majority rule, tends to draw from groups of people their very best ideas. And, it motivates people to continue. Groups working together can (and often do) accomplish much more than individuals working alone or side-by-side.

In the case of work groups within organizations, a manager may be an active participant and help facilitate the work. For example, he/she may establish certain parameters or criteria to be considered in making decisions. Or, as any other participant, he or she may disagree with a position and ask the group to struggle with issues and options until he can support the group's work. Some groups (e.g., advisory bodies) decide to search for consensus, but agree to a back-up position wherein, for example, recommendations must be supported by at least three-quarters of

the members, and individuals not agreeing to some given space to present their alternative ideas.

Here are several variations on consensus decision-making as identified by Dale and his colleagues (1996, pp. 70-71):

- Everyone is actively involved in all decisions.
- Those directly affected by a decision are involved in the decision. (All group members agree in advance what "directly affected" means.)
- All disagreements must be worked through before action is taken; or disagreements can be noted and not hold up action if all group members agree to this for a specific decision (agree to disagree).
- The whole group agrees to give authority to make decisions, within agreed limits, to individuals or subgroups (that is, to delegate).

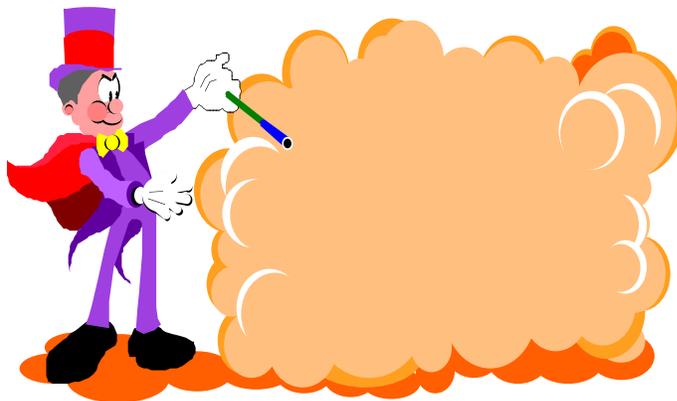


Facilitation

The facilitator and group members can follow certain approaches to encourage consensus. For example: (1) ask for proposals and write each down without debate; (2) ask, and put a check mark beside the proposal which comes closest to the one preferred by each member; (3) remove or cross out proposals which have no support; (4) have each person speak briefly about his/her preference or suggest modifications; (5) add modifications in a different color; (6) erase check marks; (7) ask each member to take a fresh look and get preferences again (new check marks); (8) find within proposals areas of agreement and disagreement; (9) if no consensus yet, ask for new proposals that capture the wisdom of the group and record these; (10) repeat steps 8 and 9, if necessary; (11) ask any dissenters to propose a solution; (12) check to see if they would be directly affected; if not, would they allow the decision to be made anyway; (13) when agreement seems to have been reached, confirm with each member and don't assume silence means assent.

The Group Memory

Like facilitation, recording takes practice and is something of an art. The recorder must listen carefully, record the essence of ideas in the speaker's words, and frequently check to be sure the speaker is okay with what has been written down. During meetings, what has been recorded helps the group, because more information is readily available. Groups sometimes want to revisit matters discussed at earlier meetings. Minutes (or the group memory) can be helpful in bringing new members of the group up to speed.



Suggested Activity

Evaluating Your Next Meeting

At a meeting over the next week or so, involving several people, carefully observe everything done (and not done). If not sure about something, ask key participants after the meeting to get additional information to answer the following questions. After the meeting, answer the following questions. Near the end of this activity you will be asked to suggest one or more ways the meeting could have been improved. (NOTE: This activity is adapted from Doyle and Strauss (1982, pp. 289-290).

1. **Before the meeting** – Was there good planning as to Who (the right people)? What? When? Where? Why? Was an agenda sent out in advance? Was the meeting room set up and ready?

2. **At the beginning of the meeting** – Start on time? Clear objectives for the meeting? Self-introductions with expression of expectations for the meeting? Clearly defined roles? Review, revise, and order the agenda? Time limits? Review of action items from any preceding meeting?

3. **The facilitator** – Was the facilitator effective in getting the group to focus on common tasks? One method or procedure at a time? Good pace? Facilitator talk too much? Everyone have a chance to participate? Protection for group members and their ideas? Did the facilitator keep the manager or chairperson from dominating the meeting? Any disruptive behavior and was it handled well? Did facilitator remain neutral in facilitator role? Facilitator defensive when criticized? Did the facilitator bring the group to closure and agreement on specific action items?

Learn the Process:

Facilitated Decision-Making

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to assist the service coordinator in facilitating an individual or family in making an informed decision about services or supports or other concerns which affect their lives.

Objectives: Upon completion of this module, you should be able to:

- (1) Explain the meaning of facilitated decision-making.
- (2) Understand the role of the service coordinator in facilitated decision-making.
- (3) Demonstrate the basic process of facilitated communication.
- (4) Use the basic process for assessing risky decision-making.

Method:

- (1) Group presentation and discussion or self-directed review of *Facilitated Decision-Making Overview*;
- (2) Self-directed reading of *Facilitated Decision-Making: Standing Back When You Want to Step Up*;
- (3) Group discussion or self-directed completion of *Suggested Activities*; and
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint or Overhead Presentation of Facilitated Decision-Making Overview</i>	15 minutes
<i>Facilitated Decision-Making: Standing Back When You Want to Step Up</i>	20 minutes
<i>Suggested Activities</i>	90 minutes
<i>Review</i>	20 minutes

Materials:

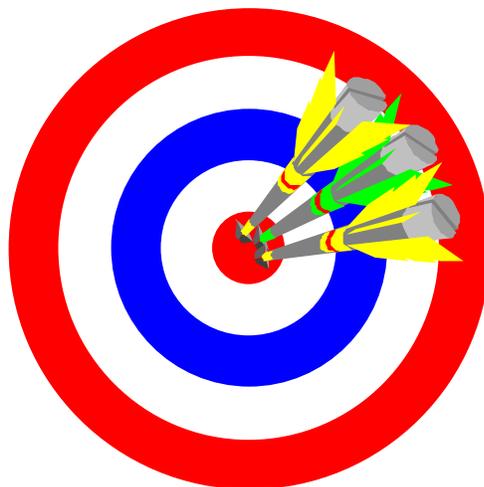
- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *Facilitated Decision-Making Overview*;
- *Learn the Process - Facilitated Decision-Making*

Facilitated Decision-Making: Standing Back When You Want to Step Up

Introduction

As a service coordinator, you will be working with individuals and families making choices about where to live, with whom to live, where to work, and how, where and with whom to recreate, etc. Many of those choices will have potential risks as well as opportunities. So, you will often be faced with the responsibility of assisting individuals and families in making *fully informed* decisions. This is what is referred to as *facilitated decision-making*. That is, providing an individual or family with all of the information and support he or she needs to make an informed, healthy and safe decision.

Individuals with developmental disabilities are among the most vulnerable people in our society. Without sufficient experience, we cannot expect individuals to make meaningful decisions with minimal risks unless we facilitate the process with support in identifying and understanding the potential risks.



Facilitated Decision-Making

The Role of the Service Coordinator

The service coordinator is often a key person in the support network for an individual with a developmental disability or his or her family. As the coordinator of services and supports, you will interact with a variety of people who make up an individual's informal and formal network of support - family, friends, neighbors, and support staff. A critical aspect of your job is to help all these people understand how they can support someone in evaluating the risks in the decision-making process.

What is Facilitation?

To reiterate from a previous module, facilitation is about assisting others, individually or in groups. Facilitating is not therapy, not about fixing others, not even about liking others. Rather, it is about acceptance, honor, and respect. You may find, of course, that the behaviors, values, and beliefs of some people are so *out of sync* with your own that someone else should facilitate for them. That's to be expected.

By being present, and listening actively to an individual or family, we gain some understanding of that person's world. Good facilitators try to avoid projection, interpretation, and giving advice or their opinion . . . unless requested. Facilitating another person is about listening, asking questions, and making suggestions (interventions) that lead to insight, resolve, connections, and actions.

Dale Hunter and his associates express the idea this way:

"Facilitating a person is about empowering him or her to:

Fulfill his or her dreams;

Create something new;

Have something happen that will make a difference in his or her own life and in their world;

Catch his or her own patterns; and

Identify what he or she wants to happen next."

Tips on Facilitative Communication*

As your use of facilitative methods and effective communication increases, individuals will learn how to think about their options, make decisions, identify their choices, and find their own solutions. Rather than giving advice, answers, or solutions, a conversational method can be used to guide the individual or family as he or she thinks through the situation, considering various possibilities and identifying some problem-solving steps.

* This section is adapted from **Preference Based Planning . . .** (see References in *Technical Assistance*)

Facilitated Decision-Making

For example, talk through the situation and ask questions about what he or she might do, or what might happen next, such as:

I'm wondering what you might want to do in this situation?

What do you see as being the next step?

I'm wondering what might be a good way to begin?

Avoid giving advice, and instead assist the individual or family in doing their own thinking. Options can be presented in a neutral manner. For example, if someone is presented with an opportunity to take a new, more exciting job, but it means a reduction in pay, you might say, *I know of persons who choose jobs that they like, even with less pay, because the job means so much to them. I also know other people who go for the job that pays the most. It depends on what's most important to the person making the decision.*

When someone is presented with two choices, you can say, *Here's what I do when I have to make a decision between two good choices: make a list of the positive and negative things about each choice. Then I compare the two lists. It helps me to write everything down so I can see the whole picture. Would you like to try that?* When you feel a need to offer advice, own it as your opinion and suggest that (s)he might want to ask others for their opinion also. Rather than advocating for solutions without adequate information, say *I'm not sure, I need to get more information, or This seems like an open-ended question.*

When the person is anxious about making a decision, and each option is a good one, you might want to say, *As I see it, either choice is a good one; you win with either one. You may want to consider taking your time in making this decision, if you don't need to decide right now.*

In situations where a decision is necessary, role playing also can be helpful. *Right now, if you were to decide, what would your decision be? What would you do?* Or you could say, *You may want to set a future date (soon) as a goal for making your decision.*

Offer assistance in clarifying and sorting out issues one at a time. Lists or diagrams can be used to keep track of various consequences or results of decisions. Always check out his or her view of the situation; you may also want to explain how you see the situation, checking to see if he or she understands your interpretation.

Continue to take responsibility for your own thoughts and ideas by using "I" messages (*I'm curious, I wonder, I think*). Eliminate "We" messages, such as *We'll work on your goals. We can solve the problem. We'll go turn in your job application.* Also continue to credit and support each person's efforts. *I support people in finding, obtaining, and keeping their jobs, rather than I place people in jobs, or I help people find job placements.*

Whenever possible, have the individual or family initiate the business at hand, rather than using your agenda as the starting point for working together. You can ask, *I'd like to check in with you regarding your plans for . . .*

Facilitated Decision-Making

Facilitative Communication

IS

Trusting that others CAN

Accepting others as they are

Building on personal strengths and skills

Listening and seeking

Kind, respectful, discreet

Inviting, encouraging, light, enjoyable

Cultivating self-determination
and self-direction, assisting

“Being there for” (in the wings,
behind the scenes), “doing with”
only when invited

Checking things out

Crediting

Letting go

Giving space, waiting, backing off

Owning my part of the interaction “I”
messages, checking:

I’m wondering ...

I’m curious ...

I trust ...

I’d like to hear ...

If you’d like my opinion/input, feedback, I’ll give it to you.

IS NOT

Fearing that others CAN NOT

Trying to fix or change them

Focusing on deficits, mistakes

Knowing, advising, monopolizing

Demanding, punishing, directive, patronizing

Requiring, grim, solemn, taking things too
seriously

Worrying, protecting

Doing for, thinking for, speaking for others

Second guessing

Blaming

Holding on, directing, protecting, worrying

Wanting it to be a certain way, having
expectations, pushy, demanding, angry

Controlling, not owning my part of the
interaction. “You, We” messages, questions,
directives, denial, avoidance

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By role playing, individuals can develop confidence in obtaining information over the phone and conducting their own business. Making a list or script ahead of time can be helpful. A speaker-phone can be used to give support to someone as they conduct their own business on the phone. The facilitator records the information while the person speaks, and offers cues to the person without it being obvious to the person called.

Refer communication directly to the individual, if anyone attempts to speak through you or asks you for an someone's opinion when he or she is present. During a conference call, if a question is directed to you, say, *I think that _____ can answer that better than I can.*

Supporting the Decision-Making of Sons and Daughters

When working with a family as a facilitator of a son and daughter, it's important to create an atmosphere of trust and one which welcomes questions and input. Be supportive, and thank parents for voicing concerns about things they're wondering about, are unsure of, or about which they need more information. You may need to remind them of the importance of teaching a son or daughter to advocate for him or herself.

It's also important to realize that parents are at differing stages of awareness about the abilities of their children and the best way to support independence. Be patient with any skepticism regarding a son or daughter's ability to be self-directing.

Rather than creating dependence on you for answers, reinforce the parents' capacities to work with their sons and daughters to solve problems. Your role is to facilitate, provide learning experiences, and support discovery of their own solutions. You may choose to assume the role of a resource person. Whenever possible, help parents create a support system for problem solving, and refer people to appropriate contacts as needed. And remember, communication is the most important ingredient for the successful facilitation of decision-making with families as well as individuals.

Risky Business

Even after your best efforts at facilitated decision-making, individuals will make what appears to be a risky decision. In those situations, a series of questions should be asked to determine if some type of intervention may be necessary. These questions should be asked at a *risk evaluation* meeting which involves all who know and care about the individual. They should also be asked informally whenever the service coordinator and other support people interact with the individual.

Regulations and oversight cannot take the place of common sense and good judgment. The individuals and families we serve will sometimes need our support to make decisions which do not cause harm. We must not fall prey to what Clarence Sundram terms *professional ambivalence*, but we must be willing to share responsibility for decision making with individuals when such a partnership is necessary and appropriate.

Facilitated Decision-Making

Examples of Facilitative Statements

I'm wondering what you think about _____.

I'd like to hear what your ideas are.

I have some ideas about _____ if you'd like to hear them, let me know.

That's one idea ... and wait, I'm wondering what other ideas there are? Can you think of other ideas you might try?

If I can be of assistance in your thinking/problem solving about this, let me know.

I wonder what your thoughts are on this.

I could tell you what I would do in that situation, if you're interested.

I'm wondering if you can think of someone who could help you with this situation.

I'm wondering if you think you might need help in this situation.

I'm wondering if you want some help with this.

What kind of help do you think you need?

I'm wondering what choices/options you see for yourself in this situation.

I disagree with you on this.

I disagree with you at this time.

I don't see it the same way you do, but I respect your opinion.

How will you begin?

I'd like to know what part of this you think you can handle yourself, and what part you think you'll need help with.

I notice that you like (enjoy, appreciate, focus on, seek out, buy, prefer)

It might not be my choice, but it may work for you.

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Assessment for Risky Decisions*

(1) What is the person's history of decision-making?

- previous experience or practice in exercising autonomy and rights
- ability to learn from natural consequences of poor decision making

(2) What are the possible long- and short-term consequences associated with poor decision making? (What is the worst that could happen?)

- death
- exploitation
- illness, injury
- isolation, rejection by others
- involvement with law
- substandard living conditions
- financial difficulties
- lack of enriching experiences

(3) What are the possible long and short term consequences of increased direction and control by others?

- decreased confidence or self-esteem
- likelihood of increased dependence on staff
- improvement in the person's quality of life
- possibility of person refusing to accept services and supports. If this is likely, the following issues should be reviewed:
 - a. Under current circumstances, how is the person benefiting from the agency or service coordinator's involvement?
 - b. What could be the impact of terminating services if the individual refuses our increased involvement?
 - c. Does the individual require protective measures to be taken (e.g., guardianship, protective placement, other?)

(4) What are the trade-offs of continuing the current situation?

(5) Is the person sufficiently assertive to advocate for his/her rights? Is there the presence of an advocate, family member, friend, or guardian to represent the person's interests? If not, should we locate such a person?

(6) Should more control and direction be provided? If yes, describe the proposed support which causes the least intrusion while adequately protecting the individual. Do not be overly intrusive; be creative.

* Adapted from Community Living (Madison, WI)

Facilitated Decision-Making

4. What is and is not facilitation?

5. What are some examples of what is facilitative communication?

Facilitated Decision-Making

(4) What are the trade-offs of continuing the current situation?

(5) Is the person sufficiently assertive to advocate for his/her rights?

(6) Should more control and direction be provided?

7) What will you say to Javier? to his family?

Facilitated Decision-Making

Learn the Process:

Empowerment

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to provide a basic description of ways that the services coordinator can facilitate choice and decision-making with both individuals and families.

Objectives: Upon completion of this module, you should be able to:

- (1) Provide a definition of self-determination and describe ways that it can be taught..
- (2) Use the basic process of developing self-determination goals for the Individual Program Plan.
- (3) Use a method for problem-solving that can be taught to individuals with developmental disabilities and describe the situations where it might be useful.
- (4) Describe some ways to facilitate family empowerment..

Method:

- (1) Group presentation and discussion or self-directed review of *Empowerment Overview* on PowerPoint, overheads or hard copy;
- (2) Self-directed reading of *Empowerment: Choice, Decision-Making and Self-Determination*;
- (3) Group discussion or self-directed completion of *Suggested Activities*; and,
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint Presentation or Overheads of Empowerment Overview</i>	20 minutes
<i>Empowerment: Choice, Decision-Making and Self-Determination</i>	40 minutes
<i>Suggested Activities</i>	45 minutes
<i>Review</i>	20 minutes

Materials:

- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *Empowerment Overview*;
- *Learn the Process - Empowerment*

Empowerment: Choice, Decision-Making and Self-Determination

Introduction

One of the core values of the Regional Center system is empowerment. One Regional Center defines empowerment as families and individuals exercising as much control over their own lives as possible. In other words, individuals and families exercise *self-determination*. In order to facilitate empowerment, it is the responsibility of service coordinator to provide support through information and choice.

What is Self-Determination?

Individuals who are *self-determined* take control of their lives by making choices and decisions based on their interests, abilities and preferences, and take responsibility for those decisions. Many people with developmental disabilities have not had the opportunity to become *self-determined* or to learn the skills and have the daily experiences that will enable them to take more control and make choices in their lives.



Empowerment

Research and practice has shown that, when given adequate support, learning opportunities and experiences, people with developmental disabilities can learn to become more self-determined, to assume greater control over and responsibility for their lives, and can improve their quality of life. The lack of such supports, learning opportunities and experiences is, in essence, denying people with mental retardation the right to become self-determined, valued, and respected members of our communities.

Is Self-Determination Something that Can Be Taught?

Self-determination is considered to be an “intrinsic motivator” for all of us. None of us experience unconstrained choice, unlimited options, and total independence from others. However, the more experience we have with making decisions about meaningful things in our lives, the better we will get at it and the more motivated by it (self-determination) we will be

Three Typical Ways to Reach a Decision. Researchers have identified three major ways that we respond when confronted with a decision:

Defensive avoidance. Individuals using this strategy either put off making a decision or try to get someone else to make it.

Hypervigilance. Individuals sometimes panic when faced with a decision that must be made quickly and/or appears

to be risky in some way. This strategy entails making a quick decision that will minimize risk and reduce stress.

Vigilance. This strategy includes a systematic way of defining the issue or problem, researching the options, making a choice, and evaluating the consequences of that choice for future reference.

A group of researchers applied these three types of decision making to the responses of both adults with developmental disabilities and university students of similar range in age. They provided both groups with scenarios of *minor* (e.g., You are offered a piece of cheesecake and you are on a diet and trying to lose weight.) and *major* decisions (e.g., You have a chance to move to a new home that you like and it is a long ways from where you work.) and asked all participants *What would you do?* and *Why would you do that?* The answers of all participants were then categorized as defense avoidance, hypervigilant, or vigilant.

The results were analyzed statistically and several interesting differences were noted. First, university students tended to make more systematic decisions than adults with developmental disabilities. Also, individuals with developmental disabilities tended to make more quick decisions than university students.

While a number of possible explanations were offered, one was simply that individuals with developmental disabilities are exposed to a fewer decision-making experiences than their peers without disabilities. So, the authors conclude that there is a need for specific

training in developing decision-making strategies which stresses ways to gather information about possible options and to think ahead about potential consequences.

The Four Step Solution. There are a number of approaches to decision-making or problem-solving. It's likely that some work better than others. Most important is to have one to use when confronted with the dozens of minor and major choice alternatives presented to us in everyday life. One of the most typical approaches is as follows:

- State the problem or issue
- List the possible solutions
- Analyze the pros and cons of each solution
- Pick a course of action and evaluate the outcome

This general template offers an individual a systematic way to make a decision. That is, to look at a variety of situations, gather information about possible solutions, weigh their positive and negative aspects, pick a course of action, and to evaluate the outcome for use in future decisions.

Application to a Variety of Life

Choice Experiences. Researchers have successfully used this strategy to support individuals with developmental disabilities in making decisions or solving problems such as:

- determining when to leave the house to catch the bus;
- asking questions of co-workers and supervisors on the job;

- what to do in emergency, injury and safety situations;
- assertively stating your rights;
- general community living skills (e.g., budgeting your money, problems with peers); and
- a successful way to manage anger responses to everyday situations as *anger is a signal that there is a problem to solve.*

Teaching Decision Making. There are a variety of products available (at low or no cost) for teaching problem solving and decision making. Some are for use by direct care staff (e.g., activities which will facilitate choice-making) and others provide an instructional format (e.g., lesson plans). While the approaches are varied, they all have several *themes* in common: (1) a value base that considers choice an important part of everyday life for people with developmental disabilities and that decision-making is a skill that can be taught; (2) a general four step strategy to reaching a decision; and, (3) scenarios for practice.

Care Giver Support. Wherever individuals live and work, the support and assistance of those who work alongside can make a real difference. Staff who are skillful in facilitating opportunities for choice and reinforcing decision-making are critical to the learning process. As a service coordinator, you can help by making sure that you include a discussion of the ways that service providers promote choice and decision-making in all planning and team meetings.

What is Self-Advocacy?

Self-advocacy is speaking and acting on behalf of your own rights. It's the best kind of advocacy because no one knows better than you what your needs are. People with developmental disabilities have always heard others speak for them. That is changing all around the world -- disabled people are learning to be self-advocates. To be a good self-advocate you need to know about your rights and responsibilities. You will learn these by joining a local self-advocacy group.

Self-advocacy can take place at many levels. In a person's interactions with family, friends, or peers; in the workplace or school; or in the larger society. Usually, successful self-advocacy begins with the formation of a self-advocacy group. The group provides a supportive environment where individuals can develop confidence and independence.

Self-advocacy groups are involved in many different kinds of activities, from social functions and community education to political involvement. What makes them self-advocacy groups is that their activities reflect the wishes and decisions of the group, which is the key to greater independence.

The idea which underlies self-advocacy is that dependence encourages dependence and independence encourages independence.

By Keith Georgia & Harold Monroe
Warren-Washington ARC Self-Advocacy Group

Facilitating Self-Determination through the Individual Program Plan (IPP)

Goals and objectives regarding self-determination should be person-centered. That is, they should be based on individual needs and preferences. One way to approach this would be to include a discussion of self-determination as a part of the annual meeting. Here are some suggestions to guide your discussion during the meeting:

- Explain that self-determination is participating in the choices and decisions of everyday life.
- Also, explain that the Individual Program Plan can help support self-determination.
- Ask the individual or family member (if appropriate) if there are some decisions or choices in everyday life that he or she would like to make.
- Determine what kinds of support would be needed to make those choices or decisions (e.g., more information about choices, more opportunities, training in decision-making).
- Write a goal and objective regarding self-determination.

Goals and objectives which facilitate self-determination include a range of opportunities from choosing when to go to bed at night or what clothes to wear

to attending a self-advocacy conference to facilitating the annual meeting to joining a Regional Center or service agency board of directors.

What about Self-Advocacy?

Self-advocacy is about individuals with developmental disabilities speaking or acting on behalf of themselves. While this will be a common occurrence for you as a service coordinator, it was not so common just 20 years ago.

It's thought the self-advocacy movement began in Sweden sometime during the 1960s. During that time, individuals with developmental disabilities were encouraged to form their own recreation organizations. This effort led to the development of leaders and subsequently to a national coalition of individuals speaking for themselves.

In the early 70s, the movement spread to Great Britain and Canada. In 1973, a group of individuals with developmental disabilities from Oregon attended a self-advocacy conference in Canada. The conference was so dominated by professionals, however, that they went home and formed their own self-advocacy group. They called themselves *People First*, that is, people come first and disabilities come second. The rest is history as the movement spread across the United States.

Working with Professionals: Some Empowering Tips for Parents from Fellow Parents*

1. Seek information and support whenever you need it and wherever you can find it.
2. Be aware and respectful of differences; we're all people first and professionals or parents second.
3. Find professionals who are willing and able to work with you in a way that meets your needs.
4. Select (or create) the right opportunity or place to address your concerns – for example:
 - fellow parents or selected professionals to get emotional support;
 - service coordinators with information, insight, and knowledge to help you understand the service system or to consider options;
 - agency representatives for specific concerns;
 - problem-solving group (e.g., interagency team) when things aren't going well or resistance is sensed;
 - specific task force group to make things better for others (e.g., getting resource information to physician; training opportunity to better assist fellow parents; and
 - planning and policy-making group for contributions to policy and to keep the focus on kids and families.
5. Develop communication and negotiating skills, e.g., self assuredness; active listening; assertiveness; ways to counter intimidation; knowledge of rights and responsibilities; problem-solving, etc.
6. Take advantage of opportunities (e.g., conferences, meetings) to show your commitment to teamwork.
7. Be persistent, use your time and the time of others wisely, and seek to
 - Excerpted from **Beyond Lip-Service Parent/Professional Collaboration in California's Early Intervention Local Planning Areas** by Allen, Shea & Associates for The California Early Intervention Technical Assistance Network (1990)

Family Empowerment

Families of children with developmental disabilities also need encouragement to make decisions about things which affect them. Service coordinators can facilitate family empowerment in a variety of ways:

- Addressing family needs as a whole (not just the individual member with a disability);
- Organizing services and supports as a team;
- Organizing services and supports with flexibility and in accordance with each individual family's preferences;
- Organizing services and supports to ensure minimal disruption of the family routine;
- Considering family strengths (versus dwelling on family deficiencies) in the assessment process; and
- Providing information in a timely and supportive way.

Family Resource Centers/ Networks (FRC/Ns)

Another form of family empowerment comes from contacts with other families. Service coordinators can facilitate this type of support by providing information on local family support groups and networks. One such network found in all parts of the state is the *Family Resource Center/Network*.

While FRC/Ns vary from community to community, the overall FRC/N goal is to provide family/parent oriented support and information and to promote positive relationships and joint problem solving between families and professionals. The FRC/Ns support the emotional and informational needs of families and assist parents and family members in locating and understanding local services and the overall early intervention service delivery system for infants and toddlers.

FRNs typically provide information on specific disabilities and training for parents and service providers. FRNs makes information packets available on a wide variety of topics. Other services of the Family Resource Networks include: one-to-one emotional support, referrals to early intervention programs and community resources, local parent groups for ongoing support and information, a lending library of books and videos, and workshops and seminars.

Families of children with developmental disabilities or at risk of becoming developmentally disabled are eligible for the services of the FRC/N. There is typically no application process and there is no charge for the services.

Empowerment

Internet Resources

The following are some examples of Internet resources on advocacy, self-advocacy and self-determination. A complete listing would take dozens of pages. The important thing to remember is that all of these resources have links to other related websites.

Advocacy and Self-Advocacy

<<http://www.gis.net/~donability>>

The Advocacy Communication Project

The Advocacy Communication Project is a group of organizations and individuals who are dedicated to making information technology accessible for all. They network with People First and other disability advocacy groups around the world in an effort to build an inclusive and diverse online advocacy community.

<<http://www.disrights.org>>

Disability Right's Advocate

The website of a self-described self-advocate that offers tools to other self-advocates and other related news.

<<http://www.naotd.org/index.htm>>

The National Alliance OF The DisAbled, Inc.

An online informational and advocacy organization dedicated to working towards gaining equal rights for the disAbled in all areas of life.

<<http://www.ici.coled.umn.edu/ici/>>

Institute on Community Integration

Improving community services and social support for persons with disabilities and their families by offering ways to encourage the inclusion of people with developmental disabilities and advocates in a wide range of events.

<<http://www.peoplefirst.org.uk/>>

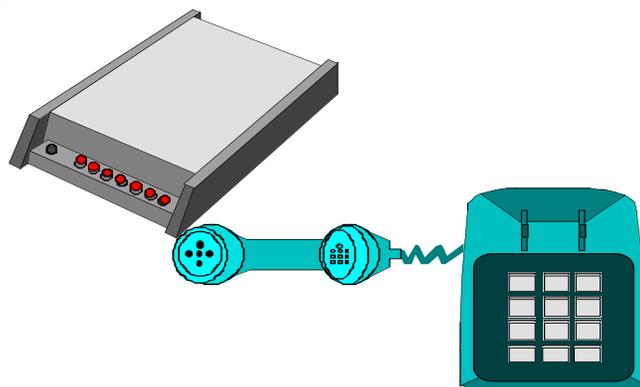
Northamptonshire People First

An organization run and controlled by people with learning difficulties fighting to overcome the limitations in their lives. The group's members work to increase the opportunities available to them. This site includes general information about the organization including online meetings and conferences.

<<http://www.nod.org/>>

National Organization on Disability

The National Organization on Disability promotes the full participation of America's 49 million men, women and children with physical, sensory, or mental disabilities in all aspects of life. Founded in 1982, N.O.D. is a national disability network organization concerned with all disabilities, all age groups, and all disability issues.



Family Empowerment

<<http://www.familyvillage.wisc.edu/>>

The Family Village

A global community that integrates information, resources, and communication opportunities on the Internet for persons with mental retardation and other disabilities, for their families, and for those that provide them services and support.

<<http://www.npnd.org/>>

National Parent Network on Disabilities (NPND)

Their mission is to provide a presence and national voice for the full diversity of families and parent organizations advocating for children, youth and adults with special needs and disabilities. NPND promotes and supports the power of parents to influence and effect policy issues at all levels.

<<http://www.pacer.org/index.html>>

PACER Center

An organization whose mission is to improve and expand opportunities that enhance the quality of life for children and young adults with all disabilities - physical, mental, emotional, and learning - and their families.

<<http://www.php.com/>>

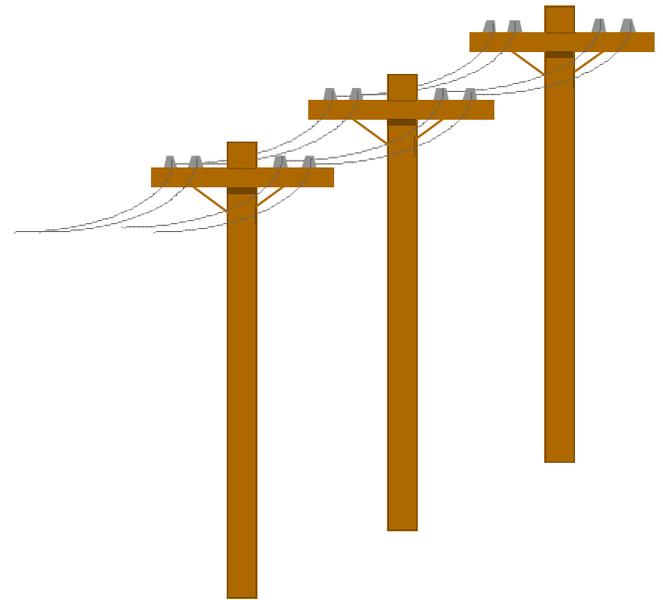
Parents Helping Parents

A parent-directed family resource center serving children with special needs, their families, and the professionals who serve them.

<http://www.lsi.ukans.edu/beach/html/>

The Beach Center on Families and Disability

A rehabilitation research and training center on public policy affecting families who have children with disabilities.



Empowerment

Review

- 1. What is determination? Is it a skill that can be taught?**
- 2. What is a typical approach to problem-solving? What kinds of situations can it be applied to?**
- 3. What is the general process of facilitating self-determination through the Individual Program Plan?**
- 4. What are some methods of facilitating family empowerment?**

Suggested Activities

1. Visit the Family Village website at <http://www.familyvillage.wisc.edu/> and click on Search. When you're in the Family Village Search, type in California. Once the search engine has found the California resources, click on Family Village-California Resources. Next, browse down the list until you find the Family Resource network. What did you find out about the services they provide and where are they located? Browse around the website until you find their Links section and track down other family resource sites.

2. Find out if there are local People First chapters, a Regional Center Consumer Advisory Committee, or day program and residential services consumer councils. What kinds of self-advocacy forums are there in your area? Try to schedule a visit to one of the meetings. What was the focus of the meeting? Did the meeting run with or without an advisor? Did members participate?

Empowerment

Learn the Process:

Technical Assistance

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to assist the service coordinator in promoting positive change through education and information.

Objectives: Upon completion of this module, you should be able to:

- (1) Use a four-step process to develop a technical assistance plan for a residential service provider as follow-up to a Title 17 review.
- (2) Assess the technical assistance needs of a day or residential service provider through a training needs survey.
- (3) Provide technical assistance through information and education while maintaining an effective, working relationship.

Method:

- (1) Group presentation and discussion or self-directed review of *Technical Assistance Overview*;
- (2) Self-directed reading of *Technical Assistance: Using Information and Education to Improve Services and Supports*;
- (3) Group discussion or self-directed completion of *Suggested Activities*; and
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint or Overhead Presentation of Technical Assistance Overview</i>	15 minutes
<i>Technical Assistance: Using Information and Education to Improve Services and Supports</i>	15 minutes
<i>Suggested Activities</i>	15 minutes
<i>Review</i>	15 minutes

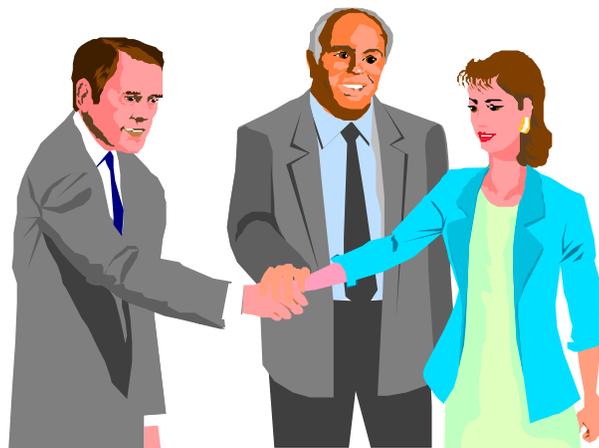
Materials:

- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *Technical Assistance Overview*;
- *Learn the Process - Technical Assistance*

Technical Assistance: Using Information and Education to Improve Services and Supports

Introduction

As a service coordinator, you will be working with individuals, families, and service providers who can benefit from the information and expertise that you have to offer. This may be the result of a direct request (e.g., *our services do not seem to be working for this person*), a Title 17 review (e.g., a follow-up plan which includes support on expanding opportunities for choice), or your identification of a need (e.g., a family who needs more information on effective parenting). Whatever the situation, the outcome you will be seeking is better service and support and the methods you will be using are information and education or what is called *technical assistance*. That is, providing information, education and other assistance of a technical nature (e.g., clarification of laws and regulations, best practices, alternative techniques) to bring about a desired change.



Technical Assistance

The Relationship is Everything

In providing technical assistance, the relationship that you have with the recipient (e.g., individual, family, service provider) is critical. Offering information and education must be coupled with the power and credibility of a good working relationship (see *Facilitation*, *Teamwork* and *Communication* modules). Your chances of bringing about desired change will increase dramatically when you have developed a collaborative and trusting relationship.

The key elements in developing and maintaining a working relationship include:

- *be friendly*;
- *express genuine interest* (e.g., in the person, family, those who are served);
- *make no assumptions* (e.g., about motives; intentions; reasons for seeking technical assistance);
- *be honest and clear*;
- *pay attention to the impact of your relationship on the individual, family, service provider* (e.g., people do listen to what you have to say);
- *be trustworthy* (e.g., not violating confidences; doing what you say you will do); and
- *learn what the individual, family, or service provider wants from you* (e.g., help finding/accessing a resource; etc.).

Technical Assistance is Collaborative

To be effective, technical assistance is a collaborative process. That is, it's important to emphasize the importance of the individual, family, or service provider making a change with the information and education you can provide. Several techniques facilitate the role of the recipient of technical assistance:

1. *Allow the individual, family, or service provider the freedom to accept or reject your suggestions for technical assistance.* While your role in providing technical assistance may not have been voluntary (e.g., follow-up in a Title 17 review), the recipient must be free to accept or reject the information or education you suggest. This helps neutralize any power relationship that might arise and keeps things at a more collaborative level. This also helps you figure out how to individualize the way in which the assistance will be provided.
2. *Encourage the individual, family, or service provider to contribute suggestions.* Since the outcome of the technical assistance will result in some change that the individual, family or service provider will be making, it's important that there is some *investment* in the process.

3. *Encourage the individual, family, or service provider to make decisions.* The recipient of your assistance will need to make some decisions about the course of your involvement (e.g., should the assistance continue). By making these decisions, the recipient increases his or her commitment to the desired outcome.
4. *Require effort from the individual, family, or service provider.* A positive change in services and support will be ensured if effort is required of the recipient. It is important from the outset that you make clear to the recipient that change will require both effort and investment.

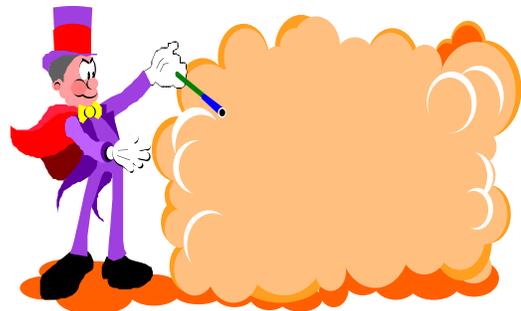
Ways to Facilitate Change

To reiterate, the primary goal of your technical assistance will be to influence a positive change. However, your influence needs to be both collaborative and discreet. Here are some ways to facilitate change in a discreet manner:

1. *Use cooperative methods of interaction.* These include empathy, genuineness, and respect; open, honest communication; and efforts to develop and maintain trust (e.g., availability for follow-up).
2. *Respond to resistance to change with cooperative behavior.* You must make every effort to respond to resistance with cooperative interaction, avoiding the

temptation to use coercive approaches.

3. *Ask questions.* For example, open questions encourage the recipient to generate a variety of additional ideas while closed questions tend to focus discussion more narrowly. Open-ended questions use words like *how* and *what*. They require more elaborate responses and encourage thought and exploration. Closed questions are asked using such words as *are*, *do*, *have*, *should*, *will*, and *can*. They are questions that can be responded to in yes-or-no fashion.
4. *Do not oversell.* Rather than promising success, you should be realistic, point out the barriers and the hard work that must occur in order to make a change.



Technical Assistance

Planning for Technical Assistance

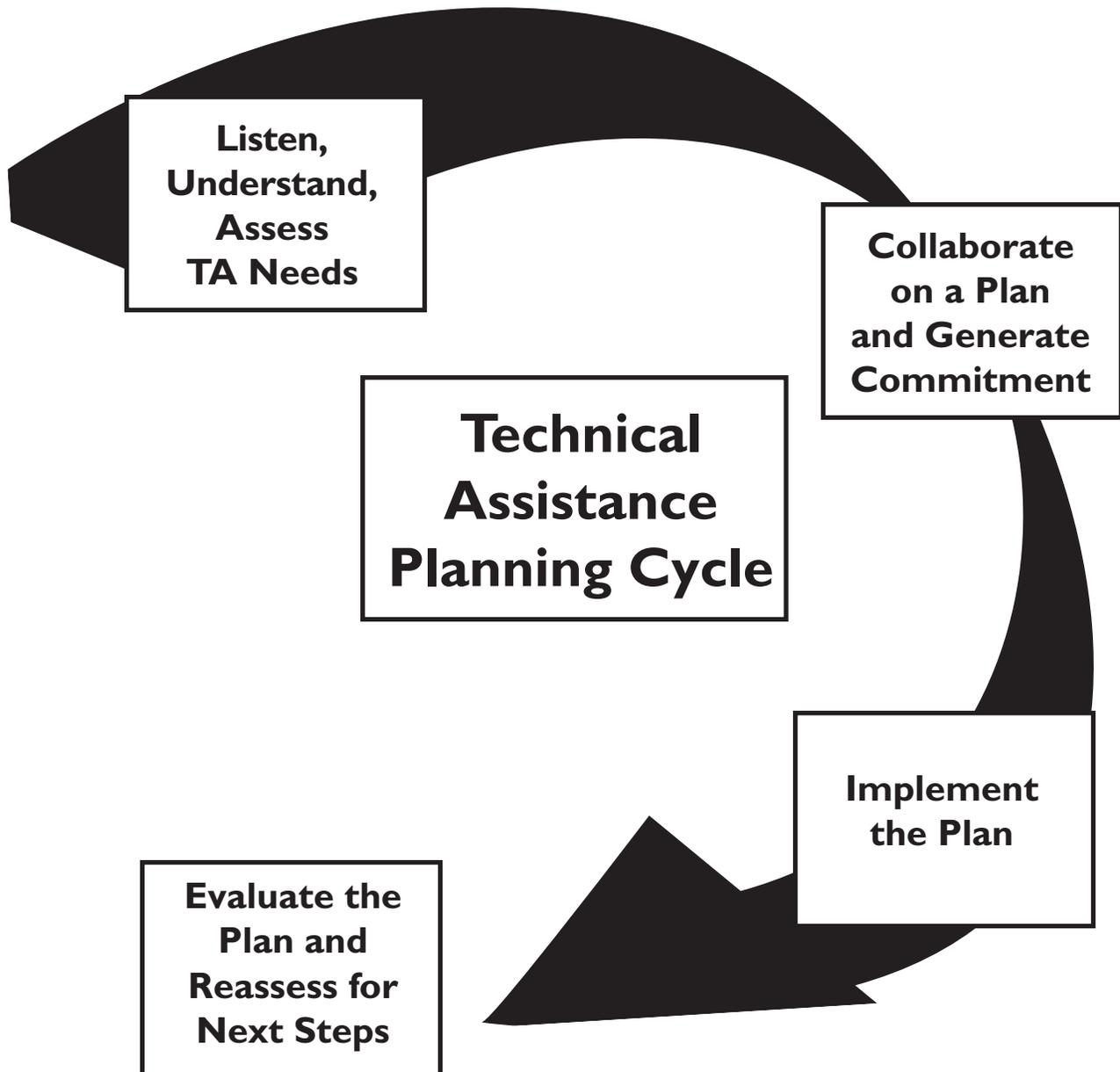
Introduction. On the previous page is a visual image of the technical assistance cycle. It is essentially the planning cycle that you use with individuals, applied to an individual service or service agency.

Listen, Understand, Assess Technical Assistance Needs. Your first task in providing technical assistance is to identify the issue, problem or concern. You can do this through a series of conversations with key stakeholders (individuals, family members, agency management, direct care staff) or with surveys (see the previous 2 pages for samples) and subsequent focus groups for more specific information. The key element in this stage of the process is to keep checking to make sure that you understand the need and that key stakeholders agree with your understanding.

Collaborate on a Plan and Generate Commitment. As previously stated, at this stage in the process it is critical to obtain *buy-in* for the technical assistance plan. For example, *brainstorming* ideas about the kinds of education and information that would support a change. It is also suggested that you write up a plan that outlines what is hoped to be achieved, the kinds of support (e.g., education and information) needed, who can help provide it, by when, a review date and a follow-up review statement (see the following page for a sample action/review plan).

Implement the Plan. Provide the resources as outlined in the plan. For example, provide a brief training on increasing opportunities for choice, or accounting techniques for personal and incidental funds, or information on person-centered planning.

Evaluate the Plan and Reassess for Next Steps. There are a variety of ways to assess the impact of technical assistance and any resulting change. For example, you could hold follow-up conversations with key stakeholders or use a follow-up survey to get an idea of before and after perceptions about the focus of the change effort. The key element in this stage of the process is to determine if change has or has not occurred and what additional technical assistance is needed to facilitate additional or maintain current changes in services and supports.



Technical Assistance

Sample Training Needs Survey



A Training Needs Survey

First, check the topic in the left-hand column (e.g., self-care) that is the most important training issue (within each topic) for you right now. Next, rank the training area in the left-hand column (e.g., Teaching/Support) from **1= highest need** to **4= lowest need**. Use the “Other (describe):” category to list additional types of issues.

1. Check most important topic in each area	2. Rank areas from 1-4
<input type="checkbox"/> Self-care and daily living skills <input type="checkbox"/> Work skills <input type="checkbox"/> Activities <input type="checkbox"/> Communication	Teaching/Support _____
<input type="checkbox"/> Physical or Occupational therapy <input type="checkbox"/> Challenging behavior <input type="checkbox"/> Health and medical	Special Services _____
<input type="checkbox"/> With the individuals I support <input type="checkbox"/> With others (e.g., other workers, schools, Regional Center)	Communication _____
Other, please describe:	Other _____



B Best Days, Times and Place

- Best Days of Week for Training: M Tu W Th F Sa
- Best Times of Day for Training: Morning Afternoon Evening
- Best Amount of Time for Training: 2 hours Half Day Full Day

Sample Service Agency Survey of Regional Center Service Coordinators

You can help us look at what we're doing well and what we could be doing better by completing this survey. Please take a few minutes to answer these questions and then send back your survey in the envelope we have provided you. Be as honest and direct as possible. **Thanks for your help!**

All things considered, how would you rate us on the following:

	Excellent*	Good	Average	Poor	DK	DNA
Intake	1	2	3	4	5	9
Individual assessment and planning	1	2	3	4	5	9
Overall service quality	1	2	3	4	5	9
Transportation	1	2	3	4	5	9
Follow-through	1	2	3	4	5	9
Documentation/Paperwork	1	2	3	4	5	9
Timeliness	1	2	3	4	5	9
Administration	1	2	3	4	5	9
Staff	1	2	3	4	5	9
Keeping me informed	1	2	3	4	5	9
Client satisfaction	1	2	3	4	5	9
Advocate/parent satisfaction	1	2	3	4	5	9
Residential service provider satisfaction	1	2	3	4	5	9

If you marked any of the items above with a **1** or a **2**, would you please give us an example of how the service could be better:

Is there anything else you would like to tell us about our services?

***1=Excellent; 4=Poor; 5= Don't Know; 9=Does Not Apply**

(Adapted from USARC/PACE, Inc)

Technical Assistance

Sample Action Plan for Technical Assistance

What do you want to achieve?	
What support will you need?	Who can help?
By when?	Review date?
At your review date, what happened and what additional action needs to happen?	

What do you want to achieve?	
What support will you need?	Who can help?
By when?	Review date?
At your review date, what happened and what additional action needs to happen?	

Review

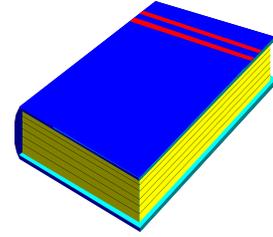
1. **What are some of the key elements in maintaining an effective working relationship?**
2. **Why is your relationship with the recipient a critical part of technical assistance?**
3. **What is technical assistance?**

Technical Assistance

4. How can you promote “buy-in” from the recipient?

5. Describe the four major aspects of the planning cycle for technical assistance?

Resources for Supportive Problem Solving



Facilitator's Guide to Participatory Decision-Making

By Stan Kaner and others (1996); New Society Pub; ISBN: 0865713472

A reader writes: "This oversized volume is a facilitator's joy. All in one package are tools for training, helpful hints for group process skills, agenda design, discussion techniques and more. The authors are obviously masters of their craft, and using their guidelines will undoubtedly enhance the effectiveness of facilitators and workshop leaders."

Developing Consultation Skills

By Richard Dean Parsons, Joel Meyers (1984); Jossey-Bass Publishers; ISBN: 0875896057

A resource book on basic consultation and technical assistance techniques (e.g., communication, facilitation, assessment, intervention, evaluation) as applied to the field of human services.

Collaborative Creativity : Unleashing the Power of Shared Thinking

By Jack Ricchiuto (1996); Oak Hill Press; ISBN: 1886939128

Everyone who hates being on a team should read this book. It challenges the reader by providing compelling illustrations of collaborative success stories. In easy-to-understand terms, the author identifies creative cultures and through a novel "idea garden" approach offers a tool to enable groups to reach creativity goals, painlessly.

101 Creative Problem Solving Techniques

By James Higgins, James (1994); New Management Publishing; ISBN: 1883629004

A well written, fast reading book which gives practical methods and examples of ways to get more ideas.

Thinkpak:A Brainstorming Card Deck/Cards

By Michael Michalko (1994); Ten Speed Press; ISBN: 0898156076

With more than two years of testing in groups, the author has developed a pack of brainstorming cards. He has found the elements in this deck to be uniquely successful in stimulating creative, innovative ideas time and time again. Color-coded cards divided into nine key groups, boxed with instruction booklet.

Thinkertoys :A Handbook of Business Creativity for the 90's

By Michael Michalko (1991); Ten Speed Press; ISBN: 0898154081

A practical book, full of exercises to stimulate creative thinking and problem solving. A good resource for leading small groups in problem-solving and brainstorm techniques. The exercises are intriguing, fun, and effective.

Getting to YES: Negotiating Agreement Without Giving In

By Roger Fisher & William Ury (2nd Edition, 1991); Penguin Books; ISBN0140157352

This international best seller, with well over 2 million copies in print, offers a concise, step-by-step, proven strategy for coming to mutually acceptable agreements in every sort of conflict. The book is based on the work of the Harvard Negotiation Project, a group that deals with all levels of negotiation and conflict resolution from domestic to business to international.

From Conflict to Cooperation: How to Mediate a Dispute

By Beverly A. Potter (1996); Ronin Publishing; ISBN 0914171798

This well-written book gives the mediator “. . . pragmatic, step-by-step approaches to gathering information, controlling the opposing parties, using active listening and body language, and making a decision about the dispute.” (Dale Farris, the Library Journal, 1996) It covers everything from furniture arrangement and body posture to questioning techniques. An extensive set of real-life examples illustrate the steps. According to the author, “conflict is not necessarily bad.” She continues, “conflict can be a catalyst for creating interactions that are more satisfying.”

Mediator's Handbook

By Jennifer E. Beer and Eileen Stief (3rd Rev. edition, 1997); New Society Publishers; ISBN: 0865713596

The original Mediator's Handbook - continuously in print for fifteen years - was the first mediation manual available to the public. It set the standard for the methodology of conflict resolution, providing a time-tested, flexible model for effective mediation in diverse environments and situations. Completely revised and expanded, this new edition is an invaluable resource for people working in corporations, government agencies, community organizations, schools, or any other situation where there is a need to build bridges between diverse perspectives.

The Eight Essential Steps to Conflict Resolution: Preserving Relationships at Work, at Home, and in the Community

By Dudley Weeks (1994); Putnam Publishing Group; ISBN: 0874777518

Problems that “just won't go away” can be settled through methods developed by one of America's leading experts in conflict resolution. In clear language, Weeks shows readers how to turn conflict into lasting partnerships and ensure a fruitful outcome.

Technical Assistance

The Promise of Mediation: Responding to Conflict Through Empowerment and Recognition

By Robert A. Baruch Bush & Joseph P. Folger (1994); Jossey-Bass Publishers; ISBN: 0787900273

The problem-solving approach to mediation, where reaching agreement is paramount and the mediator often directive, characterizes contemporary mediation practice. This approach, say the authors, neglects the most important dimension of the process: its potential to change the people themselves who are in conflict, giving them a greater sense of their own efficacy and a greater openness to others. *The Promise of Mediation* explores the transformative potential of mediation, showing what that potential is, why it is important, and how it can be realized in practice.

Facilitator's Guide to Participatory Decision-Making

By San Kaner and others (1996); New Society Pub; ISBN: 0865713472

A reader writes: "This oversized volume is a facilitator's joy. All in one package are tools for training, helpful hints for group process skills, agenda design, discussion techniques and more. The authors are obviously masters of their craft, and using their guidelines will undoubtedly enhance the effectiveness of facilitators and workshop leaders."

The Skilled Facilitator: Practical Wisdom for Developing Effective Groups

By Roger M. Schwarz (1994); Jossey-Bass Publishers; ISBN: 1555426387

This book "provides essential materials including simple but effective ground rules for governing group interaction; what to say to a group (and when to say it) to keep it on track and moving toward its goal, proven techniques for starting meetings on the right path (and ending them positively and decisively), practical methods for handling emotions (particularly negative emotions) when they arise in a group context, and a diagnostic approach for helping both facilitators and group members identify and solve problems that can undermine the group process." (Midwest Book Review).

Masterful Facilitation: Becoming a Catalyst for Meaningful Change

By A. Glenn Kiser (1998); AMACOM; ISBN: 0814403980

Whether helping an executive team complete a strategic plan, guiding a group through a team-building exercise, or assisting individuals to resolve conflicts, facilitation is one of today's more important skills. Using the three key concepts in this book, anyone interested in the fine "art" of facilitation will be able to help group members articulate their purpose, determine desired results, and choose and apply the most efficient level of intervention to achieve organizational objectives.

How to Make Meetings Work: the New Interaction Method

By Michael Doyle and David Strauss (1993); Berkeley Publishing Group; ISBN: 0515090484

This primer, originally published in 1976, covers the basics of neutral facilitation, from planning meetings, to facilitating the work of the group, to evaluating the results. The Interaction Method was tested on more than 10,000 participants. One can learn from this well-written manual several ways of improving the use of time and energy.

The Art of Facilitation

By Dale Hunter, Anne Bailey, and Bill Taylor (1995); Fisher Books; ISBN: 155561101X

A superb training resource for facilitators, this guide reveals the secrets of group facilitation and enables group members to understand facilitation and take on this role themselves. It provides many practical exercises, with numerous tips that help to demystify facilitation and increase the first time facilitator's success.

Preference-Based Planning for Self-Directed Goal Meetings Facilitator's Guide

By Emilee Curtis and Milly Dezelsky; New Hats, Inc. (1994)

This workbook is designed to provide specific information about the skills necessary to facilitate self-direction goal planning and decision-making. The authors believe that self-directed goal planning, meeting facilitation, and follow-through will result in empowerment and self-determination.

Teaching Self-Determination to Students with Disabilities

By Michael L. Wehmeyer, Martin Agran, and Carolyn Hughes (1998); Paul H. Brookes

Provides versatile instructional methods for teaching basic self-determination skills to students with disabilities. These techniques are field tested and proven to help students learn the skills needed for a more self-directed life.

Materials on Self Determination

By Bonnie Shoultz, Michael Kennedy, and N. Erevelles (1990); Syracuse University, Center on Human Policy

Comprised of two parts, the first is an overview article on self-advocacy: The second volume is an annotated bibliography on self-determination.

Technical Assistance

Not Another Board Meeting! Guides to Building Inclusive Decision-Making Groups

By Susanne Gobel (1995); Oregon Developmental Disabilities Council

These guides were published for anyone to use who is looking for ideas on how to be effective and get the supports needed and for decision-making groups interested in building an inclusive membership.

Self-Determination Across the Life Span

By Deanna Sands and Michael L. Wehmeyer (1996); Paul H. Brookes

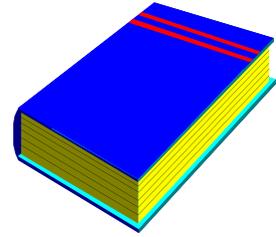
Recognizing that self-determination is one of the building blocks of independence for people with developmental disabilities, this book explores the theoretical and practical aspects of decision-making.

Speaking Up and Speaking out: An International Self Advocacy Movement

By People First of Washington (1985); Ednick Communications

This booklet written for people with disabilities who have an interest in organizing or becoming part of a self-advocacy group. The roles of self-advocates and their advisors are clearly delineated.

References for Supportive Problem Solving



Beach Center Family and Disability Newsletter

Volume 8, Number 2 (Summer, 1997)

Volume 9, Number 1 (Summer, 1998)

Building Partnerships, Supporting Choices: A Design for Developing Supportive Relationships through Positive Communication and Teamwork

By Southern California Regional Center Directors Association (1996)

Case Management Handbook, (MR/DD Services Division)

By Kansas Department of Social and Rehabilitation Services (1993)

Consumer Freedoms and Professional Responsibility

By Clarence J. Sundram, Young Adult Institute Annual Conference (1993)

Developing Consultation Skills

By Richard Dean Parsons, Joel Meyers (1984); Jossey-Bass Publishers;

ISBN: 0875896057

How to Make Meetings Work: the New Interaction Method

By Michael Doyle and David Strauss (September 1993); Berkeley Publishing Group;

ISBN: 0515090484

Lanterman Regional Center Website at

<http://www.lanterman.org/>

Making Futures Happen - A Manual for Facilitators of Personal Futures Planning

By Beth Mount and Kay Zwernik (1988); Minnesota Governor's Planning for Developmental Disabilities

Preference-Based Planning for Self-Directed Goal Meetings Facilitator's Guide

By Emilee Curtis and Milly Dezelsky; New Hats, Inc. (1994)

Technical Assistance

Recent Changes in Regional Center Fair Hearing Process, a Memorandum to Interested Persons.

By Michael Kluk and others (September 31, 1998).

Rights Under the Lanterman Act: Service Rights and Entitlement Programs Affecting Californians with Disabilities

By Protection and Advocacy, Inc. (1994) Sacramento: PAI

Risk Assessment

By Community Living (1993)

See Look OK? Go A Brief Overview of the Literature and Research on Training in Decision-Making for People with Developmental Disabilities with Recommendations for Curriculum Development

Developed for COLE Vocational Services by Allen, Shea & Associates (1996)

Speaking for Ourselves at

<http://www.libertynet.org/speaking/>

The ARC website at

<http://TheArc.org/welcome.html>

The Art of Facilitation

By Dale Hunter, Anne Bailey, and Bill Taylor (1995); Fisher Books; ISBN: 155561101X

The Role of the Advisor in Self-Advocacy Groups

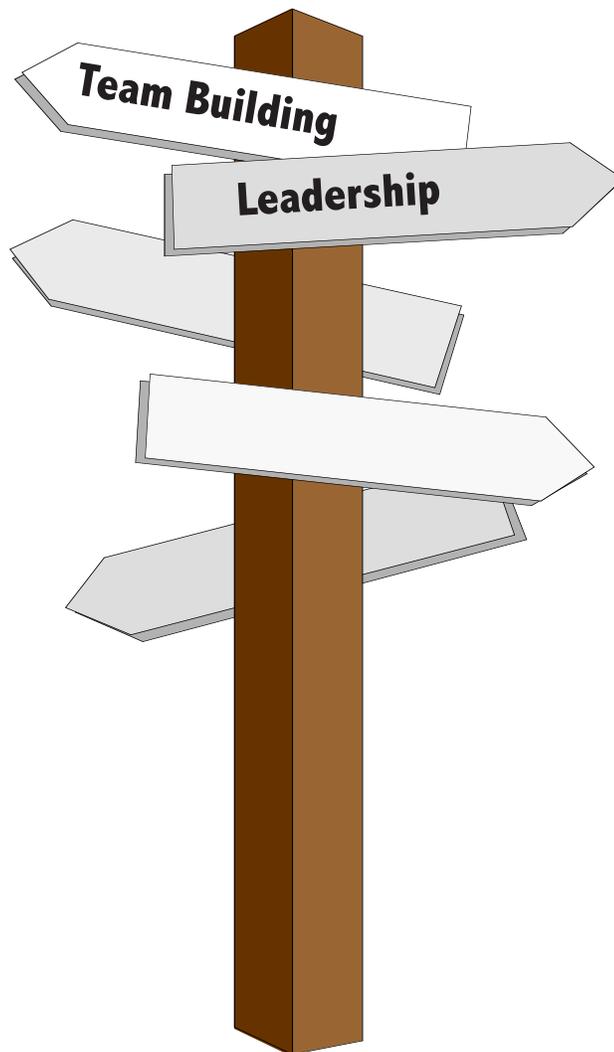
By People First of Washington (1985)

What's Worth Working For? Leadership for Better Quality Human Services

By John O'Brien; Center on Human Policy (1989)

Learn the Process:

Supportive Relationships



Learn the Process:

Team Building

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to assist the service coordinator in working with others, as either a work group or a team, to accomplish purposes and achieve performance goals (e.g., to be effective), and to do so efficiently.

Objectives: Upon completion of this module, you should be able to:

- (1) Be able to distinguish work groups, pseudo-teams and real teams.
- (2) Explain when doing work through a team makes sense, in contrast with other ways of getting the work done.
- (3) Describe several of the many kinds of teams, in terms of composition, purpose, and expected duration of effort.
- (4) Describe the four stages many successful teams go through on their way to being high-performance units.
- (5) Identify several of the tools that are used by teams, and by those who want teams to be successful.
- (6) Demonstrate ways to get stuck teams unstuck.

Method:

- (1) Group presentation and discussion or self-directed review of *Team Building Overview*;
- (2) Self-directed reading of *Team Building: What Does It Take?* ;
- (3) Group discussion or self-directed completion of *Suggested Activities*; and
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint or Overhead Presentation of Team Building Overview</i>	15 minutes
<i>Team Building: What Does It Take?</i>	40 minutes
<i>Suggested Activities</i>	30 minutes
<i>Review</i>	20 minutes

Materials:

- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *Person-Centered Planning*;
- *Learn the Process - Team Building*

Team Building: What Does It Take?

Introduction

The past fifty years have witnessed a remarkable change, especially in the private sector, from hierarchical organizational structures, narrow job descriptions, production without close attention to quality, and scientific management, on the one hand, to an emphasis on networking, customer focus, and empowerment of front-line employees, on the other.

Service coordinators do some work as individuals; other work in groups. Here are four examples of the latter:

- assisting a person as part of his or her transition planning team;
- working within your agency on a special project across departmental lines;
- working with people from other agencies to provide comprehensive, coordinated, early intervention services; and
- working with a group of vendors to accomplish something collectively (e.g., reduce the delay from referral to receipt of behavioral services).



Team Building

Some Team Basics

What is “teamwork”? Loosely, “teamwork” is about sharing, cooperating, and helping one another. Within organizations, most everyone is a team player, in this general sense. Regional Center service coordinators are typically organized into units by (1) age (e.g., 0-3; young children; youth; adults); (2) geography; (3) living arrangement (e.g., relative’s home vs. out-of-home); or (4) some other distinguishing characteristic (e.g., whether recently left a developmental center). Service coordinators often share information and help each other out (say, when a position is vacant). Each may, occasionally, have special responsibilities as Officer of the Day.

What is a “team”? Katzenbach and Smith, in their best-seller *The Wisdom of Teams* (1994, p. 45), define a “team” in a more specific way:

“a small number of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they hold themselves accountable.”

Regarding **small number**, high-performance teams rarely have more than 10-12 members. Larger teams can be effective, typically through formation of sub-teams taking on aspects of the larger purpose. **Complementary skills** often involves functional or technical expertise, and skills in problem-solving, decision-making, and interpersonal relations. A **common purpose** and shared commitment to common

performance goals and **common approach** are vital to team performance. Many “pseudo teams” feel they have accomplished something by meeting, conferring, sharing information, and assisting each other in the performance of individual tasks. While this kind of teamwork can be helpful, real teams have an overriding drive to accomplish what they set out to achieve. Real teams look not only at “individual bests,” but take responsibility (**hold themselves accountable**) for team results.

Why Work With A Team?

Organizing work through teams can (and often does) get better results than a collection of individual efforts operating within confined job roles and responsibilities. Getting better results is not, of course, automatic. There are many factors that contribute to high-performance, perhaps most importantly (1) the purpose of the team and (2) a shared commitment of its members to accomplish performance goals. Real teams often work best when multiple skills, experiences, and judgments are needed, when there is a challenge (e.g., design and implementation of a new service), and another approach (e.g., individuals doing their best) is unlikely to be as effective. (Katzenbach & Smith, p. 15).



Within organizations, one finds many types of work groups, pseudo-teams and real teams. Here are a few general types (Woods, 1997, pp. 32-42):

- a **cross-functional team** is one with members from various departments of an organization who come together to work on a common project or task.
- a **self-managed (or self-directed) team** is a group, without a leader from higher up in the hierarchy, who have responsibility for an entire process that delivers a product or service to a group of customers.
- a **functional (or natural work group) team** is one where employees in a single department or functional area come together to generate output (good or services).
- a **management team** is typically the CEO and top managers (often those reporting directly to her); or it can be a middle management team within a sub-unit, such as a division or major department.
- a **process improvement or reengineering team** is typically a temporary team, taking on responsibility for analyzing and improving certain processes (functional, or cross-functional) or reengineering them completely.
- a **task force** is a temporary team asked to study something specific, and to report back their findings with recommendations.

Here are two other work groups (or teams) integral to the work of many service coordinators:

- a **personal team** is a group who come together to assist a person (or family) reach their goals.
- an **interdisciplinary (or interagency) team**, either within the organization (but cross-disciplinary) or involving sister agencies, is one that works on system improvement or to provide comprehensive, collaborative services for a person, family, or other group.

Teamwork Values

Teams are only one way of getting needed work done. It is understandable that many people who are asked to participate on teams are initially skeptical, taking a wait-and-see position. For, after all, teamwork takes time from other activities; one may be giving up power and independent judgment; and the team may turn out not be effective (i.e., to be a waste of time).



Team Building

Many experts say that trust is basic to successful teamwork. Trust takes time, because it depends on people sizing up each other to see whether they say what they mean, do what they say, and contribute effectively to the work of the group.

Besides *trust*, which takes time to develop, Woods (1997, pp. 10-21) identifies five other values that support teamwork:

- b. We're all in this together—company, customers, and suppliers;
- c. No subordinates or superiors allowed; (NOTE: Parameters are typically set, with feedback, by the leaders of organizations to assure teamwork is purposeful and contributes to overall purposes.)
- d. Open, honest communication;
- e. Everyone has open access to information; and
- f. Focus on performance (often, improvement in processes).

Team-Stages and Team-Building

Team-building is about “team development.” Teams typically begin as an aggregation of individuals who are asked to come together to do some work. It takes time to become high-performing units. Teams often go through several stages. It is important to understand these in order (1) to avoid broken expectations and (2) to know

how to work through issues to become an effective and efficient unit. Arriving at a clearly understood, shared purpose and **commitment to performance** (something to accomplish) can be enormously helpful in advancing from one stage to another.

Stage One: FORMING. – This is the beginning stage, and typically involves feeling each other out, getting acquainted, looking for direction, and learning to do some work together.

Stage Two: STORMING. – At this stage, roles may still be in flux. The task may be viewed as more difficult than imagined. Anxiety, impatience, and defensiveness are not uncommon. There may be some dry holes and flailing about. Members often fall back on their personal and professional experiences and push their own views onto the whole group. Open conflict and competition can arise. Progress may be slow in members coming to know and to understand one another.

Stage Three: NORMING. – This stage is marked by acceptance of one another, reconciling of individual differences, finding ways to work together, cooperation replacing competition, and the beginning (at least) of measurable progress toward the team's performance goals. Members begin to help each other, learn from each other, and appreciate each other. Typically, they agree on accepted ways (norms) for doing their work.

Stage Four: *PERFORMING*. – At this stage, team members have reconciled most of their differences, are used to working with each other, and quickly and efficiently get most work done. Each person knows how to contribute to the team's work. Members feel that they can count on each other. Typically, there is a strong commitment to one another and to accomplishment of their objectives. If problems occur, they are typically seen as the team's problem.

Where teams reach Stage Four, usually a culture is in place that is supportive of teamwork, and incentives, training, information, and resources are typically aligned to support teams, so that they can work effectively and efficiently.

Tools that Teams Use

In settings where a lot of teamwork is used, one will find careful attention to the establishment, nurturance, and on-going support of teams.

Charters (purposes), performance goals, parameters, and resources. Those who sponsor or put teams in place need to be clear about the purpose of each team, what it is expected to accomplish (performance goal), where the team fits within any broader set of purposes (parameters) and activities, and what resources (e.g., information, time, budget) it can use.

Leadership, facilitation, and working together (e.g., effective meetings).

In getting started, especially, attention needs to be paid to team leadership, quality facilitation of team efforts, and effective use of meeting time. It helps to get off to a good start, without excessive wheel-spinning.

Developing skills in communication, problem solving, and decision making.

Like quality facilitation (from outside or inside), these three skill areas are basic to effective and efficient teamwork. Training and practice can pay dividends in the work of teams.

Process improvement tools.

For teams that are working on process improvements (including redesign and reengineering), a variety of specialized analytical and planning tools can be helpful. These include, among other tools:

- Process flowcharts;
- Checklists;
- Checksheets;
- Pareto charts; and
- Cause and effect diagrams



Team Building

When Teams Get Stuck, or What to do If . . .

It is impossible to identify all the problems that can beset work groups and teams. Here are a few common ones identified by Katzenbach and Smith (p. 151):

- A loss of energy or enthusiasm (“It’s a waste of time.”)
- A sense of helplessness (“There is nothing anyone can do.”)
- A lack of purpose or identity (“We have no clue as to what this is all about.”)
- Listless, unconstructive, and one-sided discussions without candor (“Nobody wants to talk about what is really going on.”)
- Meetings in which the agenda is more important than the outcome (“It’s all show-and-tell for the boss.”)
- Cynicism and mistrust (“I knew this teamwork stuff was a load of crap.”)
- Interpersonal attacks made behind people’s backs and to outsiders (“Dave has never pulled his own weight and never will.”)
- Lots of finger pointing at top management and the rest of the organization (“If this effort’s so important, why don’t they give us more resources.”)

Katzenbach and Smith, on the basis of their research, suggest that the absence of a clear, achievable goal (a commitment to performance) is often a basic problem, because if the group really has something they want to accomplish, they will typically figure out ways to get the work done. Regardless, they suggest looking at five approaches to “getting unstuck”:

1. Revisit team basics;
2. Go for small wins;
3. Inject new information and approaches;
4. Take advantage of facilitators or training; and
5. Change the team’s membership, including the leader.



Team Building

(5) Team building is about “team development.” What are the four stages most successful teams go through?

(6) Describe at least two of the many “tools” that team sponsors, leaders, and members often use to improve their performance.

(7) Teams sometimes get “stuck,” and performance suffers. Identify at least three of the five approaches often taken to get teams “unstuck.”

Suggested Activity

A Peak Team Experience

Think about any team experience you have had, in the sense of a group of people working together, toward a common goal. It may have been a sports team in school, a campaign for public office, a project that you and other members of an organization worked on (e.g., a play or other performance), a family venture (e.g., a vacation, a marriage), a project at work, or some other group effort.

1. Goal. Did your team have a goal, an objective, something that they wanted to accomplish? What was it?

2. Roles. Did you have a leader? a coach? a manager? Where there other roles? Where team members could perform well in these roles, were they encouraged to do so?

3. Working together. How did you work together? Were plans developed? Did you practice to improve the team's performance? Were there ways that you built strength (e.g., getting information; training; stress management)?

4. Accomplishments. What, if anything, did the team accomplish?

5. How did it feel to be member of this team?

Team Building

Teamwork vs. Being a Real Team

Situation: It's early October in John's last year of high school. You have been invited by John and his parents, and the case carrier at school, to an individual transition planning meeting. Also invited is a Department of Rehabilitation counselor, a school counselor, and John's cross-country coach. John wants to attend a community college where he can be a member of the cross-country team, and pursue his interest in becoming a Park Aid, working within the public park or forestry systems. Assume that you want to craft an IPP? Assume the case carrier wants an IEP? Assume the Rehab counselor wants to open a case and develop an IWRP?

1. **Is this group likely to have complementary skills?** Please explain.

2. **If this group aspires to be a team, what will it do regarding:**

a. agreement on (or commitment to) a *common purpose*? Which purpose, if any, is likely to be shared? Please explain.

b. a *common approach*?

c. *common performance goal(s)*?

d. *mutual, shared accountability*? What will they be accountable for?

Learn the Process:

Leadership

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to increase the service coordinator's understanding of *leadership*, and to provide some of the tools that will assist him or her in becoming a *leader*.

Objectives: Upon completion of this module, you should be able to:

- (1) Describe some of the essential features of *leadership* in terms of role, functions, and actions.
- (2) Identify several *qualities of effective leaders* in terms of how they do their work (i.e., practice).
- (3) Explain why it is often said that "*trust* resides not in leaders, but in followers."
- (4) Identify at least two *leadership styles* and use a preferred style.
- (5) Demonstrate the *art of persuasion* in your work as a service coordinator.

Method:

- (1) Group presentation and discussion or self-directed review of *Leadership Overview*;
- (2) Self-directed reading of *Taking Charge: What Does it Mean to Be a Leader?*;
- (3) Group discussion or self-directed completion of *Suggested Activities*; and,
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint Presentation or Overheads of Leadership Overview</i>	15 minutes
<i>Taking Charge: What Does it Take to Be a Leader</i>	40 minutes
<i>Suggested Activities</i>	30 minutes
<i>Review</i>	20 minutes

Materials:

- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *Taking Charge: What Does it Mean to Be a Leader?*
- *Learn the Process - Leadership*

Taking Charge: What Does it Mean To Be A Leader?

“The manager does things right; the leader does the right thing.”

Warren Bennis, *On Becoming a Leader*, p. 45.

Introduction

Do people look up to you for direction or guidance? Most of us are both *leaders* and *followers* in different settings, depending on what needs to be done. While much of the literature on leadership deals with nations, religions, armies, social movements, and big business, most of us have opportunities to display leadership talents, if not on the job then in churches, clubs, sports teams, families, and neighborhoods.

The new Regional Center service coordinator may be a *follower* much of the time. Yet, *leadership* is often expected, as when a person is assigned to a committee of peers to figure out the best way of handling something. More importantly, in dealing with people outside your agency – that is, individuals, families, service providers, and sister agencies – you will be expected to lead, guide, or otherwise influence the actions taken by others. You may be asked, for example, to figure out ways a residential service provider can be more responsive to the needs and wishes of an individual and family. Or, you may be expected to display your leadership ability in developing more effective working arrangements with Mental Health, California Childrens Services, or some other agency.

“Leadership appears to be the art of getting others *to want* [emphasis added] to do something that you are convinced should be done.”

Vance Packard, *The Pyramid Climbers*

Leadership

What is Leadership?

A *leader* is one who initiates, directs, or guides at least one other person toward an envisioned future. The *leader* may be a guiding or directing head, as of an army, a congregation, a movement, a corporation, or an agency. Typically, such a person has risen through the ranks, and has a “track record” in assisting people to work together toward an envisioned future.

In working with individuals, families, vendors, or interagency teams, relationships are typically more fluid. No one is “in charge,” or perhaps more precisely, many people are “in charge” of various sub-groups, beliefs, and practices. In these situations, the *art of leadership* can be more important than in formal, hierarchical settings, because expectations tend to be more diffuse, and many people are volunteers for the task at hand.



Roles, Functions, and Actions

In studies of *leadership* roles, functions, and actions, sociologists have identified four essential elements:

- leaders;
- followers;
- situations; and
- tasks.

While leadership may be fluid, and not depend on formal organizational roles, individuals who influence others by providing direction and guidance, are the *leaders*. *Followers* are those who agree to be influenced and who defer to the direction being set by leaders – typically not out of fear, but out of respect for the leader or agreement with the vision, whether it is called a purpose, calling, mission, goal, or personal agenda.

Traditional Leadership Theories

Sociologists, historians, and others have tried to account for *leadership*, at various times, in terms of “The Great Man,” charisma, a good match between the person and the times (situation, need), and other factors. In smaller venues, as within the family, neighborhood, church, club, team, or business, most experts agree that “leaders are made, not born.” If true, nearly everyone can aspire to be a leader, and can work to acquire the knowledge and skill displayed by leaders.

Qualities of Effective Leaders

Based on extensive personal stories, Kouzes and Posner (1987) have identified five practices and ten behavioral commitments that show up in 70% of the stories:

1. Challenging the process

- Search for opportunities
- Experiment and take risks

Leaders provide direction and guidance in changing the status quo (e.g., introducing a new product or processes; turnaround; etc.). They recognize good ideas; they are often not the creators, but facilitate the change through experimentation, innovation, and acceptance of risk.

2. Inspiring a shared vision

- Envision the future
- Enlist others

Dreams invent the future. Leaders desire to make things happen, to create or change things. Knowing their followers and the language they use, leaders inspire others by communicating the vision, showing its exciting possibilities and how it fits in with needs and wants.

3. Enabling others to act

- Foster collaboration
- Strengthen others

Leaders speak of “we.” They encourage collaboration, build teams, and empower others. They develop a sense of ownership by the group. People in the group are

helped to feel strong, capable, and committed. (NOTE: Followers say this is the most significant of the five practices.)

4. Modeling the way

- Set the example
- Plan small wins

Detailed plans are made to accomplish things. Leaders model the way through planning and leading by example. They display behavior consistent with stated beliefs, vision, and expressed values. Besides consistency, they are persistent and pay attention to details.

5. Encouraging the heart

- Recognize individual contribution
- Celebrate accomplishments

Leaders reward, recognize, and celebrate. This gives people heart to continue the journey. Genuine acts of caring draw people forward.



Leadership

What Followers Say About Leaders

Several surveys, involving hundreds of employees in both the private and public sectors, reveal that following four traits are ranked most important in those who lead:¹

1. *Honesty*. – This trait or characteristic includes being truthful, ethical, and principled. People look for consistency between word and deed. Behavior, not words, indicate what the person values and whether the person does what he said he would do.
2. *Competence*. – Is the person capable or effective? Does he or she have a “track record?” Followers want to believe that the leader knows what he or she is doing. Having leadership skills (e.g., to challenge, inspire, enable, model, and encourage) is also important. More specific competencies (e.g., technical know-how, marketing, financial acumen) depend on the needs of the group and the task. Basically, leaders are judged by whether they “add value” to what otherwise would be accomplished.
3. *Looking forward*. – Leaders are expected to have a sense of direction and a concern for the future of the organization (or group). The direction may be called a vision, dream, calling, mission, goal, or even personal agenda.

4. *Inspiration*. – The leader is expected to be enthusiastic (if not passionate), energetic, and positive, and to convey the vision so as to encourage followers to sign on. Most followers seek a sense of purpose or worth that goes beyond day-to-day tasks.

Together, these four comprise *credibility*, which embraces trustworthiness, expertise, and dynamism. *Trust*, of course, is something given by followers and must be earned.²

Leadership Styles

No two human beings think, feel, and act alike. In broad brush, two *leadership styles* stand out.

- *Authoritative (or authoritarian) style*, where the person commands the work of a group of people, and leads from a position of authority, using control over performance reviews, promotions, assignments, bonuses, and the like. If these are inadequate, threats may be used (e.g., demotion, write-up, reassignment, dismissal, etc.).
- *Participatory or democratic style*, where the leader encourages initiative, creativity, and

² Bennis, in *On Becoming a Leader* (p. 160), says that trust is earned by *constancy* (avoiding surprises for the group); *congruity* (agreement between voice and action); *reliability* (they can be counted on by the group); and *integrity* (honoring commitments or promises).

¹ Kouzes and Posner (1987), pp. 15-27.

contribution by everyone who wishes to participate in a collective effort. Such leaders tend to enlist people by communicating an attractive vision of the future.

Many leadership theorists feel that, inevitably, the more democratic approach will continue to displace the more authoritarian, for most purposes, at most times, in most places. People seek meaning in their lives, including their work lives. Rapid growth in knowledge, information, and technological change (and, therefore, the need for everyone's best efforts) also support this proposition.



The Art of Persuasion

Providing leadership, one is often called upon to persuade others to do (or not to do) certain things. Being persuasive can enhance the service coordinator's work, as when he or she convinces another person of the benefits of his or her solution to the person's problem. Jerry Vass, in *Soft Selling in a Hard World: Plain Talk on the Art of Persuasion* (Philadelphia: Running Press Book Publishers, 1993), argues that effective persuaders play a game with seven moves, as follows:

1. Mission statement (purpose for getting together);
2. Probes (to learn what the other person needs);
3. Listening (to know what the other person wants);
4. Opening benefit (identifying a feature of a possible solution that meets the person's needs);
5. Isolate (dealing with a concern that stands in the way of reaching agreement about next steps);
6. Supporting statements (agreeing, quickly and genuinely, when the person says something consistent with the proposed solution); and
7. Closing (agreeing to a plan, and taking initial steps).

To illustrate, when meeting a new client (or family), one identifies oneself and expresses a purpose for talking or otherwise getting together (e.g., "to meet your son or daughter and update his or her Individual Program Plan"). If things

Leadership

are less than ideal, one asks questions (*probes*) in ways that require the person to think and to reach inside for the answer so as to reveal needs. Here's an example. Assume that a family has just completed *intake* at your Regional Center. The Intake Worker avoids questions that can be answered "Yes" or "No" (e.g., "Would you like us to purchase 14 hours a month of respite?") and, instead, asks questions beginning with "who, how, why, when or where." For example, "How, if at all, might we help make life better for you and your son?" Most people are not used to being asked thoughtful, non-manipulative questions. As Vass (p. 64) says: "The . . . [person] who asks thought-provoking, intelligent questions and then listens to the answers has the power, the time, and control in the interview." One should listen carefully for what is said, what is not said, and what cannot be said, and not offer a rebuttal. (That is, avoid use of "but.") Based on the person's need or problem, one can then offer a potential solution, relating features of the proposed solution to the problem or need.

In the course of the conversation, the person offering solutions should offer supporting statements at every opportunity. Like all of us, the other person needs to feel correct. If the person says something (e.g., "I'm bothered by Johnny's behavior at home; he refuses to eat anything other than Chicken McNuggets for dinner and this bothers me"), one might say "You're right to feel that way," and then to mention a benefit of a potential solution you are offering. One might say, "The vast majority of those who have used ABC Behavior Services have seen positive changes in their children's behavior."

Often, selling an idea may not be that simple. It can be very helpful to have at least three prepared answers to every objection that can be anticipated. Among the objections might be (1) "I've tried it and it won't work" or (2) "Having someone come into our home to help me as a parent makes me feel stupid." In effect, one acknowledges the objection, says something to minimize it, and then mentions an offsetting benefit. To complete this example, one might say:

"I understand how you feel, and I've heard other parents say similar things. Kids with autism, however, often behave and learn in unusual ways. It has taken hundreds of psychologists and special educators years to figure out good approaches to help. If Johnny learns to eat a wider array of food, he will feel and look better, and you won't have to make so many inconvenient trips to McDonalds simply to satisfy his wishes."

If the suggested solution makes sense, at the earliest reasonable time, one can then "close the deal." In this instance, you might say: "Would you sign this referral form, so that we can have someone from ABC call you to work out a convenient time you can meet and get started?"



Review

1. **“Leadership? That’s only for the big shots.” Do you agree or disagree with this statement? Please explain.**
2. **In dealing with individuals, families, service providers, and other agencies, can you lead from a position of authority? Please explain.**
3. **Can you list at least four of the five practices that show up in the stories of most leaders?**

Suggested Activities

A Peak Leadership Experience³

Think about all of the leadership experiences you have had. You helped set the direction resulting in something new or different. Others followed your lead. The experience may have been in school, on the job, at home, or some place else. Focus on the one experience that was “your personal best” leadership experience. Please describe that experience in terms of the following:

1. The Situation. Where? When? Who was involved? What was your role? Relationship to others? What were the results? Did you or the group receive any special recognition?
2. Opportunities and Challenges. Why did you take the lead? What motivated you? What changes did you make? What motivated others? How did you feel at the start? Along the way? At the end?
3. Destinations. What did you hope to accomplish? What was the ideal outcome, or your vision or fondest wish? How did you convince others to sign up? How did you build enthusiasm for the effort?

³ Adapted from Kouzes and Posner, *The Leadership Challenge* (1987), Appendix A, “The Personal Best Questionnaire.”

Leadership

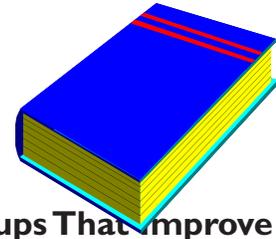
4. Involvement. How did you involve others? How did you build a team? How did you foster cooperation and collaboration? How did you develop respect and trust? How did you help team members feel strong and capable? Any special methods or techniques?

5. Leader Actions. What were the values that you believed should guide everyone's actions? What expectations (or standards) were shared? How did you show other by your example that you believed in these values and expectations?

6. Encouragement. How did your team celebrate accomplishments? Any festive events? How were individuals contributions recognized?

7. Leadership Lessons. What did you learn about leadership style and practice from this experience? What would you tell others to do to be an effective leader? What actions or other factors contributed the most to success of the effort?

Resources for Supportive Relationships



Empowered Teams: Creating Self-Directed Work Groups That Improve Quality, Productivity, and Participation

By Richard S. Wellins, William C. Byham, and Jeanne M. Wilson (September 1993); Jossey-Bass Publishers; ISBN: 1555425542

This book gives frank answers to questions about how teams work, what makes them effective, when they are useful, how to get them going, and how to maintain their vigor and productivity over the long haul. It draws on a survey of over 500 organizations and an in-depth study of 28 companies, and provides one set of blueprints for successful, self-directed teams.

Facilitation Skills for Team Leaders

By Donald Hackett and Charles L. Martin (1993); Crisp Publications, Inc.; ISBN: 1560521996

This popular, slim book in “The Fifty-Minute Series” shows how to facilitate effective team meetings; how to help team members reach consensus; how teams can use a six-step process to problem solve; and how to handle four types of difficult team members.

Leaders: Strategies for Taking Charge

By Burt Nanus and Warren G. Bennis (February 1997); Harperbusiness; ISBN: 0887308392

The updated classic draws on in-depth interviews with leaders from both the public and private sectors. The authors challenge traditional myths about leadership and show that it constitutes a set of skills that can be isolated, studied, and mastered. Nanus and Bennis describe how leadership differs from management; identify vision, communication, positioning, and “the creative deployment of self” as the key strategies employed by leaders; and show how leaders use those skills to empower others.

Leading Change

By John P. Kotter (September 1996); Harvard Business School Press; ISBN: 0875847471

Kotter offers eight steps to overcoming obstacles to change: (1) establishing a sense of urgency; (2) putting together a powerful team to lead change; (3) creating a vision; (4) communicating the new vision, strategies, and expected behavior; (5) removing obstacles to change and encouraging risk-taking; (6) recognizing and rewarding short-term successes; (7) identifying people who can implement change; and (8) ensuring that changes become part of the institutional culture for long-term transformation.

Leadership

Leading Self-Directed Work Teams: A Guide to Developing New Team Leadership Skills

By Kimball Fisher and Kim Fisher (November 1992); McGraw-Hill;
ISBN: 0070210713

Work teams are replacing entrenched, autocratic, boss-driven organizations emphasizing compliance with rules and regulations. Using numerous examples, this book can help the supervisor/manager transition to an empowering team leader and coach, who inspires through example and commitment. An excellent book for the aspiring team leader, it contains many helpful tools.

On Becoming a Leader

By Warren G. Bennis (August 1994); Perseus Press; ISBN: 0201409291

The classic leadership guide, recommended by Vice President Al Gore to all his advisers. *Success* magazine says: "Bennis identifies the key ingredients of leadership success and offers a game plan for cultivating those qualities." Another reviewer writes: "Great insights about what makes people great leaders and thoughts to keep in mind as the next generation of leaders evolve."

The 10 Minute Guide to Teams and Teamwork

By John A. Woods (1997); Macmillan Spectrum/Alpha Books; ISBN: 0028617398

This 10 Minute Guide has a variety of 10-minute lessons on types of teams, the stages of team development, how to hold team meetings that generate consensus and cooperation, how to set up and train self-directed teams, dealing with conflict within and between teams, and how to use proven problem-solving techniques.

The Leadership Challenge

By James M. Kouzes, Barry Z. Posner, with a contribution from Tom Peters (December 1996); Jossey-Bass; ISBN: 0787902691

Based on the popular training program offered by The Tom Peters Group, this completely revised and updated edition of *The Leadership Challenge* captures the continuing interest in leadership as a critical aspect of human organizations. A reviewer says: "It is an easy to read, step-by-step practical guide on what leadership is and how to be an effective leader. . . . [I]thoroughly researched and actual case studies are used. . . . [T]his is a plain and simple practical guide that anyone wanting to know what a leader is and how to be one needs to have."

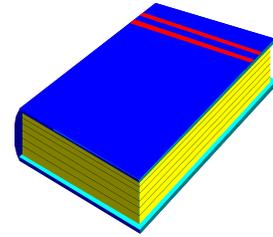
The Wisdom of Teams: Creating the High-Performance Organization

By John R. Katzenbach and Douglas K. Smith (March 1994); Harperbusiness; ISBN: 0887306764

In this best-seller, the authors argue that we cannot meet the challenges ahead—from total quality to customer service to innovation—without teams. In interviews with hundreds of people in more than 50 different teams in 30 companies, Katzenbach and Smith discover what differentiates various levels of team performance, where and how teams work best, and how to enhance their effectiveness.

Leadership

References for Supportive Relationships



Empowered Teams: Creating Self-Directed Work Groups That Improve Quality, Productivity, and Participation

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Soft Selling in a Hard World

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The 10 Minute Guide to Teams and Teamwork

By John A. Woods (1997)

The Leadership Challenge

By James M. Kouzes, Barry Z. Posner, with a contribution from Tom Peters (1996);
Jossey-Bass; ISBN: 0787902691

The Pyramid Climbers

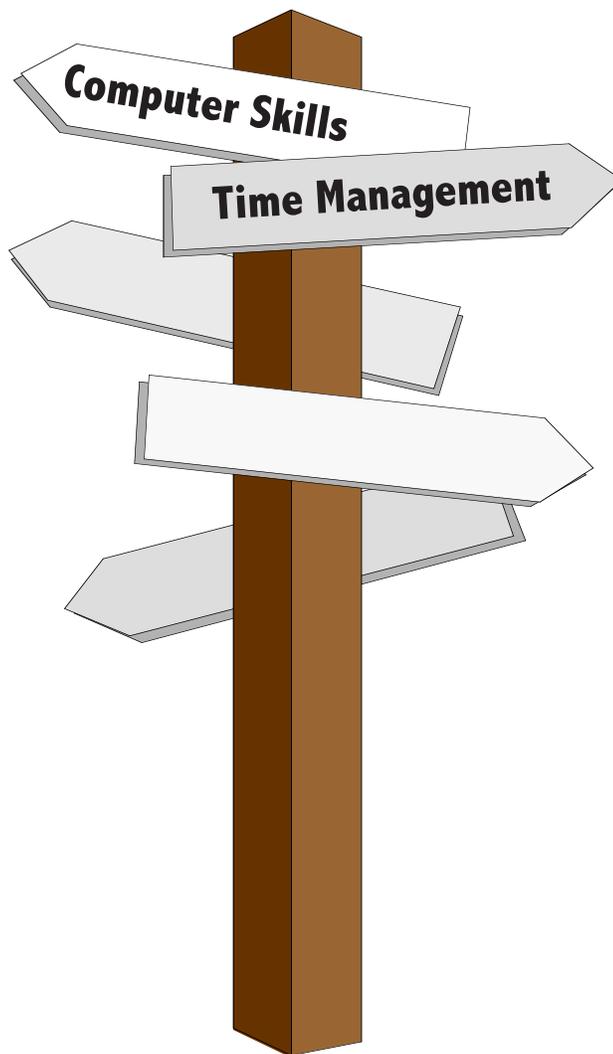
By Vance Packard (1962); McGraw-Hill Book Company

The Wisdom of Teams: Creating the High-Performance Organization

By John R. Katzenbach and Douglas K. Smith (March 1994)

Learn the Process:

Supportive Personal Skills



Learn the Process:
Computer Skills

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to offer some basic information on the use of a computer and its role in the Regional Center environment.

Objectives: Upon completion of this module, you should be able to:

- (1) Describe and use the basic process of developing and sending an e-mail message.
- (2) Identify how Regional Center computers are networked computers through a LAN system.
- (3) Describe the primary uses of SANDIS in service coordination and how to access within your Regional Center.
- (4) Define basic Internet uses and key terminology.

Method:

- (1) Group presentation and discussion or self-directed review of *Computer Skills Overview* on PowerPoint, overheads or hard copy;
- (2) Self-directed reading of *Computer Skills: Communicating at the Speed of Light*;
- (3) Group discussion or self-directed completion of *Suggested Activities*; and,
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint Presentation or Overheads of Computer Skills Overview</i>	30 minutes
<i>Computer Skills: Communicating at the Speed of Light</i>	20 minutes
<i>Suggested Activity</i>	60 minutes
<i>Review</i>	10 minutes

Materials:

- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *Computer Skills Overview*;
- *Learn the Basics - Computer Skills*

Computer Skills: Communicating at the Speed of Light

What is the Net?

Adapted from the Electronic Frontier (1993)

The worldwide Net is actually a complex web of smaller regional networks. To understand it, picture a modern road network of transcontinental superhighways connecting large cities. From these large cities come smaller freeways and parkways to link together small towns, whose residents travel on slower, narrow residential ways.

The Net superhighway is the high-speed Internet. Connected to the backbone computers are smaller networks serving particular geographic regions. Feeding off these in turn are even smaller networks or individual computers. Nobody really knows how many computers and networks actually make up this Net. Whatever the actual numbers, however, it is clear they are only increasing significantly every day.

There is no one central computer or even group of computers running the Internet -- its resources are to be found among thousands of individual computers. This is both its greatest strength and its greatest weakness. The approach means it is virtually impossible for the entire Net to crash at once -- even if one computer shuts down, the rest of the network stays up. But thousands of connected computers can also make it difficult to navigate the Net and find what you want.

The Net is more than just a technological marvel. It is human communication at its most fundamental level. The pace may be a little quicker when the messages race around the world in a few seconds, but it's not much different from a large and interesting party. You'll see things in cyberspace that will make you laugh; you'll see things that will anger you. You'll read silly little snippets and new ideas that make you think. You'll make new friends and meet people you wish would just go away.

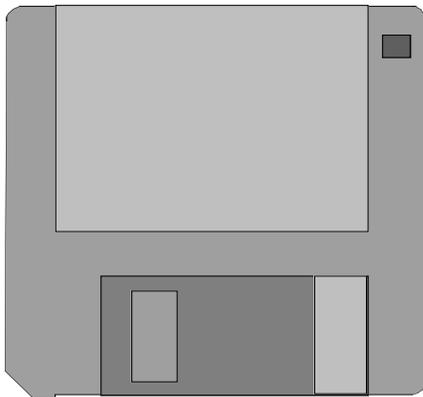
Computer Skills

Introduction

As a new service coordinator, one of your roles will be as a *user*. That is, a member of a *network of users* who are accessing assessment information, developing service plans, tracking purchases, and so on with the assistance of a computer. This module is intended to provide a basic understanding of the major systems used by Regional Center and some introductory information on how to start creating your own documents, files, and e-mail.

AS/400

The world's most popular multi-user business computing system -- sold in more than 120 countries, installed in 98 percent of Fortune 100 companies. Many Regional Centers use this computer as a server for the network of desktop computers used by service coordinators and others. It allows a number of users access to stored information (e.g., SANDIS) as well as to each other through e-mail systems.



Desktop Computer

Within a few days of starting your new job, most Regional Centers will have provided you with a desktop computer (connected to an interoffice network) or a laptop which you can use in the field. Very shortly thereafter, you will likely have to write a note, letter, or memo to another staff member, supervisor, individual, or family. What will you do?

On your computer, you will find a number of applications (e.g. word processing, database, SANDIS) which will assist you in your work. Your first step is to find a word processing application like *Microsoft Word* or *Corel WordPerfect*. Whether you're using a Windows machine or a Macintosh, double click the application to open it up. Typically, the application will take you to a blank document where you can type up your text.

Once completed, find the File Menu along the top of the screen and locate Save As. Click on Save As and you will be asked to provide a file name. You should provide a descriptive name such as *10.12.98 letter to staff* so you can remember the content of the document when searching through your files. It will also ask you on which drive (e.g. internal drive, server, or floppy disk) you wish to save it. There you have it, you've created a document and saved it.

Operating Systems

An operating system is a program that runs your computer. Examples of operating systems include Windows 95 or 98, Windows 3.1, and the Mac OS. Personal computers are typically shipped with an operating system.

E-mail (or Electronic Mail)

E-mail messages are transmitted from person to person (or user to user) through an internal electronic mail system (e.g., Regional Center) or worldwide via the Internet. If you do not already know how to use it, here are a few tips:

E-mail Application

Whether you are using an internal system or the Internet, you need an application that will allow you to type a message, send it, and receive a reply. These applications are usually very basic plain-text editors. A plain-text editor is a writing program which uses only one type of font and will not allow you to format the text, to change the type or the size of the font or to make the characters bold or italic. (You can always paste an e-mail message into a word processing program and make it look good.)

Once you have started up the e-mail application, the first thing to do is to type the message you want to send. Don't forget to type in the subject of the message and the electronic address of the person to whom you are sending the e-mail.

Sending E-mail

Once you have written a message, you are ready to hook up with your provider and send it. The provider will be either the Regional Center interoffice electronic mail system or the Internet. Typically, you have to find the "mail" section of the provider's menu. It might involve reading a menu and selecting a number, or it might mean typing in "mail." Then you have to select "send e-mail" or something similar. If it's not a numbered menu system, you can usually get a list of commands by typing "help" or "?." The computer will often prompt you for what file you want to send, so you simply tell it the file name. After sending the e-mail, you exit from the provider and you are done.

Receiving E-Mail

When you receive e-mail, it's best to read it after you've disconnected from the provider. After you've read the mail, you delete it from your computer or you can save it or paste it into a word processing application.

Internet Provider

If you are sending e-mail via the Internet, you will need an Internet provider. There are different services offered by each provider, but sending and receiving e-mail is the most common service offered. You will also need a modem, the faster the better.



Computer Skills

UFS - The Uniform Fiscal System

The accounting system that provides for the processing of all fiscal activities associated with a Regional Center's purchase of service, operations and trust accounting. UFS is installed on the IBM AS/400 mini-computers at all Regional Centers. The centers are connected via the Heath and Welfare Data Center to the Department of Developmental Services (DDS). UFS provides a system for maintaining the following kinds of information:

Individual registry, including identity, eligibility and nature of disability, residence, family relationships, insurance, and claim account numbers.

Client Development and Evaluation Report (CDER) - a database of individual assessment information.

Vendor Identification and Authorized Services

Purchase of Service Authorization - which facilitate invoicing and payments to vendors.

Trust accounting - Payee ship and money management, source of funds tracking, loans, etc.

Operations accounting (accounts payable, receivable etc.).

General Ledger and financial reporting. - Claims to State and tax reports to the Internal Revenue Service and the Franchise Tax Board

Local Area Network (LAN) BASICS

The LAN is a system for connecting computers together to share devices. Most Regional Centers use a LAN system to connect the computers in their office environment. They may also use a WAN (Wide Area Network) to connect the computers between offices which are at some distance. A simple LAN consists of the following parts:

1. Two or more computers. These could be PCs, Macintosh, Mini-computers etc. One of these may be designated as a Server, a special computer that provides services to other computers on the LAN.
2. LAN wiring. For example, twisted pair telephone wire, coaxial cable etc.
3. Network Interface Cards (NIC) to connect the computers to the wiring.
4. A LAN operating system. This is software that controls how the computers interact with each other through the LAN.

LANs allow users of computers to share devices such as hard disks, printers, CD ROM drives, modems, etc. with each other. Since data can be stored on a special computer called a *file server*, users of the LAN can also share data.

Sharing expensive devices such as printers is also an important feature of the LAN. The network operating system controls printing so that many users can use the same printer without interfering with each other. This is done through a **print server**.

SANDIS (San Diego Information System)

SANDIS is referred to as an *integrated case management and information and referral system*. It was developed to help Regional Centers keep track of individuals (e.g., demographics, service needs) and the services and supports they use. All Regional Centers will be using SANDIS by June, 1999.

At present, it has four major components which may be accessed by service coordinators (depending on the Regional Center):

Individual Identification

Provides information such as demographics, service history, assessment information, benefits, progress reports, annual reviews, Medicaid Waiver tracking

Resource Information

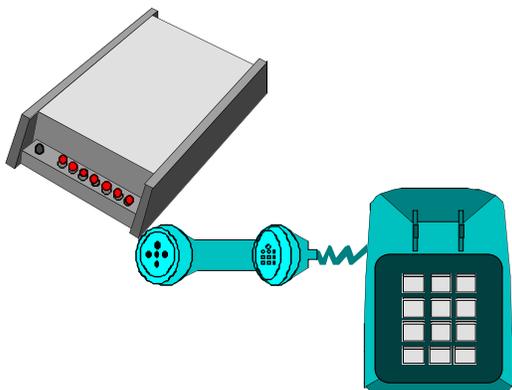
Offers listings of local vendored and community resources, scheduled program reviews, staff training requirements

Information and Referral

A customized search engine which can be used to look for local and statewide resources based on individual needs

Staff Development

Provides updated schedules of inservice training, special events, conferences



E-Mail Shorthand*

Over time, e-mailers have come up with their own shorthand to save time. Here are some common examples:

BTW	by the way
FWIW	for what it's worth
IMHO	in my humble opinion
LOL	laughing out loud
OTOH	on the other hand
TIA	thanks in advance

Smileys, which are mostly consisting of punctuation, which are meant to be viewed sideways, and which convey an emotion via e-mail. The most common is :-) for smiling. Other examples include:

>-<	Absolutely livid!!	:-D	Said with a smile
:-	Anger	:-@	Screaming
;-)	Crying	=:o	Shocked
>:->	Devilish	:-V	Shout
<:-)	Disappointed	:-)	Smile
:-)	Frowning	:-,	Smirk
:^D	"Great! I like it!"	:-Q	Smoking
:-	Grim	:-*	Sour
:-,	"Hmmm."	:-v	Speaking
:-C	Just totally unbelieving	:-o	Uh oh!
:-T	Keeping a straight face	'-)	Wink
:-D	Laughing	:-o	Wow!
-#	My lips are sealed	:-7	Wry statement
:-P	Nyahhhh!	:-o	Yawn
:-*	Oops!	-o	Yawning/snoring

*Adapted from the Iowa Newspaper Association

Advances in Computer Technology

Advances in computer technology continue to occur at *lightning speed*. All of these advances are designed to make the use of the computers more desirable. Here are some selected advances which should interest you:

Active Matrix

A more expensive flat-panel display used on many laptop computers. An active-matrix display is brighter and produces better color than a passive-matrix display, which is also found on many laptop computers. You can also see a clear, sharp picture from any angle on an active matrix display while you must be looking straight on a passive matrix display to see a clear sharp picture. Looking on any angle at a passive matrix display gives the appearance that the picture is fading out.

CD-ROM

An optical disk that is physically the same as an audio CD, but contains computer data. Storage capacity is about 680 megabytes. CDRoms are interchangeable between different types of computers.

DVD

It used to mean *digital versatile disc*, but no longer stands for anything. A new type of compact disc (same size as audio CDs and CD-ROMs) that holds 10 times the information. It's capable of holding full-length movies, or a movie and its soundtrack, or two versions of the same movie - all in digital audio surround sound.

High Definition Television (HDTV)

The next standard in television and video, which will have higher resolution, better color, and better audio. There are both analog and digital versions of HDTV.

Natural language

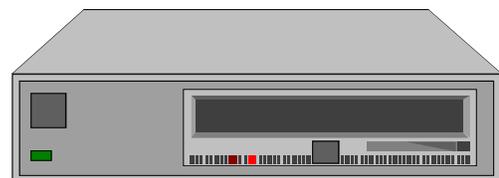
The language of human beings, it is language which has evolved naturally rather than being constructed logically. Computer programs which are written more like natural languages are easier for humans to use.

Object-oriented or object-based programming

A software technique in which a system program is expressed completely in terms of predefined things (objects), consisting of a set of variables and operations which can be performed on them, and the connections between objects.

Voice recognition

The ability of a computer to recognize spoken words. A computer with voice recognition software can respond to simple spoken commands. In some voice recognition systems, the computer can be programmed to respond only to a particular speaker, by comparing spoken commands with a sound sample.



Computer Skills

A Glossary of Common Computer and Internet Terms

(Adapted from the Iowa Newspaper Association)

AOL

America On-Line is the largest Internet Service Provider in the world.

ASCII text

The American Standard for Computer Information Interchange is almost universally compatible with nearly every computer system.

Bandwidth

The transmission capacity of the lines that carry the Internet's electronic traffic.

Baud

This is an industry-accepted method of measuring modem speed.

Bit

One bit is the smallest unit of information on a computer. It represents either a "1" (on) or a "0" (off). Eight bits make one byte.

Browser

Software that enables users to browse through the cyberspace of the World Wide Web. Netscape Navigator and Microsoft's Internet Explorer are the two primary Web browsers today.

Byte

One byte is eight bits and represents a single character of information.

Cache

Web browsers store accessed information in a folder on your hard drive called a cache. This saves time when a user goes to another page on a site with the same graphics.

Client/Server

Computer technology that separates computers and their users into two categories: clients or servers. When you want information from a computer on the Internet, you are a client. The computer that delivers the information is the server. A server both stores information and makes it available to any authorized client who requests the information.

Download

Downloading is the transfer of files from a server to a client. Downloading a file does not guarantee the user can open or use the file. It only makes a copy to the user's hard drive. See FTP.

E-Mail--(Electronic mail)

Messages transmitted over the Internet from user to user. E-mail can contain text, but also can carry with it files of any type as attachments. However, this does NOT guarantee the receiver has the software to open or use the attachment.

FAQs--(Frequently Asked Questions)

Files that are maintained at Internet sites to answer frequently asked questions. INA has a FAQ section for its members.

Firewall

A combination of hardware and software that protects a local area network (LAN) from Internet hackers. It separates the network into two or more parts and restricts outsiders to the area "outside" the firewall. Private or sensitive information is kept "inside" the firewall.

Flames

Insulting, enraged Internet messages.

FTP--(File Transfer Protocol)

The basic Internet function that enables files to be transferred between computers. You can use it to download files from a remote, host computer, as well as to upload files from your computer to a remote, host computer. (See Anonymous FTP).

Gateway

A host computer that connects networks that communicate in different languages. For example, a gateway connects a company's local area network to the Internet.

GIF--(Graphics Interchange Format)

A graphics file format that is commonly used on the Internet to provide graphics images in Web pages.

Gigabyte--1,024 megabytes

1,024 gigabytes make a terabyte. Currently, most hard drives are 1 to 3 gigabytes in size.

Gopher

A searching tool that was the primary tool for finding Internet resources before the World Wide Web became popular.

Host

A computer that "hosts" outside computer users by providing files, services or sharing its resources.

HTML--(Hypertext Markup Language)

The basic language that is used to build hypertext documents on the World Wide Web. Each HTML file is called a "web page."

Hypertext

Text in a document that contains a hidden link to other text. You can click a mouse on a hypertext word and it will take you to the text designated in the link.

Internet

Established in the 1960s by the U.S. government, the Internet was developed so that government agencies and universities could link research centers in response to the perceived notion that the Soviet Union was becoming more advanced in the space race. The Internet was created as a "decentralized" network, meaning that there is no one place that makes up the Internet. This was done to make sure the Internet survived a nuclear war. Today, the Internet is a vast collection of e-mail, Usenet groups, FTP sites, and web sites, with millions upon millions of users from around the world.

IRC--(Internet Relay Chat)

Currently an Internet tool with a limited use that lets users join a "chat" channel and exchange typed, text messages.

ISDN--(Integrated Services Digital Network)

A set of communications standards that enable a single phone line or optical cable to carry voice, digital network services, and video.

Internet Service Provider--(ISP)

This is a company which provides Internet access.

Java

A programming language for use on Internet web pages.

JPEG--(Joint Photographic Experts Group)

The name of the committee that designed the photographic image-compression standard. Photos are generally stored in JPEG format on the Internet. Graphics are stored in GIF format.

K or kbps--(kilobites per second)

A speed rating for computer modems that measures the maximum number of bits the device can transfer in one second under ideal conditions.

Computer Skills

Kilobyte--1,024 bytes

1,024 kilobytes make a megabyte.

Leased line

A leased phone line that provides a full-time, dedicated, direct connection to the Internet.

List Serve

An Internet application that automatically "serves" mailing lists by sending electronic newsletters to a stored database of Internet user addresses. Users can handle their own subscribe/unsubscribe actions without requiring anyone at the server location to personally handle the transaction.

Mailing List

An e-mail based discussion group. Sending one e-mail message to the mailing list's list server sends mail to all other members of the group.

Megabyte--1,024 kilobytes

1,024 megabytes make a gigabyte. RAM in computers is measured in megabytes, usually from 4 to 64 megabytes.

Modem

An electronic device that lets computers communicate electronically. The name is derived from "modulator-demodulator" because of their function in processing data over analog phone lines.

Netscape Navigator

One of the dominant World Wide Web browsers.

POP--(Post Office Protocol)

An Internet protocol that enables a single user to read e-mail from a mail server.

Protocols

Computer rules that provide uniform specifications so that computer hardware and operating systems can communicate.

Router

A network device that enables the network to reroute messages it receives that are intended for other networks.

Shell Account

A software application that lets you use someone else's Internet connection.

Signature File

An ASCII text file, maintained within e-mail programs, that contains a few lines of text for your signature. The programs automatically attach the file to your messages so you don't have to repeatedly type a closing.

Spam

Anything that nobody wants. Applies primarily to commercial messages posted across a large number of Internet addresses, especially when the ad contains nothing of specific interest to the user.

TCP/IP--(Transmission Control Protocol/Internet Protocol)

The basic programming foundation that carries computer messages around the globe via the Internet.

URL--(Uniform Resource Locator)

URLs are actually made up of several parts. A protocol, such as "http://" or "ftp://" or "mailto://". A domain, such as "www.INAnews.com". A directory path, such as "/news/good/whatever". And, a page name, such as "files.html." URLs tell the Internet where you are and where you want to go.

Usenet

Another name for Internet Newsgroups.

World Wide Web

The Web is a world-wide collection of servers and clients, which allow for the near-instant retrieval of text and graphics which is written in HTML code.

Review

1. **What are the major uses of SANDIS?**
2. **What is a browser?**
3. **Describe one of the advances in computer technology that may affect your role as a user.**
4. **What is an operating system?**

Computer Skills

5. What is the first step in creating a file?

6. What is the purpose of a LAN? What is one of the common uses of a LAN for a network of users?

Suggested Activities

1. Make an appointment with the Regional Center's Manager of Information Services (the person in charge of providing computer training and/or managing the Regional Center database) and interview him or her about:

How the office is networked? is there a LANs network? a WANs network?

Where the server located? what server software is used?

What are the most common, *computer-related* problems reported by service coordinators?

Whether or not the Regional Center has a website? if so, what is the URL?

2. If you are connected to the Internet, log on and visit the DDS website at <http://www.dds.cahwnet.gov/> When you are there, find the URLs for those Regional Centers with a website and visit as many as you can.

Which did you like the best? why?

Learn the Process:

Time Management

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to provide service coordinators with a set of *time management* tools that will increase efficiency and productivity in: report writing and documentation; planning meetings; and, written and electronic correspondence.

Objectives: Upon completion of this module, you should be able to:

- (1) Rearrange office furniture and supplies according to frequency of use.
- (2) Describe your personal method of prioritizing daily work tasks.
- (3) Use a method of organizing incoming and outgoing documents according to type.
- (4) Practice the basic themes of time management.

Method:

- (1) Group presentation and discussion or self-directed review of *Time Management Overview*;
- (2) Self-directed reading of *The Care and Handling of Your Most Precious Commodity: Time*;
- (3) Group discussion or self-directed completion of *Suggested Activities*; and,
- (4) Group discussion or self-directed completion of *Review*.

Time:

<i>PowerPoint Presentation or Overheads of Communication Overview</i>	
<i>Time Management Overview</i>	30 minutes
<i>The Care and Handling of Your Most Precious Commodity: Time</i>	20 minutes
<i>Suggested Activities</i>	30 minutes
<i>Review</i>	15 minutes

Materials:

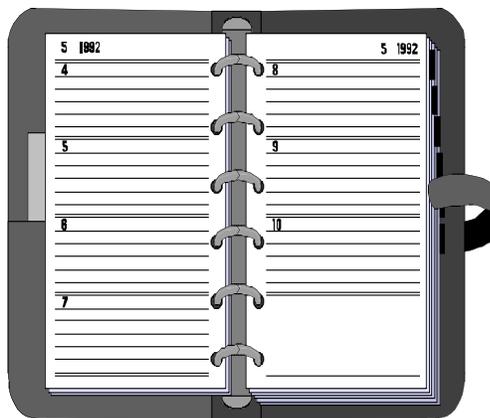
- LCD or Overhead Projector
- PowerPoint Presentation or hard copy Overheads of *Time Management Overview*
- *Learn the Process - Time Management*

The Care and Handling of Your Most Precious Commodity: Time

Introduction

The job of a service coordinator is one in which everything is a priority. Try to tell Consumer A on your caseload that their situation isn't as important as Consumer B's. Everyone for whom you are responsible is a priority. Everyone wants their work done NOW. Kerry Gleason, author of the Personal Efficiency Program (PEP) says that too often when we set priorities, we never seem to get around to everything on our lists. *Less important* or B list activities get pushed aside to work on the *more important* or A list activities. Sometimes, those *less important* things rot on our **To Do** list. If not done, they will eventually become very high priorities. And when does THAT activity need to be done? NOW, of course.

Gleason writes that the only method of time management that really produces results is to *Do It Now*. Nike gives us the same message, "Just do it." How many people in your office (or maybe you already do) have a huge **To Do** stack of papers? How often do you go through that stack of papers to find something and not fully complete the task? Gleason's advice is to act on an item the first time you touch it or read it. Make the call you need to make, respond to the e-mail message now, answer a letter from a day program, talk to your supervisor about a service request.



Time Management

Basic Tips

Because the job of a service coordinator can be very intense - dealing with emotional issues, and the volume of work can be overwhelming, it can be very easy to fall into the trap of procrastination. We put things in a pending file, we start to write an IPP and put it aside for more information, we put off returning phone calls. Here are some ways to be most successful:

- **Do things once** - Many people keep a pile of things to do. One time management expert suggests that people who keep piles also keep a pencil near the pile. For one week, make a mark on each paper as you go through the pile. You will be amazed at how many marks end up on each paper after a week.

There is no reason to read and reread policy memos, letters from programs, newsletters from programs, service requests from consumers, or letters from Social Security. You knew the first time you read the information what had to be done. All that happens when you procrastinate is that time has gone by. When you get a policy memo, file it with other policy information. Answer the letter when you get it.

- **Solve problems while they are small** - As you gain experience with the Regional Center, you will learn to recognize "red flags" that let you know a problem is brewing. It might be a phone call from a person living on their own about financial issues, or it might be a parent with a chronic illness

calling to let you know they might have to be hospitalized, or the group home owner concerned about not being able to manage a person's behavior. Putting off responding to these calls, or putting them in your "to do" file because there is a more pressing issue means that these issues could be a crisis by the time you deal with them.

Some people complain that human service agency staff spend their time *putting out fires*. Develop a habit of dealing with the *smoke* NOW, and you will be dealing with problems before they become big, time consuming *fires*.

- **Reduce interruptions** - Avoiding or preventing interruptions is a very difficult thing to do. Many service coordinators do not have offices with doors to close out interruptions, and even those that do are interrupted by phone calls from outside or queries from Regional Center staff.

Carve out time when you can work without answering the phone. Successful service coordinators suggest that planning a block of time very shortly after a person centered planning meeting to write up the IPP is the best way to get the program written while the information is fresh in your mind and your notes still make sense. It also means that you will have to do the work once, since you will have all of the information you need with you.

Some people find that returning phone calls during one hour of the day rather than taking phone calls all day long makes them more efficient.

Organizing Your Office

You probably don't have much choice about the location of your office, but you do have a lot of choice about how your office layout can work for you.

Nationally recognized author Susan Silver says that the essential office includes adequate work space and adequate storage space. Sometimes it's hard to tell if there is adequate space, since many desktops haven't been seen in years. Silver says to regard your desk as an airport runway. A pilot wouldn't find spare parts from the plane in the middle of the runway. So, remove obstacles from your work surface, and make your desk a place of action. Not everything needs to be at your fingertips.

Silver suggests:

1. **Set up systems for paperwork and projects.** This can be a simple system of organizing all of the paper that doesn't belong in consumer records into file folders (resource information, procedures, policies, newsletters). Set aside time each week to make sure that the papers find their way into the folders. Or you might have a vertical file to keep manila folders that have projects you are working on. They are close to your work area, and they are sorted by project.
2. **Put just the things you absolutely need to have closest to you** (this could be a hole punch to make pages for records, stapler, or other supplies).
3. **Make sure there is enough work space.** The surface directly in front of you should be your primary work space and has on it only the things you use every day. An area off to the side might be a work area for other activities. Some people like to have a separate area for the phone and message pads. If you have the luxury of that much space, that's great. If not, the secondary area can be for keeping the files with current work.

This keeps your work space clear of items you don't regularly need.

Even in a cubicle with furnishings that are attached to walls, you have some control about the layout of your work.

Ask yourself:

- Is everything convenient for me to do my work?
- Are the items I most use close by?
- Do you have enough work space and storage space?
- Is there enough room for your keyboard and monitor?
- Could you meet with consumers in your office if you wanted to?
- Are there distractions? Do people walk by, catch your eye, and stop to chat?
- How do you work best? Are you more efficient if your phone is in a different area from the computer?

Time Management

Keeping Paper in Its Place

Even those who have support staff who file materials into records have other material that has to be filed. You will want to keep some material near your work, like current projects. You will probably also want to keep information about programs, resources, articles of interest in another place for reference. There are two keys to keep from swimming in the paper river - you don't need to keep everything, and what you keep needs to be easy to find when you need it.

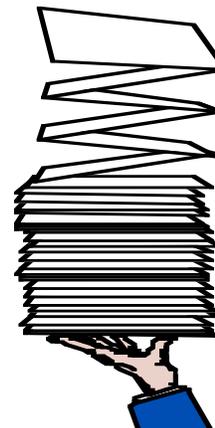
Start with deciding what to keep. The temptation, especially for the new service coordinator, is to keep everything. After all, you will probably need something at some time in the future. Your paper river will grow if you make no decisions. Georgene Lockwood, author of *Organizing Your Life*, notes that although we live in the computer age, the "paperless society" doesn't seem to exist. She offers several ideas:

- ***Decide what to do with each piece of paper - NOW.*** Don't allow it to pile up. Papers can go into three categories: Action, Throw away, and Pass On. You might need to take action on a letter from a program, or contact Social Security, or discuss resource information with a family. These are papers you keep. You might have information that needs to get to Accounting or to Resource Development. That information gets passed on. Everything else can get tossed, or filed in a very clear filing system. If you are having trouble

deciding, ask yourself where else you might get that information if you needed it at some point in the future. If you don't think the information is available anywhere else in the agency, you then need to think about how to file it so you can find it again.

Read those newsletters or journals today. If you can't, select just the articles you might read, and cut them out. Then toss the journal. If the reading pile gets too high, you'll never read it all anyway. You might ask yourself what would happen if you never read the articles you are waiting to read.

- ***Handle each paper as little as possible.*** Make your decision and act. Some time management experts say to handle each paper only once. That means DO IT NOW.
- ***Pass it on.*** Mail things to people who want them, forward interoffice mail to whomever needs the information, forward resource information to a colleague.



- **Find out how long you really need it.** If you keep everything, you should be surrounded by a wall of file cabinets. Consumer records are periodically purged, and dated information is stored in a separate place. The same is true for other paper you receive.
- **File it so you can find it.** There is really no reason to start a file called "Resources" if you will be filing everything in it. When you need information about camp programs, you will have to sort through that entire file. Make a filing system that works for you. Set a standard for the shortest length of time to find something you need in your filing system. This might mean you file by age categories, or by program services. Create a system that works for you. Don't be tempted to start files called "Do Something with This" or "Think about This someday soon."
- **Keep paper where you need it.** Keep phone message pads or a book for messages by the phone. Keep policy information that you use often, maybe service standards or vendor codes, close to your work area.
- **Use computers to cut paper, not make more.** You really don't need to print everything you generate on the computer. Can you read the information from your screen, and make corrections as needed? Do you really need to see the draft hard copy of every document?

Work can get lost on computer disks the same as paper gets lost in an office. Save only the documents you need to save. If you will need the information in the near future, save the file. Name your files so that you can easily retrieve the files. If your center has a system of numbering files, be sure to keep a key to decipher the numbering system. If you are free to label files as you wish, label them so that you can find them. All of your outgoing letters might be labeled starting with LETTER and adding the last name of the person to whom the letter is addressed:

LETTER - New Distance
LETTER - P. Smith
LETTER - Ordinary Moments
LETTER - Dr. Ropa

Or you could label files by project; the same as you would if they were all paper. Or you could have a file folder for each consumer, with all of the pertinent files within that folder. The key is to periodically review all of your computer files, and delete those not needed.

Take 10 minutes each day for the next week and review your filing system to see if it really works. You can also look at consumer record filing as well. Often copies end up in consumer records in various parts of the record.

Ask successful service coordinators how they file the papers they receive. Check with those who leave a clean desk every night.

Time Management

Managing All of Those Assignments

As you learned in a previous chapter, you need to keep close tabs on all the work required each month. One of the best ways to keep track of appointments and deadlines is to use a calendar that allows you to plan at least a month at a time, and plan each day based on the assignments due that month.

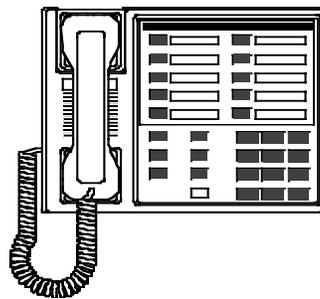
Some service coordinators plot out all of the IPPs due for the year, based on birthdates of consumers, which is generally available as a printout of your caseload. Some people find that looking ahead for three months at what IPPs are due is easier to manage. Either way, plot out those appointments, determine what information you need before the meetings occur, and plan in time to write up the summary and process the appropriate paperwork. These are appointments that must be kept. Other emergencies will present themselves and can be worked in with the planned work.

You might also want to look at your caseload looks when plotted on a map. To make the most of your time, you may be able to schedule appointments in close proximity by also looking at where consumers are located, and where their programs are located. This information should also be available on your caseload printout.

The next step is to plan each day. Time management experts advise listing the activities that you intend to accomplish each day. Some people write a list just before the end of the day for the next work day, some do the list each morning.

Either way, you then prioritize the tasks to be done. That will keep you focused and able to avoid the temptation of dealing with whatever the first phone call brings in, and then dealing with a phone call from a day program, when you had planned to complete the forms to refer a person to a residential program.

Remember to complete the task before moving to the next task on the priority list.



E-Mail Tips

Sure, e-mail has made some things easier for you. You don't have to write the memo, copy the memo and send the memo - you don't have to leave your desk. But you'll want to manage your e-mail system as much as your paper files and your calendar.

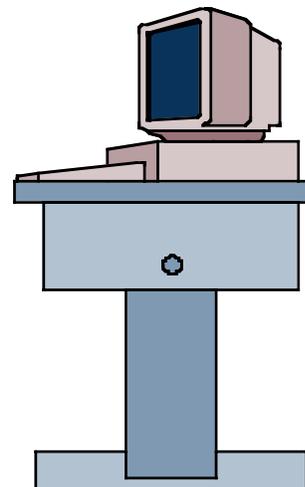
Know when to use e-mail. Not everyone checks e-mail each day, so choose your recipients based on how often they check their messages, and how quickly you need a response. Sometimes a phone call will be more expedient.

Find out the features of your e-mail system. Can you send an e-mail to several people at the same time by using an address book? This is especially effective if you are sending a copy of an e-mail message to your supervisor or to all of the people in your work unit.

Schedule time to check your e-mail messages. Like checking for phone messages, having an e-mail system can be an invitation to be distracted from work. Unless you are waiting for a response to an urgent e-mail, you can probably check once each day.

Susan Silver offers e-mail writing tips:

- Write a subject line that gets noticed.
 - Write the most important information right up front.
 - Use subheading, numbers and bullets to break up long messages and to guide the reader through the message.
 - Limit the use of capital letters. It's comparable to screaming at someone, and it can be very difficult to read.
 - As you would with any written communication, check the tone and emotional content of your message.
 - When you respond to a message, clearly refer to the original message you received, if it isn't included in the subject line when you reply.
- Determine your recipient in advance. You can frame your message better if you know who really needs to read the message
 - Be cautious about what you write. Lots of people can read your messages.



Time Management

Staying Organized

Gleason has a tray system he suggests for offices. Your office has to be free of clutter to work most efficiently. And your trays have to be easy to reach to work best.

In Box - for incoming mail and notes, things never touched. Pick things up from the box and act on them - NOW

Pending box - Short term (only 24 - 48 hours). Only for things you would have acted on but you need more information from another source, waiting for a return call, or got interrupted for a more urgent matter) Not for putting things off or incomplete projects.

Out box - collection of completed items for removal. Remove things from here when you leave the office or when there are enough things to warrant leaving the office for (items to be copied, if you don't have clerical assistance for copying, letters to be mailed).

Reading - Optional. Either schedule a time to read everything, or scan and clip only the important articles. Read short items NOW.

For routine tasks, Gleason suggests *batching* your work. This means setting aside time in which all you do is return phone calls or answer mail. It is estimated that you will find 25% more time to dedicate to more important work by batching your work. Gleason also maintains that while you are "batching," you may have to Do It Now - Later. If

you are completing an IPP write up when a phone call comes in, continue to work on the IPP. Don't stop one task to take on another. If you do, chances are that you will have two tasks unfinished with the likelihood that a third will get in the way of completion of the first task as well.

In order to plan, you will need a calendar on which to note your appointments and tasks to be completed. It is generally best to plan your time by noting what needs to be accomplished with a time estimate for completion. Rather than move **to do** items from one day to the next, plan your day realistically. Many things may get in the way of completing what you hope to complete each day. In the life of a service coordinator, the phone seems to be the enemy of task completion. If you plan your time each day, and plan time for phone calls and other potential interruptions, you will be more effective and accomplish more. The power of planning your time cannot be underestimated.

If you don't know where you are going, any road will get you there.

Unknown



Additional Time Management Tips for Service Coordinators

Phones

Avoid getting too involved in *phone tag*. Make your voice mail or message system work for you. Find a time a day when it is best for you to return calls, and try to stick to that as much as possible. You can let people know the best time to find you in the office, or the time they can expect to hear back from you.

On your voice mail message, ask people to leave a detailed message for you. You can get the information prepared before you return the call. Ask them to let you know the best time to reach them.

Planning

Bring consent forms, CDER booklets, previous assessments, past IPPs to the IPP or IFSP meeting. Questions can easily be answered, and all required forms can be completed at the same meeting.

Try to plan several hours at your desk following a planning meeting. You can complete your write up while the information is fresh in your mind. Each day that passes means more time for you to recall the discussion.

Keep a file of information you are waiting for other people's response to complete your task. Keep a log of when you forwarded a service request to your supervisor, so you know when the request should be signed and approved. You can follow up and get the service authorization forms completed and get the service to the individual in a timely manner.

Keep a running log of mileage as you travel. It saves time to have the information ready when you need to prepare reimbursement forms.

ID Notes/Title 19 Recording

Keep a log of all of the consumers on your caseload with a Title 19 form for each. As you complete a phone call, log in the note. Again, it is much easier to recall information right away than to have to remember information that occurred a week ago.

Time Management

Review

- 1. Describe “batching” your work and how it can make you more effective.**
- 2. Outline several ways to reduce interruptions.**
- 3. What is a good strategy for keeping up with phone calls?**
- 4. What is the major slogan of all time management strategies?**

Time Management

5. The two essential features of an effective office are adequate _____ and adequate _____.

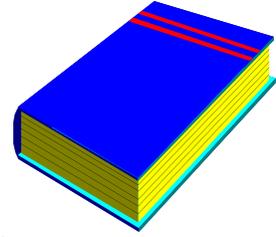
6. The three categories that describe paper management are:

7. What is the key to making your computer system work for you?

8. In addition to making a daily list of things to do, what do time management experts suggest be done each day?

9. What are some ways you can be most efficient in an IPP meeting?

Resources for Supportive Personal Skills



While we may not think much of some of these titles, they do make easy to understand guides!

Corel Wordperfect 8 for Windows for Dummies (Serial)

By Margaret Levine Young, David C. Kay, Jordan M., II Young (1997); IDG Books Worldwide; ISBN: 0764501860

This is the perfect reference for WordPerfect users who are upgrading from WordPerfect 7, or any users switching from another word processor. The book helps users create beautiful documents by using WordPerfect formatting and explains the Internet Publisher command to create cool-looking Web pages without leaving WordPerfect.

Dummies 101: Windows 98

By Andy Rathbone (1998); IDG Books Worldwide; ISBN: 0764502085

This tutorial takes readers through step-by-step instructions and lab assignments on the way to mastery of the basics of Windows 98. Sections include starting and exiting Windows, using the mouse and keyboard on menus and task bars, managing files on the desktop, and more.

How to Get Control of Your Time and Your Life

by Alan Lakein (1996); Mass Market; ISBN: 0451167724

An invaluable text for solving all problems. It outlines clear ways to take control and enjoy it. It is around 100 pages so is not too cumbersome and its ideas make it one of the single best "success" or help books around. It will add to your success, creativity, and peace of mind.

Microsoft Office 97 for Windows for Dummies

By Wallace Wang, Roger C. Parker (1997); IDG Books Worldwide; ISBN: 0764500503

For users who need an easy-to-understand book that's packed with information on the applications included with the latest version of Microsoft Office, this book describes each package, the important features, and most importantly how to use them all together. Find out how to desktop publish with Word, use Excel to calculate functions of all kinds, and more.

Time Management

The 10 Natural Laws of Successful Time and Life Management : Proven Strategies for Increased Productivity and Inner Peace

by Hyrum W. Smith (1995); Warner Books; ISBN: 0446670642

Written for anyone who suffers from "time famine," this essential handbook provides simple, effective methods for successfully taking control of one's hours--and one's life. Smith shows how, by managing time better, anyone can lead a happier, more confident and fulfilled life.

The Complete Idiot's Guide to Organizing Your Life

by Georgene Muller Lockwood (1997); Alpha Books; ISBN: 0028610903

Fast, effective relief for common clutter and other organizational hazards, this book provides easy-to-follow tips that promise to help eliminate everyday chaos and clutter at home and in the office. Includes strategies for managing time and space, guidelines for handling paperwork more efficiently, and pointers on holiday planning.

The Internet for Dummies

By John R. Levine, Carol Baroudi, Margaret Levine Young (1998); IDG Books Worldwide; ISBN: 0764503545

Over one million readers have found this to be the best reference for sending e-mail, browsing the Web, and enjoying the benefits of electronic communication. This latest edition includes updated coverage of the most popular options on the Internet: e-mail, searching the Web with updated browsers, and Windows 98's new Internet service providers.

The Personal Efficiency Program : How to Get Organized to Do More Work in Less Time

by Kerry Gleeson (1997); Mass Market Paperback; ISBN: 0471193267

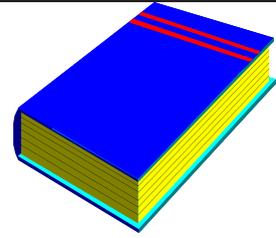
Written by the founder of the world-renowned Institute for Business Technology, a consultancy firm specializing in white-collar efficiency and productivity improvement, this book provides an effective and easy-to-learn system for getting organized at work. PEP teaches readers how to reduce job stress, double or triple productivity, work fewer hours, and take control of the workday.

The Time Trap

by Alec MacKenzie (1997); AMACOM; ISBN: 081447926X

Designed to combat today's most tenacious time-wasters, this new edition is filled with smart tactics, hard-hitting interviews, a handy time log, and priority matrix. Mackenzie shows readers how to squeeze the optimal efficiency--and satisfaction--from their workdays.

References for Supportive Personal Skills



Big Dummy's Guide to the Internet

Electronic Frontier Foundation online (1993)

How to Get Control of Your Time and Your Life

by Alan Lakein (1996); Mass Market; ISBN: 0451167724

<http://www.creativenation.com/Glossary.htm>

Creative Nation Glossary of Terms

<http://www.synctech.co.kr/tech-ref.htm#D>

Professional Web Technology Reference Dictionary; written by Dennis A. Bohn of Craig Hulbert Incorporated

The Time Trap

by Alec MacKenzie (1997); AMACOM; ISBN: 081447926X

Tri Counties Regional Center Introduction to Information System

Don Sorensen – Manager of Information Systems

Time Management

***Answers to Reviews for
Learn the Process:***

Supportive Communication



Answers to Reviews

Communication

1. What are some basic ways to establish positive communication?

Avoid making assumptions

Avoid jargon and explain technical terms

Share complete and unbiased information

Offer suggestions to individuals, but be certain that its clear that the suggestions are not the only options

Don't be afraid to say "I don't know."

Recognize differences in the way people acknowledge and understand information.

Strive for equality

Respect cultural differences

Pay attention and respond to nonverbal cues

2. What are three important aspects of presenting information?

Audience, content, and delivery

3. Describe the basic steps in problem-solving?

State the problem.

List the possible solutions.

Analyze the pros and cons of each solution.

Pick a course of action.

Review the solution.

4. Describe several ways to maintain or enhance a working relationship?

be friendly;

express genuine interest;

make no assumptions;

be honest and clear;

pay attention to impact;

be trustworthy;

learn what the other party would like from you.

Answers to Reviews

Written Communication

1. What is the golden rule for delivering good news or bad?

Before you write any message that delivers some kind of news that might inspire anxiety, sadness, or elation, pause and consider the golden rule for delivering good news and bad. Think from the point of view of the person you are writing to, and be considerate of his or her feelings in the way you deliver the message.

2. What is people first language? Provide some example of words or phrases to avoid and words or phrases to use in written communication.

The primary subject as you write chart notes, assessments, or referrals is the person, not the disability. *It's people first, the disability comes second.* To avoid: victim, invalid, crippled, afflicted with, suffers from, DDs, TMRs, EMRs, confined to a wheelchair, mongoloid, the retarded, the handicapped, mentally deficient, and patient. To use: person with a seizure disorder, person with cognitive disabilities, non-ambulatory, person with Down Syndrome, individual, person, participant, worker and student

3. When writing case notes, what is the #1 thing to remember?

Stick to the facts. This may be one of the most important things you learn in your job as a service coordinator. Unless asked to do so, write what you see and observe and not what you feel or think. For example, you may observe that someone's apartment is very cluttered and not very clean. If that relevant to the point of your written communication, it should be stated as factually as possible. What you think about it is not relevant to the letter or to the individual.

4. What are the two basic strategies for writing a bad news letter?

There are two strategies to use when delivering bad news in a letter. One strategy is to state it right away and the other would be providing an explanation prior to the bad news.

5. What are some general tips for effective written communication?

Write to your audience • Know the material • Don't waste words
Be respectful and courteous • Use spell and grammar checkers
Whenever possible, use the active voice • Keep the communication flowing
Avoid jargon • Keep the letter easy to understand • Stick to the facts

Public Speaking

1. What are the five activities involved in developing a presentation?

- *Assess your presentation situation*
- *Analyze your audience*
- *Research your topic*
- *Organize and write your presentation*
- *Deliver your presentation*

2. You have just been asked to speak to a group of providers about increasing the monitoring of their programs. They are not happy about this new policy. What will you do to decrease your anxiety?

Know the room
Know the audience
Know your material
Relax – Take deep breaths
Visualize yourself giving your presentation
Realize that people want you to succeed
Don't apologize
Concentrate on the message
Turn nervousness into positive energy
Get experience
Dress comfortably
Learn to feel comfortable with silence

3. What are some noted characteristics of effective speakers?

- *use of a conversational style*
- *vary their vocal patterns in terms of pitch and tone*
- *use of natural gestures and movements*
- *express emotions through their voice and facial expressions naturally*
- *use eye contact*

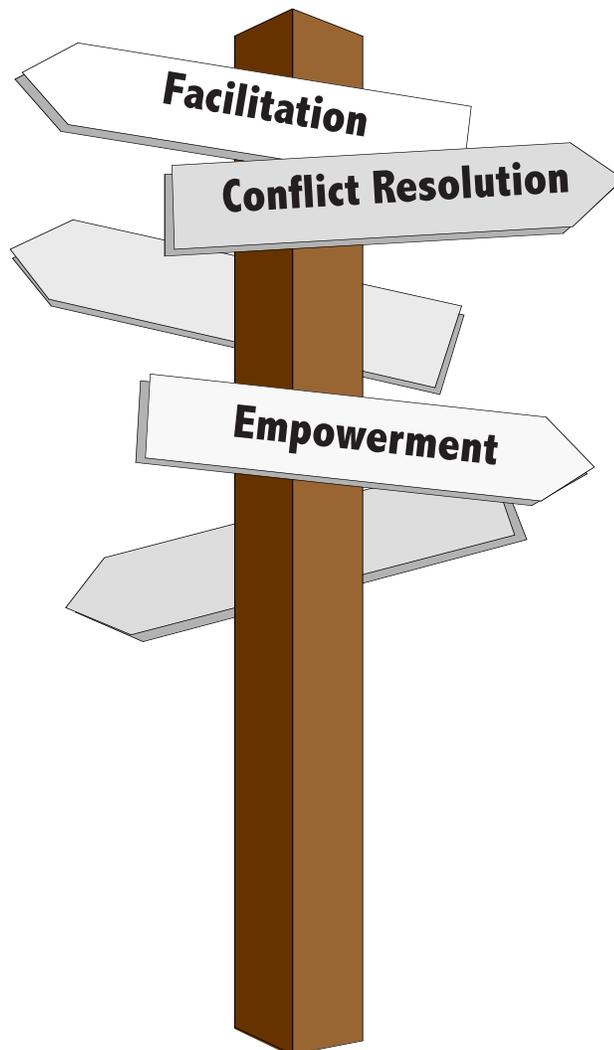
Answers to Reviews

- 4. How might you organize a presentation to the board of trustees about the implementation of the increased monitoring of service programs?**

A chronological history of the implementation process

***Answers to Reviews for
Learn the Process:***

Supportive Problem Solving



Answers to Reviews

Problem Identification and Action Planning

1. List the four major steps in a general problem solving process.

State the problem, list solutions, analyze solutions, pick a course of action.

2. What are some reasons that people don't like to talk about problems? How can you help facilitate the discussion?

Fear, cultural background, afraid they'll be laughed at, afraid the issue is petty, afraid the issue is too big, fear that the solution is worse than the current situation. The questions you might ask are *What's the worst thing that happens if we solve this problem?* and *What's the best thing that happens if we solve this problem?*

3. What important activity comes after the problem has been identified and an action plan developed?

Evaluating the outcomes, to see if the plan is working. The plan and activities might need to be revised.

Answers to Reviews

4. What are some of the important things to remember about brainstorming solutions?

- Be clear about the focus
- Be prepared to record what is said and who said what
- Set a time limit (“in the next 15 minutes...”)
- Set an objective (“can we list 5 ideas?”)
- Remain neutral - follow the rules yourself
- Reinforce the ground rules - don’t let other’s evaluated ideas
- Draw people out
- Have a clean ending

5. What are some ways to get a group to decide on a plan of action?

- List the advantages and disadvantages of each option and identify the action steps for each option.
- Meet with one or two people to identify each option. List and describe each option.
- See which option has the most advantages and the most concrete strategies to make it happen.
- Delay the decision until all options are explored. Identify strategies for exploration.
- Create a new option that combines advantages of several options.
- Select an option and take the decision back to the planning group for input.

Conflict Resolution

- 1. In what sense is there a logical, often sequential connection among (a) negotiation; (b) mediation; (c) arbitration; and (d) adjudication?**

Negotiation, in the sense of back and forth communication to resolve potential conflict, goes on all the time. Mediation may come next, if both parties agree to use a neutral to air their differences and search for a solution both can support. Arbitration is typically the last administrative remedy, involving the gathering of information, sometimes cross-examination of witnesses, and the like, with the arbitrator charged with making a decision based on fact, law, precedent, and perhaps other values. Adjudication means having a judicial official (e.g., judge) settle the matter.

- 2. Please list at least three of the four core elements in principled negotiation.**

The four elements are (a) keeping separate the people and the problem; (b) focusing on interest, not positions; (c) generating a variety of possibilities before deciding what to do; and (d) insisting that the result be based on some objective standard.

- 3. When people are in conflict with one another, and they have asked you to mediate, why are good communication skills and neutrality important in performing this role?**

Anger, past hurts and grievances are likely to surface. Both parties, along with the mediator, need to know how each sees the nature and scope of the most recent problem. Each party is likely to look for support from the mediator, and if that person takes the bait, it will be seen as “taking sides.” Active listening, probing to understand, not leading the disputant, enforcing rules (such as taking turns), and checking often to see whether each person’s story is understood, help establish trust, which can assist the parties in working out a solution (action plan).

Answers to Reviews

4. In what way is a Regional Center fair hearing an example of arbitration?

While the fair hearing process will include an optional mediation element, beginning July 1, 1999, ultimately if the two sides fail to agree, an administrative hearing officer will render a decision.

5. If an individual or family wants assistance in resolving a conflict with your agency, to whom might you refer them?

Under the Lanterman Act, California's thirteen area boards have personal advocacy among other responsibilities. Staff may help directly, or connect the person to someone else who is in a position to assist. Protection & Advocacy, Inc., will offer advice, and may have resources to help represent the person, depending on the issue. Other organizations, such as local legal aid societies, some parent organizations, and the like, may be in a position to help.

Facilitation

- 1. Is there more to "facilitation" than making sure meetings run smoothly? Please explain.**

YES, there is more. When a person chooses to eat right, exercise, acquire knowledge and skill, or do something else (e.g., spiritual practice) to grow and develop, he/she is "self-facilitating." When two people are talking, one may "facilitate the other," by asking questions, making suggestions, and encouraging action.

- 2. In meeting the needs of groups, facilitators make two key commitments? One is to purposes; the other to safety. Please explain.**

First, the facilitator commits to see the group achieve its purposes. Second, the facilitator commits to every person in the group, so that each feels safe and can express themselves in an authentic way.

- 3. In structuring and guiding meetings, facilitators typically seek agreement on four interrelated elements of the get-together, with initials OARR. What do these initials stand for?**

"O" stands for Objectives or goals of the meeting. What does the group seek to accomplish? What are the expected results? "A" stands for Agenda, a set of topics and activities that will help the group accomplish its purposes. One "R" stands for Rules or shared expectations about how people will comport themselves (and, sometimes, make decisions). The other "R" stands for Roles, two key ones being facilitator and recorder. Often, one person handles both.

Answers to Reviews

- 4. Consensus is one common way of arriving at decisions (e.g., action plans). What does "consensus" mean, and what are some of the variants in applying this concept?**

Consensus means that everyone can support (or, at least, not oppose) a decision taken. Variants include required agreement only by those "directly affected," agreement that disagreement is Okay in some instances, and agreement to give decision-making authority, within limits, to a person or subgroup.

- 5. Besides being a record of what went on, and what decisions were made (typical purpose of meeting minutes), how does a Group Memory on sheets of paper often help groups do their work?**

Those who arrive late can see what the group has accomplished. What people say is given value by being written down; participants feel valued. Without a visual representation, ideas can easily be forgotten. Keeping them before the group helps the group progress toward their objectives.- Set an objective ("can we list 5 ideas?")

- Remain neutral - follow the rules yourself
- Reinforce the ground rules - don't let other's evaluated ideas
- Draw people out
- Have a clean ending

Facilitated Decision-Making

1. What is facilitated decision-making?

You will often be faced with the responsibility of assisting individuals and families in making *fully informed* decisions. This is what is referred to as *facilitated decision-making*. That is, providing an individual or family with all of the information and support he or she needs to make an informed, healthy and safe decision.

2. What are some examples of facilitative statements?

I'd like to hear what your ideas are.

I have some ideas about _____ if you'd like to hear them, let me know.

That's one idea _____ and wait, I'm wondering what other ideas there are? Can you think of other ideas you might try?

If I can be of assistance in your thinking/problem solving about this, let me know.

I wonder what your thoughts are on this.

I could tell you what I would do in that situation, if you're interested.

I'm wondering if you can think of someone who could help you with this situation.

I'm wondering if you think you might need help in this situation.

I'm wondering if you want some help with this.

What kind of help do you think you need?

3. What are the basic questions to ask in assessing risk?

(1) What is the person's history of decision making?

(2) What is the worst that could happen?

(3) What are the possible consequences of increased direction and control by others?

(4) What are the trade-offs of continuing the current situation?

(5) Is the person sufficiently assertive to advocate for his/her rights?

(6) Should more control and direction be provided?

Answers to Reviews

4. What is and is not facilitation?

Facilitation is about assisting others, individually or in groups. Facilitating is not therapy, not about fixing others, not even about liking others. Rather, it is about acceptance, honor, and respect.

5. What are some examples of what is facilitative communication?

Trusting that others CAN
Accepting others as they are
Building on personal strengths and skills
Listening and seeking
Kind, respectful, discreet
Inviting, encouraging, light, enjoyable
Cultivating self-determination and self-direction, assisting
"Being there for" (in the wings, behind the scenes), "doing with" only when invited
Checking things out
Crediting
Letting go
Giving space, waiting, backing off

Empowerment

1. What is determination? Is it a skill that can be taught?

Individuals who are *self-determined* take control of their lives by making choices and decisions based on their interests, abilities and preferences, and take responsibility for those decisions. Through training and providing opportunities to practice, self-determination can be taught.

2. What is a typical approach to problem-solving? What kinds of situations can it be applied to?

A typical approach is as follows: state the problem or issue; list the possible solutions; analyze the pros and cons of each solution; and, pick a course of action and evaluate the outcome. It can be applied to a variety of situations from deciding when to leave for the bus stop to anger management.

3. What is the general process of facilitating self-determination through the Individual Program Plan?

(1) Explain that self-determination is participating in the choices and decisions of everyday life. (2) Also, explain that the Individual Program Plan can help support self-determination. (3) Ask the individual or family member (if appropriate) if there are some decisions or choices in everyday life that he or she would like to make. (4) Determine what kinds of support would be needed to make those choices or decisions (e.g., more information about choices, more opportunities, training in decision-making). (5) Write a goal and objective regarding self-determination.

4. What are some methods of facilitating family empowerment?

(1) Addressing family needs as a whole (not just the individual member with a disability). (2) Organizing services and supports as a team. (3) Organizing services and supports with flexibility and in accordance with each individual family's preferences. (4) Organizing services and supports to ensure minimal disruption of the family routine. (5) Considering family strengths (versus dwelling on family deficiencies) in the assessment process. (6) Providing information in a timely and supportive way.

Answers to Reviews

Technical Assistance

1. What are some of the key elements in maintaining an effective working relationship?

Be friendly; express genuine interest (e.g., in the person, family, those who are served); make no assumptions; be honest and clear; pay attention to the impact of your relationship on the individual, family, service provider; be trustworthy; and learn what the individual, family, or service provider wants from you.

2. Why is your relationship with the recipient a critical part of technical assistance?

Offering information and education must be coupled with the power and credibility of a good working relationship . Your chances of bringing about desired change will increase dramatically when you have develop a collaborative and trusting relationship.

3. What is technical assistance?

Providing information, education and other assistance of a technical nature (e.g., clarification of laws and regulations, best practices, alternative techniques) to bring about a desired change.

4. How can you promote “buy-in” from the recipient?

1. Allow the individual, family, or service provider the freedom to accept or reject your suggestions for technical assistance. 2. Encourage the individual, family, or service provider to contribute suggestions. 3. Encourage the individual, family, or service provide to make decisions. 4. Require effort from the individual, family, or service provider.

5. Describe the four major aspects of the planning cycle for technical assistance?

- (1) Listen, Understand, Assess the need for Technical Assistance
- (2) Collaborate on a Plan and Generate Commitment
- (3) Implement the Plan
- (4) Evaluate the Plan and Reassess for Next Steps

Answers to Reviews

***Answers to Reviews for
Learn the Process:***

Supportive Relationships



Answers to Reviews

Team Building

1. What are some differences between “teamwork,” pseudo-teams, and real teams?

Teamwork refers to getting along, working together, and helping each other. Real teams are units of performance, typically a small group of people with a common purpose, shared performance goal, common approach, and shared accountability for accomplishing the goal. Pseudo-teams are often called “teams,” but are typically work groups that have no shared commitment to accomplish a common goal.

2. Name at least four out of five “team basics.”

Small number; complementary skills; common purpose; common performance goal(s); and mutual, shared accountability for accomplishing such goals.

3. Why, if at all, should work be organized and carried out through “teams”?

It makes sense to do work through teams if the results will be better than individuals doing their best. This generally means at least equal effectiveness (goal accomplishment) with greater efficiency. One typically wants teams to “add value” to what would be done in other ways.

4. There are many kinds of teams. Name and briefly describe three types of teams.

The answer can be drawn from pages 3 and 4, where eight kinds of teams are mentioned. Descriptions may focus on purposes (e.g., reengineering a process), composition (e.g., a person who wants and needs assistance and others who care or have a responsibility to help), and whether the team is permanent or temporary.

5. Team building is about “team development.” What are the four stages most successful teams go through?

Stage One, *Forming* (or getting started). Stage Two, *Storming* (typically one or more of the following occurs: fits and starts; cross purposes; lack of clarity; anxiety; impatience; defensiveness; members pushing own views; conflict; competition). Stage 3, *Norming* (or settling down; learning to work together and to reconcile differences; cooperation replacing competition; some measurable progress toward the team’s performance goals; members begin helping one another, learn from and appreciate each other; and norms developing on accepted ways of doing the work. Stage 4, *Performing* (work is progressing more smoothly; work gets done quickly and efficiently; each person knows how to contribute to the team’s work; members feel they can count on each other; commitment; problems are seen as the team’s problems.

6. Describe at least two of the many “tools” that team sponsors, leaders, and members often use to improve their performance.

(1) Charters (purposes), performance goals, parameters, and resources. (2) Leadership, facilitation, and effective meetings. (3) Developing skills in communication, problem-solving, and decision-making. (4) Process improvement tools, such as flow charts and Pareto charts.

7. Teams sometimes get “stuck,” and performance suffers. Identify at least three of the five approaches often taken to get teams “unstuck.”

1. Revisit team basics. 2. Go for small wins. 3. Inject new information and approaches. 4. Take advantage of facilitators or training. 5. Change the team’s membership, including the leader.

Answers to Reviews

Leadership

- 1. “Leadership? That’s only for the big shots.” Do you agree or disagree with this statement? Please explain.**

DISAGREE. Within the family, at church, in clubs, and elsewhere, most of us have an opportunity to lead – that is, to set the direction for a small group, to enlist their support, and to guide what their work accomplishes.

- 2. In dealing with individuals, families, service providers, and other agencies, can you lead from a position of authority? Please explain.**

YES and NO. Some people may defer to me, because of my experience, degree, or presumed expertise. And, while I may have resources that can motivate people, I do not stand in a hierarchical structure of roles and responsibilities, as one does within a large organization. So, in that sense, “No, I would not be leading from a position of authority.

- 3. Can you list at least four of the five practices that show up in the stories of most leaders?**

Kouzes and Posner (1987) describe the following common *practices* of leaders: (1) Challenging the process; (2) Inspiring a shared vision; (3) Enabling others to act; (4) Modeling the way; and (5) Encouraging the heart.

- 4. What personal qualities do followers typically look for in their leaders?**

Typically, followers look for four main traits or characteristics in leaders: (1) honesty; (2) competence; (3) looking forward; and (4) inspiration. Combined, these traits are also the definition of *credibility*.

5. Credibility and trust are often said to be earned. What does this mean?

Both are not traits or characteristics of the leader, but rather are the way followers see the leader. Each must be earned.

6. Assuming you have a good idea of a better future for a person/family you serve, what are some of the ways you can persuade them to accept a solution you propose?

The *art of persuasion* typically includes (1) expressing a purpose or setting the agenda; (2) asking intelligent, thought-provoking questions; (3) listening carefully for what is said in response; (4) identifying an initial *benefit* by identifying a feature of a possible solution in meeting the person's needs; (5) isolating concerns and addressing them; (6) supporting the person when they say things consistent with the proposed solution; and (7) "closing the deal," or taking initial steps to implement the solution.

Answers to Reviews

***Answers to Reviews for
Learn the Process:***

Supportive Personal Skills



Answers to Reviews

Computer Skills

1. What are the major uses of SANDIS?

Individual Identification Provides information such as demographics, service history, assessment information, benefits, progress reports, annual reviews, Medicaid Waiver tracking

Resource Information Offers listings of local vendored and community resources, scheduled program reviews, staff training requirements

Information and Referral A customized search engine which can be used to look for local and statewide resources based on individual needs

Staff Development Provides updated schedules of inservice training, special events, conferences

2. What is a browser?

Software that enables users to browse through the cyberspace of the World Wide Web. Netscape Navigator and Microsoft's Internet Explorer are the two primary Web browsers today.

3. Describe one of the advances in computer technology that may affect your role as a user.

Active Matrix is a flat-panel display monitor

CD-ROM is an optical disk with very large memory capacity

DVD can hold a full-length movie in digital audio surround sound

HDTV has higher resolution, better color, and better audio

Natural language programming makes computer language easier to understand

Voice recognition is the ability of a computer to recognize spoken words.

4. What is an operating system?

An operating system is a program that runs your computer. Examples of operating systems include Windows 95 or 98, Windows 3.1, and the Mac OS. Personal computers are typically shipped with an operating system.

Answers to Reviews

5. What is the first step in creating a file?

Whether you're using a Windows machine or a Macintosh, the first step is to double click a word processing application to open it up.

6. What is the purpose of a LAN? What is one of the common uses of a LAN for a network of users?

The LAN is a system for connecting computers together to share devices. Most Regional Centers use a LAN system to connect the computers in their office environment. LANs allow users of computers to share devices such as hard disks, printers, CD ROM drives, modems, etc. with each other. Since data can be stored on a special computer called a *file server*, users of the LAN can also share data.

Time Management

1. Describe “batching” your work and how it can make you more effective.

For routine tasks, Gleason suggests *batching* your work. This means setting aside time in which all you do is return phone calls or answer mail. It is estimated that you will find 25% more time to dedicate to more important work by batching your work.

2. Outline several ways to reduce interruptions.

Carve out time when you can work without answering the phone. For example, planning a block of time very shortly after a person centered planning meeting to write up the IPP is the best way to get the program written while the information is fresh in your mind and your notes still make sense. Also, some service coordinators find that returning phone calls during one hour of the day rather than taking phone calls all day long makes them more efficient.

3. What is a good strategy for keeping up with phone calls?

Avoid getting too involved in *phone tag*. Make your voice mail or message system work for you. Find a time a day when it is best for you to return calls, and try to stick to that as much as possible. You can let people know the best time to find you in the office, or the time they can expect to hear back from you. On your voice mail message, ask people to leave a detailed message for you. You can get the information prepared before you return the call. Ask them to let you know the best time to reach them.

4. What is the major slogan of all time management strategies?

DO IT NOW!

5. The two essential features of an effective office are adequate work space and adequate storage space.

Answers to Reviews

6. The three categories that describe paper management are:

action

toss

pass it on

7. What is the key to making your computer system work for you?

Having a filing system that enables you to easily retrieve files

8. In addition to making a daily list of things to do, what do time management experts suggest be done each day?

Prioritize each of the daily tasks, and not move to the next until the first is completed.

9. What are some ways you can be most efficient in an IPP meeting?

Bring consent forms, CDER booklets, previous assessments, past IPPs to the meeting. Questions can easily be answered, and all required forms can be completed at the same meeting. Try to plan several hours at your desk following an IPP meeting. You can complete your write up while the information is fresh in your mind. Keep a file of information you are waiting for other people's response to complete your task. Keep a log of when you forwarded a service request to your supervisor, so you know when the request should be signed and approved. You can follow up and get the service authorization forms completed and get the service to the individual in a timely manner.

Service Coordination Orientation and Training Curriculum

Part 3 Apply What You Learn

Exploring Your Roles as



**Information
Seeker**



**Information
Provider**



**Record
Keeper**



Planner



Broker



**Service
Coordinator**



Advocate



**Problem
Solver**



Evaluator



Collaborator



Consultant



**Community
Organizer**

(Pages 661-782)

Southern California Training and Information Group
(1999)



Part 3 - Apply What You Learn

As a service coordinator, you will be wearing many hats. Part 3 offers a series of field-based and simulated applications of the basic information and process skills you have learned. Each application highlights a different hat or role (e.g., Advocate, Planner).

What You Will Find in Each Module

Each module contains a reading, suggested activities, additional resources, references, and a self-review of the material. You will find the information below at the beginning of each module.

Sample Cover Page for Each Module

Purpose, Outcomes, Methods, Time, and Materials

Purpose: Provides a general purpose statement for the module. For example, *the purpose of this module is to provide an overview of the Lanterman Act, its history and how it affects your job as a service coordinator.*

Objectives: Suggests the knowledge and skill you should have upon completion of the module. For example, *define a developmental disability and the four major categories of disability within that definition according to California law.*

Method: Suggests a format for group or individual paced learning. For example, *(1) discussion or self-directed review of the module outline as presented on PowerPoint or overheads; (2) read the information brief in each module; (3) complete the suggested activities; and (4) take the review to test your understanding of the material.*

Time: Suggests the approximate time to allow for each of the methods listed above.

Materials: Recommends the printed and electronic material needed as well as equipment.

Exploring Your New Roles

Now that you have learned about the basic elements and process aspects of your new job, it's time to turn to activities which will allow you to explore the many roles you will soon assume. Here's a brief outline of those roles:

- Information Seeker** As an information seeker, you will be collecting information about the individual's past and current situation (e.g., family history, education, living arrangements, work, health) from the individual and significant others (e.g., individual, family, service providers, other professionals). You will be using a person-centered approach to identify individual service needs and lifestyle preferences.
- Information Provider** As an information provider, you will be asked to provide both written and oral information to the individual's planning team and others. You will need to provide relevant, timely, and credible information to individuals, families, and service providers, so that they can make more informed decisions.
- Record Keeper** As an record keeper, you will be documenting the planning process, progress in reaching individual goals and objectives, as well as contacts with the individual and other members of the individuals team. You will need to write clear, concise accurate and respectful reports in a timely fashion.
- Planner** As an planner, you will be facilitating the team development of the Individual Program Plan. You will need to use a team approach in the development of a service plan which reflects individual lifestyle preferences and the supports needed to live a safe, healthy, and quality life.
- Broker** As an broker, you will be arranging for and establishing the criteria of service delivery. You will need to be able to identify and facilitate a variety of service and support arrangements (natural, generic, and developmental) based on individual needs and preferences.
- Service Coordinator** As an service coordinator, your role is to see that everything and everyone is working together to meet the service needs of the individual and family. In addition, you will need to meet the expectations of the Regional Center and other service agencies.

Advocate	As an advocate, you will help represent the best interests of the individual and family as needed. You will also need to provide the assistance and information needed for individuals and families to represent themselves and to take action when needed.
Problem Solver	As an problem solver, you will need to use a common sense approach to identify and resolve barriers to individual service needs and lifestyle preferences. This will require facilitation and mediation skills as well as good communication.
Evaluator	As an evaluator, you will be looking at the effectiveness of services (e.g., day programs, residential services) provided to the individuals you support. You will need to use your knowledge of individual needs to monitor basic service quality and effectiveness through measures of growth (e.g., individual progress, development (e.g., changes in service need), and satisfaction (e.g., staff, service plan implementation).
Collaborator	As a collaborator, you will need to develop a variety of effective working relationships both within and outside of the regional center (e.g., residential and day service providers, local community agencies, Department of Rehabilitation, local education agencies) in addition to your relationship with individuals and families.
Consultant	As a consultant, you will often be asked to provide technical assistance (e.g., securing alternative service options, improving service quality) to individuals, families, and service agencies. You will need to offer this assistance through information, education, training and reports.
Community Organizer	As a community organizer, you will be working in your local community on issues of concern (e.g., lack of affordable housing) to the individuals and families you support. You will need to work as an active member in a variety local generic (e.g., transportation, housing) and developmental service (e.g., supported employment) networks.

Apply What You Learn:

About Information

Exploring Your Roles as



**Information
Seeker**



**Information
Provider**



**Record
Keeper**



Apply What You Learn:

Exploring Your Role as Information Seeker

As an information seeker, you will be collecting information about the individual's past and current situation (e.g., family history, education, living arrangements, work, health) from the individual and significant others (e.g., individual, family, service providers, other professionals). You will be using a person-centered approach to identify individual service needs and lifestyle preferences.

Outcome, Method, Time, and Review Materials

Objective: Upon completion of this module, you should be able to:

Use a person-centered approach to identify individual service needs and lifestyle preferences.

Method: This activity can be completed using the scenario provided, or the service coordinator could use a situation from his or her caseload. The completed activity should be reviewed by a supervisor, peer mentor or trainer. If areas of need are discovered through this activity, the service coordinator should be referred back to one or more of the modules or to additional readings and activities.

Time: 2 hours

Review Materials-

Learn the

Basics: **Lanterman Act**
Laws and Regulations
Generic and Developmental Services
Life Cycle Issues
Person-Centered Planning

Learn the

Process: **Facilitation**
Team Building

Exploring Your Role as Information Seeker

Part 1: A Real-Life Scenario

If you are not working with a caseload at this time, please read the following scenario before you work on your strategy for information gathering:

Your caseload is made up of people living in their family home and people living independently. You have spent a considerable amount of time getting to know Jacob, who is 24 years old. Recently Jacob has started to talk to you about how he wants to live like his brother lives - in his own apartment. Jacob's family is a reluctant to discuss living away from home, but have grudgingly told Jacob that they would look at residential group options with him. They have seen two homes, in which Jacob met several men his age who like where they are living. Jacob really wants to live just like his brother, with no roommates.

Jacob has a job 20 hours per week which is arranged through his day program. He works for a local department store as a stock clerk. He has a job coach, who has been spending less and less time with him over the past 3 months. Jacob would like to increase his work hours, which he has been told is possible if his performance remains steady.

He has two friends from school who he sees regularly, and he would like to find a girlfriend. He recently ended a long relationship with his girlfriend from high school.

If you are currently working with a caseload and need to gather information about an individual or family for planning purposes, use that real-life situation. Whether you use the scenario or a real-life situation, it's important to gather information in a systematic way. By answering the following questions, you will be developing your strategy for working with an individual or family. All of the information needed to answer these questions can be found in the modules listed on page 1 of this competency.

Exploring Your Role as Information Seeker

Part 2: Gathering Information

1. **What new or additional information do you need to gather about individual and/or family lifestyle preferences, strengths, and needs?**

2. **Who will you include in your information gathering?**

3. **What information and records will you need to review?**

Exploring Your Role as Information Seeker

Part 4: Planning Meeting

1. How will you summarize your understanding of the individual and/or family's lifestyle preferences and service options?
2. What service options will you suggest?
3. What will you suggest if none of the service options are considered by the individual and/or family?
4. If you used a real-life situation, what was the result of your planning meeting?

Exploring Your Role as Information Seeker



Apply What You Learn:

Exploring Your Role as Information Provider

As an information provider, you will be asked to provide both written and oral information to the individual's planning team and others. You will need to provide relevant, timely, and credible information to individuals, families, and service providers, so that they can make more informed decisions.

Outcome, Method, Time, and Review Materials

Objective: Upon completion of this module, you should be able to:

Provide relevant, timely, and credible information to individuals, families, and service providers, so that they can make more informed decisions.

Method: This skill-based activity involves (1) listening to issues; (2) providing information as requested; and (3) encouraging action when appropriate. Cases or scenarios are hypothetical. If the service coordinator knows what information some individuals seek, actual cases can (and should) be used. Be sure to identify any barriers encountered, as well as accomplishments, in completing these exercises. The completed activity should be reviewed by a supervisor, trainer or peer mentor. If areas of need are discovered through this activity, the service coordinator should be referred back to one or more of the modules or to additional readings and activities.

Time: 2-3 hours

Review Materials-

Learn the Basics:

- Best Practices**
- Generic and Developmental Services**
- Guardianship and Conservatorship**
- Laws and Regulations**
- Natural Supports**

Learn the Process:

- Communication**
- Facilitated Decision-Making**

Exploring Your Role as Information Provider

Part 1: Providing Information and/or Encouraging Others to Obtain It

Scenario	
Parent:	"Bill (44 year old son) refuses to go see his dentist. He hasn't been in five years. He's getting increasingly stubborn about things. I'm worried. He rarely brushes his teeth, and he may be in pain."
Service coordinator:	"Does Bill have a dentist who is willing to see him?"
Parent:	"Yes, Dr. Goode has been his dentist all these years; he likes my Bill; and he is good with him."
Service coordinator:	"Do you see any ways we can get Bill to see his dentist?"
Parent:	"My husband has a bad ticker, and I'm just not able, by myself, to get Bill to the dentist. He won't go out to the car. I'm not sure whether he would go inside the dentist's office. I could tell him we are going out for an ice cream, but I don't want to mislead him."
Service coordinator:	"That's good. It is important that Bill trust all of us. May I make a suggestion?"
Parent:	"Oh, yes, please do."
Service coordinator:	"What about using a behavior specialist, who would come out to the house, help us size up the situation, and encourage Bill to see his dentist?"
Parent:	"Sounds like a good idea, but I need to talk with my husband to see if this plan is okay by him."
Service coordinator:	"Let me suggest that you check with your husband, and I'll see who might be available to help and whether we can pay for the service. How about if I call you a week from today, at about 4:30 P.M., and we can share what we have learned."

1. Does this dialogue follow principles of facilitated decision making? Please explain.

Exploring Your Role as Information Provider

Part 2: Generic Services and the Issue of Supplanting

Among other things, the Lanterman Act talks about (1) generic services and natural supports; (2) specialized services and supports related to the disability; and (3) the prohibition against *supplanting* generic services. Historically, many people with developmental disabilities have been excluded from generic services, such as schools, regular jobs, community recreation, civic organizations, and the like. A legislative desire to end that exclusion (or, positively, to support community membership and inclusion) and to assure a “net addition” to public resources available to individuals and families presumably prompted the “no supplanting” provision of the law. Times have changed. Several civil rights laws (Section 504 of the Vocational Rehabilitation Act of 1973; Public Law 94-142; the Americans with Disabilities Act of 1990) are now on the books. With a partner, debate the following practices in terms of the law, “best practices,” and values such as inclusion and choice. Write down the gist of arguments and counter-arguments.

1. Sally has significant behavior issues and is uncooperative in the dentist’s office. The dentist proposes doing cleaning and restoration work under general anesthesia at the local hospital. Sally’s health insurance will not cover the hospital cost, nor that of the anesthesiologist. **Resolved:** The Regional Center, if asked, should pay the extra cost (hospital, anesthesiologist) because these services are a consequence of Sally’s developmental disability.

Exploring Your Role as Information Provider

Part 3: What If . . . You Learned the Following About Issues Such as Those Identified in Part 2

Situation #1: Two Regional Centers (A & B), both in urban areas with well-developed mass transit systems, approach *generic transportation* differently. Regional Center A has taken the position over the years that families should teach their children to ride the bus or light rail. Regional Center B, in contrast, has provided a lot of mobility (or destination) training. At Regional Center A, three-quarters of clients served by Department of Rehabilitation attend sheltered workshops; the rest have regular jobs. At Regional Center B, the fraction is two-fifths in sheltered workshops, with three-fifths in regular competitive or supported employment. In addition, a recent study shows that 40% of those who use public transportation at Regional Center A were taught informally by family, while this was true of only 20% of those at Regional Center B. Finally, at Regional Center B, fully 60% use public transit; at Regional Center A, only 50% do.

1. Would this scenario, if true and potentially relevant to your Regional Center area, have any influence on your thinking about generic services, natural supports, and the supplanting issue? Why or why not?

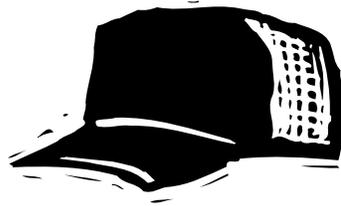
Exploring Your Role as Information Provider

Situation #2: A highly-respected professor at a local university has presented convincing evidence from another State that when several systems (schools, rehabilitation, developmental services, and workforce development) have “massed their combined resources” a year or two prior to graduation from high school, and a year or two after, rather than 5% of youth with substantial developmental impairments going on to college, and 20% getting regular jobs, 15% have gone on to college and 50% have gotten regular jobs.

2. Would this scenario, if true, have any influence on your thinking about generic services, natural supports, and the supplanting issue? Why or why not?

Exploring Your Role as Information Provider

5. Write a brief letter (or script) summarizing the information in a way that is responsive to the information needs of the person or family wanting it.



Apply What You Learn:

Exploring Your Role as Record Keeper

As an record keeper, you will be documenting the planning process, progress in reaching individual goals and objectives, as well as contacts with the individual and other members of the individuals team. You will need to write clear, concise accurate and respectful reports in a timely fashion.

Outcome, Method, Time, and Review Materials

Objective: Upon completion of this module, you should be able to:

Write clear, concise accurate and respectful reports in a timely fashion.

Method: This skill-based activity can be completed using the hypothetical cases given, if not yet familiar with one's case load. The completed activity should be reviewed by a supervisor, trainer or peer mentor. If areas of need are discovered through this activity, the service coordinator should be referred back to one or more of the modules or to additional readings and activities.

Time: 2-3 hours

Review Materials-

Learn the Basics: **Confidentiality**
 Documentation Procedures

Learn the Process: **Time Management**
 Written Communication
 Computer Skills

Exploring Your Role as Record Keeper

Part 1: A Special Incident Report

(**Note:** You may use an example from your assigned caseload, or you may use the information given here. Pick an individual for whom a special incident report has just been forwarded from the residential program.)

Special Incident Report

Date of occurrence : 10-12-98

Name of Facility: Almar Street Homes

Client Involved: Joey Maldano Age: 26 Sex: M Date of Admit: 8-26-98

Description of incident:

At approximately 8:00 PM on October 12, 1998, Joey came out of his bedroom carrying a very large book. He said to a staff member that he was very angry that someone had been reading the book, and he was going to throw the book at the person who had touched it. Staff attempted to redirect Joey by asking him to go into the back yard to calm down, per behavior plan. Joey screamed that he wouldn't ever calm down, that he hated this house, and all of the people in it. He threw the large book which hit a window, which shattered. At that point, he stood still and screamed for about 3 minutes. When staff tried to get near him, he would scream louder. One staff person who got close enough to him to make physical contact was thrown down to the ground. After about 3 minutes, Joey began crying and asked for one staff person to be with him. That staff person was attending to other clients. Joey screamed for the next minute or so, until that particular staff was free to spend time with him. Staff contacted Joey's psychiatrist who approved PRN medication, which was administered at 8:45 PM. Joey cried and screamed alternately, mostly verbalizing how much he missed his brother who lives about 200 miles away. When asked if he wanted us to call his brother, he said his brother would yell at him for not staying in control.

Action taken:

Call to psychiatrist for PRN approval; staff to assist Joey to calm down through relaxation exercises per behavior plan.

Follow up action planned:

Call a team meeting to discuss this incident, relationship with brother, reevaluating medications, determine appropriateness of continued placement. This is the fifth incident in two weeks in which Joey is screaming and out of control. This was the first which involved property damage.

Exploring Your Role as Record Keeper

Part 2: Notes Which You Have Recorded in Your Day Timer

10-13-98	Received fax of incident report
10-15-98	Met with Joey at day program
10-15-98	Met with residential staff to investigate special incident
10-15-98	Scheduled team meeting
10-15-98	Call to Joey's brother
10-16-98	Requested report from behaviorist at home
10-17-98	Scheduled quarterly review at home
10-18-98	Team meeting to discuss behavior program
10-19-98	Joey called; said he wants to be in a home closer to his brother
10-20-98	Team meeting held at home
10-20-98	Joey had incident during meeting – punching his hand through wall staff transported to ER
10-21-98	Referral packet sent to 5 - Level 4 programs in area

Part 3: Using the Forms From Your Regional Center

Locate the following forms from your Regional Center: (1) Quarterly Review; (2) Targeted Case Management/ID Form; and (3) the Special Incident Review. Complete each form using the information you have been provided in Parts 1 and 2 of this activity. Remember that your special incident report needs to be written within 24 hours of the occurrence.

Exploring Your Role as Record Keeper

Part 4: Team Meeting Summary

Write a summary of the team meetings you scheduled for 10/18 and 10/20 based on what appears to have been the likely outcomes. Remember to use people first language, to be clear, concise, and accurate and to use the *SOAP* note technique.

S (What was said or reported to you)

O (What you observed)

A (Assessment of the situation as you see it)

P (Plan or action - as needed)

Exploring Your Role as Record Keeper

Apply What You Learn:

About Individual and Family Support

Exploring Your Roles as



Planner



Broker



**Service
Coordinator**



Advocate



Apply What You Learn:

Exploring Your Role as Planner

As an planner, you will be facilitating the team development of the Individual Program Plan. You will need to use a team approach in the development of a service plan which reflects individual lifestyle preferences and the supports needed to live a safe, healthy, and quality life.

Outcome, Method, Time, and Review Materials

Objective: Upon completion of this module, you should be able to:

Use a team approach in the development of a service plan which reflects individual lifestyle preferences and the supports needed to live a safe, healthy, and quality life. Develop an Individual Program Plan which reflects:

- (1) documentation of team meetings;
- (2) goals and objectives clearly linked to the assessment of service needs and lifestyle preferences;
- (3) necessary health care supports; and
- (4) purchase of service authorizations.

Method: This skill-based activity can be completed using the hypothetical scenario provided. The completed activity should be reviewed by a supervisor, trainer or peer mentor. If areas of need are discovered through this activity, the service coordinator should be referred back to one or more of the modules or to additional readings and activities.

Time: 2-3 hours

Review Materials-

Learn the

Basics:

Guidelines on Person-Centered Plan Development
Purchase of Service Standards and Procedures
Natural Supports
Person-Centered Planning

Learn the

Process:

Facilitation
Team Building
Written Communication

Exploring Your Role as Planner

Part 1: What We Know About Martrisha

Read through the following information. You will be asked to prepare a service plan (person-centered plan) for this child at the end of the description. If you have a caseload assignment and a person centered plan is due, you may use that situation to illustrate your understanding of the planning principles critical to the position of service coordinator.

Narrative: Martrisha, age 12, has lived away from her family for six years. She lives in a small family home (licensed by Community Care Licensing) with 5 other children. In the past year, Martrisha has begun hitting other children (if she is not closely watched), which has caused great concern for Mrs. Pittman who owns the home. She is very attached to Martrisha. Martrisha was the first child to move into the home, and Mrs. Pittman feels that the “training in this home goes two ways.” Two years ago, Martrisha’s behaviors became unmanageable. She was hitting other children, screaming, stomping her feet, and refused to eat – all without medical cause. Martrisha was moved to a foster family home, where she remained for two days. The foster family called Mrs. Pittman and begged her to take Martrisha back. They were very upset by her behavior, and didn’t know how they could help her.

Martrisha moved back into the Pittman home, and began using psychotropic medications which have been monitored by her doctor. Her behavior with other children in the home has been markedly improved. About four months ago, Martrisha started hitting again. Mrs. Pittman took her to the doctor to rule out any medical problems that might be causing distress. When medical problems were ruled out, she asked the Regional Center for help. As a short term solution, the service coordinator authorized additional staff for three months. This allowed Mrs. Pittman to hire a helper, so that she could spend time with Martrisha alone. That has made quite a difference. However, Mrs. Pittman is feeling torn. She wants to spend more time with the other children and feels that Martrisha might be better served in another location where she could be the only child.

Recently, Martrisha’s mother has been visiting more regularly, and talking about taking Martrisha back home with her. She feels that in about three years, she would be ready to take her daughter home to join her and her two young children. Mrs. Pittman’s sister has been thinking about becoming a foster parent, and she might be interested in having Martrisha live with her.

Exploring Your Role as Planner

Because Mrs. Pittman has been asking you about other possibilities for Martrisha, you sent referral packets to other group homes, and to the four foster family agencies which are vendors of the Regional Center. Two FFAs have rejected Martrisha because of her high level of needs. Here are a few things we know about this child:

Martrisha is able to communicate using a few facial gestures.
She likes to be around adults – she smiles when Mrs. Pittman, her sister, and her college-age niece are in the room
She is in a class at the Special Education center.

Here is some information from a recent social assessment:

Motor functioning: Martrisha is ambulatory. She can move up and down stairs with handrail independently. She holds objects for a few seconds and will immediately throw them. She was able to run faster at 18 months than she is able to run now.

Communication: Essentially non-verbal. She grunts and says “pap, pap, pap” when angry. She hits or throws things when she wants something.

Cognitive: Martrisha responds to voices of people familiar to her. She does not know her age. She can focus attention for about 4 minutes. She endangers herself in unfamiliar settings. She doesn’t follow simple directions. She appears as if she is in “her own world,” according to family members.

Adaptive: She began to lose skills at 2 years, 3 months. Prior to that, she could eat independently and was able to use a straw, blow a candle out. She is not toilet trained or habit trained. She gets angry when she is wet, and grunts her discomfort. She does not attend to personal hygiene or dress herself at all.

Behavior/Social: She is not interested in playing with toys and her family members say she does not know how to play. She sways back and forth and claps her hands continuously during waking hours. She does not like loud sounds, and hits her head against the wall if she is startled by a loud sound. She likes the vibration of the dryer and stays there for a long time with her hand on it.

She has seven to 14 tantrums per day which include throwing herself on the floor, crying, screaming and hitting herself and others. The tantrums increase if there is a change in her routine.

Diagnostic information from most recent psychological evaluation (per DSM IV):

Axis I	Autistic Disorder 299.00 (rule out)
Axis II	Mental Retardation: severity unspecified 319

Exploring Your Role as Planner

- (3) Based on her assessment, and your thoughts on what might occur at a team meeting, can you suggest some possibilities for goals and objectives?

Goal:

How Things are Now (Current Situation) and How We Would Like Them to Be (Objective)

Goal:

How Things are Now (Current Situation) and How We Would Like Them to Be (Objective)

Exploring Your Role as Planner

- (7) What services and supports (natural as well as developmental) do you think would be beneficial for Martrisha?

Kinds of Support Needed	
Self, Friends, Family, & Community	Support Service Agencies



Apply What You Learn:

Exploring Your Role as Broker

As an service broker, you will be arranging for and establishing the criteria of service delivery. You will need to be able to identify and facilitate a variety of service and support arrangements (natural, generic, and developmental) based on individual needs and preferences.

Outcome, Method, Time, and Review Materials

Objective: Upon completion of this module, you should be able to:

Identify and facilitate a variety of service and support arrangements (natural, generic, and developmental) based on individual needs and preferences.

Method: This skill-based activity can be completed using the hypothetical cases given, if not yet familiar with one's case load. If the service coordinator knows what some individuals need and want, actual cases would be better. Strategies and next steps are to be described in writing. Be sure to identify any barriers encountered, as well as accomplishments. The completed activity should be reviewed by a supervisor, trainer or peer mentor. If areas of need are discovered through this activity, the service coordinator should be referred back to one or more of the modules or to additional readings and activities.

Time: 6-8 hours

Review Materials-

**Learn the
Basics:**

**Generic and Developmental Services
Purchase of Service Standards and Procedures
Natural Supports
Laws and Regulations**

**Learn the
Process:**

**Communication
Facilitation**

Part 1: Encouraging Use of Natural Supports

Hypothetical situation: Sally is 8 years old, in the third grade, and spends much of the day in a special day class, except for a music class, breaks, and lunch. She uses a wheelchair; likes people but is a bit shy; and wants to have friends (especially girls at school). She communicates with a picture board, needs help from a 1:1 aid to complete her school assignments, move around the campus, and for her personal care needs. She indicates her likes to others through her smiles especially when asked whether she likes school, her teacher, and the playground.

Actual situation from your caseload:

1. Based on what you have read, how would you describe Sally's (or, the other person's) needs and preferences?
2. What services or supports does Sally (or, the other person) want? When? Where? How much?
3. Who did you enlist (e.g., parents; teachers; principal) in the effort to develop (and nurture) the kind of natural supports Sally (or, the other person) wants?

Exploring Your Role as Broker

4. How would you (or, did you) engage (and nurture) the desired natural supports? Who? What? When? What did you say? How were people persuaded to help?

5. What did you accomplish (or, what would you expect to accomplish)? Please be as specific as possible. What barriers, if any, did you encounter? How did you deal with them?

Exploring Your Role as Broker

3. In approaching Denti-Cal or CCS, what would you say to persuade an examining dentist that orthodontia (and, possibly reconstructive surgery) are *medically necessary*?

4. If the initial dental assessment indicates that the treatment sought is not medically necessary, how would you propose proceeding? Why?

Exploring Your Role as Broker

3. If everyone would like at least one pre-placement visit, how would you handle a request that the Regional Center purchase such?

4. Assuming a decision is made to serve Billy (or, the other person), what additional steps will you need to take to complete your brokerage function?

Exploring Your Role as Broker

Figure 1.
Residential Service Provider: Basic Descriptive Information*

1. Facility/Service Name: _____ Vendor #: _____
2. Type of service: _____ Foster home; _____ CCF; _____ ICF/DD-H or N
_____ Other: _____
3. Monthly-fee-for-service (excluding SSI): _____
4. Capacity (or # served): _____
5. Street address: _____
6. City and ZIP Code: _____
7. Contact person:
 - a. Name: _____
 - b. Title: _____
 - c. Phone/fax/Email: _____
8. Description of individuals currently served:
 - a. Ages: _____
 - b. Gender: _____
 - c. Intellectual/communication abilities: _____
 - d. Other descriptive characteristics: _____
9. Special expertise/special considerations (e.g., dealing with severe behavior problems; helping people who are medically fragile; whether serves persons who are non-ambulatory)

* This information is kept on file for all residential services, whether or not licensed.

Figure 2.
What the Individual and Family Want*

Individual

Live close to family home
Have own bedroom
Live with people who are not "bossy"
Have a job or attend an activity center
Be able to have (or, at least share) a pet
Be able to participate in Special Olympics

Be able to have a girl friend, outside the home
Have space for stereo system and Nintendo
Be able to work around the yard
Have plenty of free time to listen to music
Not be abused

Family

Live close to where Billy lives
Have energetic, caring, competent service providers
On-going counseling on nutrition and proper eating habits
Willingness to lock up food, if it becomes a problem

Exploring Your Role as Broker

Figure 3.

Sample Checklist for Service Coordinators in Facilitating Selection of a Living Arrangement

Name: _____ DOB: _____ Gender: M F
 UCI#: _____ Service Coordinator: _____

Where living now?

- Parent/family home
- Own home/apartment (as adult)
- Licensed or certified* home (type and svc level)

Probable level of support needed (assessed level of care needed):

Change needed by when? _____

Check off (✓) when have information or taken action:

Preferences:

- Where? (city, town, neighborhood, etc.) _____
- With whom? (alone? with others? If so, whom?) _____
- Qualities of home/neighborhood:

	<i><u>Non- negotiable</u></i>	<i><u>Strong Preference</u></i>	<i><u>Like to have</u></i>
• Own bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Gender (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Close to grocery store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Close to public transit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Close to (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Needed services and supports:
- Other preference(s):

Other factors:

- Who will make the ultimate decision for person: _____
- Search and find (Y/N) or create (Y/N) (Circle Yes or No.)
 Explain: _____
- Possible placement(s) identified: _____
- One or more judged possible? _____
- Placement packet(s) distributed _____
- Pre-placement visit(s) arranged _____
- Services authorized (POS) _____
- Transitional plan of care developed _____
- Admission decision made _____
- Other step(s) taken (describe: _____)

Part 4: Brokering A Mixture of Natural Supports, Generic and Developmental Services

Hypothetical situation: Abigail, now age 65, lives alone. Before she died, her mom arranged for In-Home Supportive Services (IHSS), but not as much as she needs. Abigail wants to stay where she is – in the family home, which is paid off and affordable on her SSI. She has a cat who keeps her company. She is fearful being alone at night. She recently fell and broke her hip, which is on the mend. She wants to play bingo with her lady friends once a week, and to continue taking a computer class at the nearby community college. She needs some help with shopping, cooking, getting to medical appointments, and keeping her house clean.

Actual situation from your caseload:

1. What purchased services (POS) would you consider requesting? Why?



Apply What You Learn:

Exploring Your Role as Service Coordinator

As an service coordinator, your role is to see that everything and everyone is working together to meet the service needs of the individual and family. In addition, you will need to meet the expectations of the Regional Center and other service agencies.

Outcome, Method, Time, and Review Materials

- Objective:** Upon completion of this module, you should be able to:
- Meet the needs of individuals and families along with the expectations of the Regional Center and other service agencies.
- Method:** This skill-based activity can be completed using either the *typical tasks* provided on a *sample* caseload or, if the service coordinator has already been assigned, his or her actual caseload. The completed activity should be reviewed by a supervisor, trainer or peer mentor. If areas of need are discovered through this activity, the service coordinator should be referred back to one or more of the modules or to additional readings and activities.
- Time:** 3-4 hours
- Materials:** 1 Month Calendar
Computer and word processing application

Review the Material-

Learn the Basics: **Regional Center Organization**

Learn the Process: **Time Management**
Leadership
Communication
Computer Skills

Exploring Your Role as Service Coordinator

Part 1: Read *A Month in the Life of a Service Coordinator*

A typical work load for a service coordinator includes completing annual reviews and developing individualized plans, arranging services based on the plan, addressing urgent issues, meetings with generic service providers (schools, work programs), Regional Center staff meetings, responding to phone calls, completing paperwork and occasionally representing the Regional Center at community or civic meetings. Based on a caseload of 62 individuals (children and adults) and families, what follows is a typical month of activities.

Activity	Time	What's involved?
Individual Program Plan (6)	2-4.5 H	Review of case file, review current IPP and IEP/ISP, review behavior services assessments, contact person to make appointment, facilitate discussion at meeting, write up discussion at meeting, make referrals as necessary, coordinate new service delivery generate new POS authorizations, prepare for supervisor signature, mail copy to individual and/or family
Quarterly Review (5)	1.5 H	Review objectives, make appointment, discuss with consumer, parent or provider what changes may have occurred, write up summary of meeting for case file
Individual Education Plan (1)	1-2 H	Review issues with parent, contact school for new information, gather new information for meeting (behavior assessments, psychological assessment), gather forms to update or have signed at meeting (CDER, POS, psychological services request, consents)
Transition Meeting (1 p/yr)	2 H	See IEP, add gather information on adult program options, coordinate program referrals, prepare information for referral

Exploring Your Role as Service Coordinator

Activity	Time	What's involved?
Request for Service (1)	1-1.5 H	Review request with consumer or family, (outside of IPP) prepare forms for presentation to supervisor or funding committee, review with supervisor, gather documentation for request from record, attend committee meeting, amend IPP if approved
Referral to New Program (1)	.5 H	Determine what information is necessary for program to make decision, forward information to program, follow up with program
Training at Regional Center (1)	2 H	Variety of topics and speakers
Unit meeting (4)	1 H	Get update information on agency operations, new referral information, exchange information
Title 19 reporting (daily)	Varies	Logging the amount of time and type of contact with each consumer.
Phone calls (8/day)	.25-1.5 H	May require checking on payment to a vendor, researching with accounting, documenting need for services, responding to questions about service system or diagnosis, responding to need for support, assisting parent/consumer in problem solving, verifying service, calls from people living independently
Community Education (1)	Varies	Attend meeting at school, hospital, program present information about Regional Center role
Special Incident Reports	Varies	Must investigate within 48 hours and prepare report within 10 days
Generic service issues (2) about	.5 H	Contacting social security or Medi-cal eligibility or redetermination; or researching community resources for social/recreation

Exploring Your Role as Service Coordinator

Activity	Time	What's involved?
Residential relocation (1)	1-5.5 H	activities Review current situation, confer with supervisor, prepare referral information, identify possibilities with individual, visit new locations, arrange for transportation, prepare referral information for programs if necessary
Regular paperwork	.5 H	Completing mileage forms, reviewing reading materials from supervisor

Not every month will look the same. If an emergency situation arises, such as a residential program closing or the parent of a consumer dying, your month (and all the planning you have done) will look very different.

Part 2: Review *Your Inbox for Monday Morning*

Memorandum		
Date:	1/1/99	
To:	New Service Coordinator	
From:	Your Supervisor	
Re:	Annual Reviews and IPPs for April	
Last Name	First Name	DOB
Jones	Jeremy	4/1/56
Lee	Jenny	4/5/89
Baker	LeeAnn	4/9/46
Kim	Steve	4/15/92
King	Gerald	4/25/63
Dang	Benny	4/28/82

Exploring Your Role as Service Coordinator

North South Day Services

1234 E. West Avenue
Suburban, CA 99999

Re: Tom Cruiser
UCI # 9999999

Dear New Service Coordinator:

We have recently begun to notice changes in Tom's behavior which we believe warrant the authorization of behavior management services to assess Tom's current situation. We hope that a behavior specialist will be able to guide both our staff and the staff in Tom's group home. The documentation you requested is attached. Our staff is available for meetings after 4:00 PM any day of the week except Wednesdays.

We look forward to your response.

Sincerely,

North South Day Services

Residential Programs of Southern California

1111 Street Avenue • Suburban, CA 99999

Re: Becky DeMornay

Dear New Service Coordinator:

We regret to advise you that we will terminate services to Becky in 30 days, per our admission agreement. Becky has been advised of this termination as well. Becky has not adjusted to this home, and has continually expressed her desire to find her own apartment. She has been aggressive with staff. She refuses to follow the house rules about visitors, and is never home at dinner time. She will need considerable support to live in her own apartment. It is clear that we cannot serve her in this home.

We are happy to assist in any way we can to find the most appropriate setting for Becky.

Sincerely,

Residential Programs of Southern California

Exploring Your Role as Service Coordinator

Part 3: A Summary of *Your Voice Mail for Monday Morning*

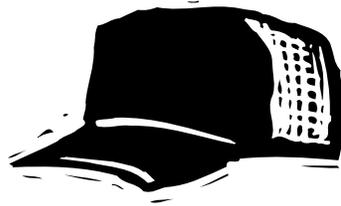
Your voice mail contains the following messages:

- Mother of 7 year old inquiring about IEP requirements
- Group home operator reporting special incident involving person who is AWOL
- Group home supervisor reporting special incident involving medication error
- Father of 18 year old with questions about what happens after graduation
- Supervisor with a question about service request
- Accounting with a question about authorization for service. Vendor is billing for more hours than authorized
- Training department supervisor calling with a request for you to present on mental health issues at next provider training program
- Transportation service reporting that an individual has been aggressive on van; requesting consideration of an aid on the bus
- Mother of 12 year old requesting that gymnastics class be covered
- Mother of 6 year old twins requesting additional respite services for next 5 months as she recovers from surgery
- Mother of 40 year old with questions about conservatorship and trusts

Part 4: Your *Service Coordination Skill Mastery Activity*

1. Using the information provided in *A Month in the Life . . .* and a blank 1 month calendar, plan for a: (a) typical day; and (b) the remainder of the month. Your completed plan should include time for scheduling and/or attending required meetings; contacts with individuals and families; time for report writing and other documentation; and time each day for returning phone calls.
2. Using a word processing application, type up and print out a prioritized list of responsibilities from *A Month in the Life . . .* and the information in your *Inbox for Monday Morning*.
3. Using a word processing application, type up and print out a prioritized list of responses to *Your Voice Mail for Monday Morning*. In each situation, develop a list of preliminary questions you will need to ask in order to develop a plan of action.
4. Prepare written responses to the two letters in your *Inbox for Monday Morning*.
5. Use a persuasive technique to prepare a written response to either one of the two letters in your *Inbox for Monday Morning*. In your response, attempt to facilitate a different outcome than suggested by the service provider.
6. Locate your Regional Center's *Mission Statement* and write a brief description of how your understanding of the job of service coordinator is (or is not) aligned with it.

Exploring Your Role as Service Coordinator



Apply What You Learn:

Exploring Your Role as Advocate

As an advocate, you will help represent the best interests of the individual and family as needed. You will also need to provide the assistance and information needed for individuals and families to represent themselves and to take action when needed.

Outcome, Method, Time, and Review Materials

Objective: Upon completion of this module, you should be able to:

Provide the assistance and information needed for individuals and families in representing their own best interests and taking action when needed. Assist an individual and/or family with an generic, community, developmental or educational service issue (e.g., eligibility, placement) which includes (if needed): (1) a description of the interests and positions of all parties; (2) a discussion of the best alternative to a negotiated agreement; (3) an explanation of legal standing; and (4) selection of representation.

Method: This skill-based activity requires the assistance and ongoing support of a supervisor or trainer/mentor. It would best be completed by pairing up with a service coordinator who has a caseload that includes families of school-aged children. If areas of need are discovered through this activity, the service coordinator should be referred back to one or more of the modules or to additional readings and activities.

Time: 6-8 hours

Review Materials-

**Learn the
Basics:**

**Other Agency Services, Supports, Appeal Processes
Advocacy Agencies
Laws and Regulations**

**Learn the
Process:**

**Communication
Conflict Resolution**

Exploring Your Role as Advocate

Part 1: Assisting a Family through the Special Education Dispute Resolution Process

In your role as advocate, you will likely be asked for assistance with obtaining services from the special education system. This will be an opportunity for you to learn more about advocacy and the special education appeal process.

First, ask your supervisor or mentor/trainer to assign you a student and family (or assist another service coordinator) with an advocacy problem related to special education. Typically, these situations will be about a denial of request for a service (e.g., inclusion services, speech, occupational or physical therapy), or not providing a service that is written into the student's Individual Education Plan. Throughout the process, it's important to work with your supervisor or mentor/trainer for advise and assistance as you need it.

While you are waiting for that assignment, please review the excerpted section of *Parental Rights and Responsibilities* regarding dispute resolution and fair hearings. Prepare here a brief explanation of how the process works, so that you can be prepared to discuss it with the family.

Outline of the Dispute Resolution and Hearing Process

Exploring Your Role as Advocate

Outline of the Dispute Resolution and Hearing Process

Excerpts from **Parental Rights and Procedural Safeguards for Special Education**

DISPUTE RESOLUTION PROCESS

Local Intervention

The public education agency and parent can meet informally to resolve issues. Parents are encouraged to utilize local systems to resolve concerns. Each district in their Special Education Local Plan Area (SELPA) has a Resource Parent Program that provide parent-to-parent assistance. Contact the Local Education Agency (LEA) Special Education Director for information about and access to this program.

Each district has access to a neutral party that assists in developing solutions that meet the interests of both parties of a dispute (alternative dispute resolution). Contact your LEA Special Education Director of information and access to this service.

Prehearing Mediation Conference

Prior to filing a request for a due process hearing, parents are encouraged to seek resolution through an informal pre-hearing mediation conference. This is intended to be a non-adversarial attempt at resolving issues related to identification of disability, assessment, placement, or provision of free, appropriate education absent attorneys or advocates. [E.C. 56500.3(a)] This can be requested through McGeorge School of Law, Special Education Hearing office, 3200 Fifth Avenue, Sacramento, CA 95817, (916) 739-7053.

Mediation Conference

Upon receipt of the written request for a hearing that includes a statement of concerns and proposed remedies, the state superintendent or designee informs the public education agency and parents, in writing, of a proposed mediation and all rights of both parties regarding procedural safeguards, including the right to waive the mediation conference. The parent may be accompanied by any representative(s) they choose. If mediation fails, the parties proceed to a state-level hearing at any reasonably convenient time to the parent and child in a local school facility.

Mediation

The mediation process is voluntary and may not be used to delay a parent's right to a hearing or other due process. It will be conducted by a qualified, impartial, and trained mediator. The mediation is scheduled in a timely manner and held in a location convenient to the parties. Any agreement reached in mediation must be in a written mediation agreement. The LEA has established procedures which may require parents who refuse mediation to meet with a neutral party who will explain the benefits of mediation. Mediation discussions are confidential and cannot be used in a subsequent hearing or civil proceeding when confidentiality requirements are stipulated.

Exploring Your Role as Advocate

Due Process Hearing Rights

Due process hearing procedure rights extend to the pupil, parent, and public education agency. Any of these may initiate a due process hearing whenever there is a proposal to initiate or change, or a refusal to initiate or change, the identification, assessment, or educational placement of the pupil or the provision of a free appropriate public education, or when the parent refuses to consent to an assessment. The due process hearing rights under State law include but are not limited to the right to: mediation conference; examine pupil records; and a fair and impartial administrative hearing at the state level, before a person knowledgeable in the laws regarding special education and administrative hearings. The hearings will be completed within forty-five (45) calendar days following receipt of written requests.

Parents have the right to:

- Open the state hearing to the public.
- Be informed of all rights and procedures related to the due process hearing.
- Receive notice immediately of mediations and hearing dates; the notice to include date, time, and place of both mediation and hearing.
- Information regarding available free or low cost legal or appropriate other services upon the LEA's receipt of written notification of a request for a due process hearing.
- If the parent does not have an attorney, the district upon request by the parent will provide a mediator to assist the parent in identifying issues and proposed resolution of issues.
- Present evidence, written arguments, and oral arguments.
- Be accompanied and advised by counsel and individuals with special knowledge or training relating to the problems of children and youth with disabilities.
- Confront, cross examine, and compel the attendance of witnesses and present evidence.
- Receive a written or electronic verbatim record of the hearing.
- Receive a written finding of the facts and the decision within forty-five (45) calendar days from the receipt by the State Superintendent of the request for hearing.
- Have the child who is the subject of the hearing present at the hearing.

Any party to a hearing has the right to:

- Be accompanied and advised by counsel (not necessarily at public expense) and by individuals with special knowledge or training with respect to problems of children with disabilities;
- Be informed by the other parties of the issues and their proposed resolution of the issues at least ten (10) calendar days prior to the hearing;
- Exclude witnesses from the hearing;
- At least five (5) business days before the hearing, each party shall disclose to all other parties all evaluations completed to that date, and recommendations based on the evaluations that the offering party intends to use at the hearing;
- Prohibit the introduction of any evidence at the hearing that has not been disclosed to that party at least five (5) business days before the hearing;

Exploring Your Role as Advocate

- Obtain written or electronic verbatim record of the hearing;
- Obtain written or electronic findings of fact and decisions.
- Have an interpreter that is paid for by the State education agency; and
- Have an attorney present as an observer (information regarding the use of attorney services are covered in a section entitled "Award of Attorney's Fees".)
- Have an extension of hearing time line upon good cause.
- Have a mediation conference at any point during the hearing process.

Each hearing must be conducted at a time and place which is reasonably convenient to the parents and child involved. When Mental Health or California Children's Services are involved in the IEP process, all the same due process requirements apply. Mental Health and California Children's Services are obligated to participate in the due process procedures.

All requests for due process hearing are filed with the State Superintendent of Public Instruction, in writing. The request should provide as complete information as possible. The statement must include the student's name, address, school of attendance; a description of the nature of the problem relating to such proposed initiation or change including facts related to such problem; and a proposed resolution to the problem to the extent known and available to the parents at the time.

A list of hearing officers, including their qualifications, is available. Hearings are not conducted by anyone who is an employee of a LEA involved in the education or care of a pupil or who has a personal or professional interest that would conflict with their objectivity. A hearing officer is not considered an employee just because they are paid for their services. Requests for hearings or a list of officers should be sent to: McGeorge School of Law, Special Education Hearing Office, 3200 Fifth Avenue, Sacramento, CA 95817, (916)739-7053. The person filing for due process hearing provides the other party with a copy of the request at the same time that they file with the Superintendent or McGeorge School of Law. Within three days after receiving a copy of a parents' hearing request, the school district or county office is required to advise the parent of free or low-cost legal services and other relevant services available in the geographic area. The Superintendent makes sure that within 45 day of the receipt of a written hearing request, the hearing is started and completed, including any mediation and final administrative decision, unless the hearing officer grants a specific extension at the request of either party. The hearing decision is final and is binding on both parties unless one party appeals to a court. Either party can appeal the decision to a state or federal court of competent jurisdiction.

Student Placement During Pendency Of A Due Process Hearing

During the pendency of any administrative or judicial proceeding unless the LEA and the parents of the child agree otherwise, the child involved must remain in his or her present educational placement. If a hearing involves an application for initial admission to public school, the child, with the consent of the parents, must be placed in the public school program until the completion of all the proceedings.

Exploring Your Role as Advocate

Part 2: Gathering the Facts

Next, you'll need to schedule a time and place to meet with the student and the family. When you meet; you will need to: (1) facilitate a discussion with them about the problem situation and what they see as the solution; (2) find out what steps they have already taken (e.g., meeting with the resource parent; (3) collect all of the information that they have about the situation (e.g., Individual Education Plan, letters from the school district, assessments or evaluations); (4) advise them of the dispute resolution process; (4) ask the family to describe what they think might be the pros and cons of using the process; and (5) offer your assistance in preparing for the mediation conference.

(For example: According to the IEP, speech therapy services are to be provided twice a week. It is now the third month of school and no services have been provided. We would like those services to start within one week.)

I. What is the problem situation and the solution from the family perspective?

2. What information were you able to gather?

Exploring Your Role as Advocate

3. What is your description of the interests and position of the family?

4. What is your description of the interests and position of the school district?

5. Will the family proceed through the dispute resolution process?

6. If so, what is your opinion of what the outcome of a mediated settlement might be?

Exploring Your Role as Advocate

Part 3: The Mediation Conference

Prior to the mediation conference, meet with the family once again to discuss: (1) the position and interests of both parties; (2) the family's conference strategy (practice or role play if needed); (3) how you might support it; and, (4) the development of an outline of the key points in their presentation.

1. Was the family able to follow the outline of key points?

2. How were you able to support the family?

3. What was the outcome of the mediation?

Exploring Your Role as Advocate

4. If the family will proceed to a state level hearing, do they need representation? for what purpose?

5. If needed, who will represent them?

6. For closure, what was the outcome of the state level fair hearing?

Apply What You Learn:

About Leadership

Exploring Your Roles as



**Problem
Solver**



Evaluator



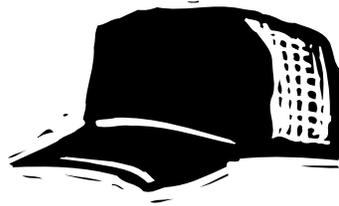
Collaborator



Consultant



**Community
Organizer**



Apply What You Learn:

Exploring Your Role as Problem Solver

As an problem solver, you will need to use a common sense approach to identify and resolve barriers to individual service needs and lifestyle preferences. This will require facilitation and mediation skills as well as good communication.

Outcome, Method, Time, and Review Materials

Objective: Upon completion of this module, you should be able to:

Use a common sense approach to identify and resolve barriers to individual service needs and lifestyle preferences.

Method: This activity can be completed using the scenario provided, or the service coordinator could use a situation from his or her caseload. The completed activity should be reviewed by a supervisor, peer mentor or trainer. If areas of need are discovered through this activity, the service coordinator should be referred back to one or more of the modules or to additional readings and activities.

Time: 2 hours

Review Materials-

Learn the

Basics: Cultural Diversity
Life Cycle Issues
Generic and Developmental Services

Learn the

Process: Problem Identification and Action Planning
Communication
Empowerment

Exploring Your Role as Problem Solver

Part 1: A Real-Life Scenario

If you are not working with as caseload at this time, please read the following scenario before you work on your strategy for problem resolution:

Maria, age 3, is the third child of Pablo and Claudia Martinez. She has had several disability labels assigned to her, in the course of trying to diagnose her delayed verbal, cognitive and physical development. She requires assistance with mobility, dressing, and feeding. The Martinez' are having difficulty accepting Maria's disabilities, because their first two children have been honor students. The family has just been assigned to you, as Maria has transitioned into a regular caseload from the Early Start department.

The previous service coordinator noted that Mrs. Martinez called her daily for a period of four months, with questions about what was wrong with Maria, and asked what services that the Regional Center offered. After the service coordinator gave her information about respite options, she expected that Mrs. Martinez would be thrilled with the opportunity to have some assistance with Maria's physical care. She gave her the number for two respite agencies, and authorized services within the service guidelines. She didn't hear from Mrs. Martinez for the next four months. Assuming there were no issues, Maria's case file was transferred to an ongoing unit. Upon receiving your letter of introduction, Mrs. Martinez called you. She said she was very angry with the Regional Center, and never got a "sitter" she could trust from the respite agency. In four months, she had never left home, even when the "sitter" arrived.

If you are currently working with a caseload and an individual or family has presented you with a problem for resolution, then use that real-life issue. Whether from the scenario or real-life, it's important to outline a strategy prior to working on a problem resolution. By answering the following questions, you will be developing your strategy for working with an individual or family. All of the answers can be found in the modules listed on page 1 of this competency.



Apply What You Learn:

Exploring Your Role as Evaluator

As an evaluator, you will be looking at the effectiveness of services (e.g., day programs, residential services) provided to the individuals you support. You will need to use your knowledge of individual needs to monitor basic service quality and effectiveness through measures of growth (e.g., individual progress, development (e.g., changes in service need), and satisfaction (e.g., staff, service plan implementation).

Outcome, Method, Time, and Review Materials

Objective: Upon completion of this module, you should be able to:

Use the knowledge of individual needs to monitor basic service quality and effectiveness through measures of growth, development, and satisfaction.

Method: This skill-based activity can be completed using either the *sample forms* provided or, if the service coordinator has already been assigned, the forms used by the Regional Center. The completed activity should be reviewed by a supervisor, trainer or peer mentor. If areas of need are discovered through this activity, the service coordinator should be referred back to one or more of the modules or to additional readings and activities.

Time: 8-10 hours

Review Materials-

**Learn the
Basics:**

**Best Practices
Laws and Regulations
Reporting Procedures
Assuring Quality Services**

**Learn the
Process:**

**Communication
Written Communication**

Part 1: Completing a Quarterly Review

As a service coordinator, you will be required to complete a face-to-face contact with people who are living in licensed homes. This visit needs to be documented in the individual file. On the next page, you will find a sample Quarterly Review form (or use one from your Regional Center). The first part of this core competency involves completing a review of a child or adult who is living in a licensed home. It is suggested that you work with your supervisor or mentor/instructor to determine the best way to complete this activity. One method would be to pair up with another service coordinator who will be completing a quarterly visit. When you have finished the visit, complete the form and discuss it with both the service coordinator and your supervisor or mentor/teacher. The key elements of the discussion should include:

1. In general, what services and supports are provided to the individual?
2. Are services and supports appropriate for the individual?
3. Looking at the last quarterly review for this individual, have there been any changes in services and supports or health conditions?
4. Any problem areas noted?

Exploring Your Role as Evaluator

Sample Quarterly Visit*

QUARTER 1st 2nd 3rd 4th

- Residence appropriate
- Health/Medications status reviewed
- Participation in and satisfaction with current services and supports
- Comments re: concerns (PCP, P&I, Medical, Medications, Rights, etc.)
- Living option discussed
- IPP/Person-Centered Plan reviewed

ACTION TAKEN/Follow-up Needed:

SANDIS information reviewed and updated

Individual's Name: _____

DOB: _____

UCI: _____

* Adapted from NLARC (1997)

Part 2: Team Member on a Title 17 Review

On a yearly basis, you will be completing some number of Title 17 reviews of licensed homes in your area. A part of each visit, you will be reviewing some of the individual files for accuracy and completeness. For this part of the Evaluator activity, you will be a member of a Title 17 visit to a license home and your role will be to review the records. It's suggested that you join another service coordinator or team to complete a review. Your role will be to review the files of 20% of the individuals living in the home. You can use the checklist on the following page (or one that your Regional Center provides you) for your review. It's important to talk to your team leader after completing the review. Some of these items are considered required documentation and, if missing, a citation for *Substantial Inadequacy* must be completed. In general, your discussion should include:

1. How would you describe the general organization of the individual files?
2. Are there any positive or problem area trends in your review?
3. Any training needs that you identified?

Part 3: Looking at Individual Progress

In addition to looking at records, you will regularly be presented with information from both day and residential services regarding individual progress on goals and objectives. From time to time, this will include learning data. On the following page is an example of an individual data sheet from a community care home. To track progress in learning using this type of data system, the objective is broken down into steps (task analysis) and data is collected on a regular basis. The staff member/teacher records the level of support (e.g., prompt, independent) needed by the individual to complete each of the steps in the task. The idea is to move towards 100% independence on as many steps as possible. Your job in this activity is to look at the data sheet and to answer the questions below.

1. What has happened with the *level of independence* over time?
2. What steps in the process are difficult for this individual?
3. What might be changed to help the individual be more successful?
4. Should this objective be continued?

Exploring Your Role as Evaluator

Progress Record

Name Joe Mayberry Skill Joe shaves

"+" = independent "O" = prompted

Task Analysis:

Dates:

	5/1	5/2	5/3	5/4	5/5	5/6	5/7	5/8	5/9	5/10
1. <u>Gets shaver</u>	0	0	0	0	0	0	0	0	0	0
2. <u>Plugs in shaver</u>	0	0	0	0	0	+	+	+	+	+
3. <u>Turns on shaver</u>	+	+	+	+	+	+	+	+	+	+
4. <u>Feels for unshaven beard</u>	0	0	0	0	0	0	0	0	0	0
5. <u>Shaves faces</u>	+	0	0	0	+	+	+	+	+	+
6. <u>Turns off shaver</u>	0	0	0	0	+	+	+	+	+	+
7. <u>Puts shaver away</u>	0	0	0	+	+	+	+	+	+	+
8. _____										
9. _____										
10. _____										
11. _____										
12. _____										
13. _____										
14. _____										
15. _____										

Part 4: Satisfaction with Services

Another element in your role as an evaluator is determining *customer* satisfaction with services and supports. This gives a qualitative and more personal aspect to the quantitative and more objective information that you collect. Together, you will get a better picture of the services and supports provided to an individual by a particular vendored or generic service agency.

On the following two pages, you will find an adapted survey which can be used with adults or children (photocopy as needed). It is written in a way that you can use as a way to talk to individuals (or those who know and care if communication is difficult) or to the families of children in school. You should work with your supervisor or mentor/instructor to figure out the best way to complete this activity. It is suggested that you talk to between five and ten individuals. If you want an opportunity to look at trends, it would make sense to choose individuals or families who have the same major day activity and use the same service. Once you have completed the surveys, answer the following questions:

1. What are the major ways that the individuals in your survey spend their days?
2. How do individuals generally feel about the work or activities they take part in every day?
3. Does anyone want to be doing anything else? If so, what?
4. What is the best thing about the major day activity for most people?
5. What could be better?
6. In general, do people *like a lot*, think *it's okay*, or *don't like* their major day activity?

Exploring Your Role as Evaluator

Major Day Activity Satisfaction Survey (Adapted from San Andreas Regional Center Adult Survey)

I'd like to ask you a few questions about what you do during the day.

1. Are you going to school, working, attending a day program, or doing something else? *If more than one, which is your main activity?*

Describe: _____

2. Where does this activity take place? (for example, name of workshop, center, business, etc?)

3. *If doing some work, do you get paid?* YES NO

4. How do you feel about
(a) the place or building?

(b) the work or activities that you do every day?

(c) the pay you get (if applicable)?

(d) any people who help, such as instructors or job coaches?

5. Would you rather be doing something else? (OR do you know someone who is doing something you'd like to do?) YES NO

What? _____

Is there anything in the way you spend your days . . .

(6). that you like a lot?

Anything else?

Anything else?

(7). that you don't like, or that could be better?

Anything else?

Anything else?

8. All things considered, how do you feel about the things you do each day (your major activity)? Would you say you *Like it a lot*? *It's okay*? or that you *Don't like it*?

Like it a lot

It's OK

Don't like it

Exploring Your Role as Evaluator



Apply What You Learn:

Exploring Your Role as Collaborator

As a collaborator, you will need to develop a variety of effective working relationships both within and outside of the regional center (e.g., residential and day service providers, local community agencies, Department of Rehabilitation, local education agencies) in addition to your relationship with individuals and families.

Outcome, Method, Time, and Review Materials

Objective: Upon completion of this module, you should be able to:

Develop and maintain effective working relationships with other funding and service agencies.

Method: This skill-based activity is designed to strengthen the new service coordinator's working relationships with generic service and developmental service agencies. You will be asked to describe (1) the role and responsibility of one or more such agencies; (2) how other agency services dovetail with the Regional Center system; (3) primary contacts; (4) methods of collaboration; (5) any barriers; and (6) recommendations for greater collaboration. The completed activity should be reviewed by a supervisor, trainer or peer mentor. If areas of need are discovered through this activity, the service coordinator should be referred back to one or more of the modules or to additional readings and activities.

Time: 6-8 hours

Review the Materials-

Learn the Basics: **Other Agency Services, Supports and Appeal Processes**

Learn the Process: **Facilitation
Leadership
Teambuilding**

Exploring Your Role as Collaborator

Part 1: Getting Acquainted

Directions: Arrange two meetings (in-person or by phone), one with your Regional Center's liaison (e.g., resource developer, community services coordinator) and the other with a relevant vendor or generic service agency. Ask the following questions of each, and record the major points made by those interviewed.

1. What do you see as the role and responsibility of each agency? (REMEMBER: one agency is your Regional Center; the other is a vendor agency or a generic services agency.)

2. How, if at all, does your agency's services dovetail with those of the other agency?

Exploring Your Role as Collaborator

3. What is the nature of contact between the two agencies? Who is involved? How often? In what ways?

4. How does collaboration between the two agencies occur? What is the basis for an on-going effective working relationship?

Exploring Your Role as Collaborator

5. Are there any barriers to greater collaboration? If so, what are they and how might they be overcome?

Exploring Your Role as Collaborator



Apply What You Learn:

Exploring Your Role as Consultant

As a consultant, you will often be asked to provide technical assistance (e.g., securing alternative service options, improving service quality) to individuals, families, and service agencies. You will need to offer this assistance through information, education, training and reports.

Outcome, Method, Time, and Review Materials

Objective: Upon completion of this module, you should be able to:

Offer assistance to families and service providers through information, education, or training and reports.

Method: This skill-based activity can be completed using the hypothetical cases given, or cases that come to light while implementing this competency development exercise. Strategies and next steps are to be described in writing. If possible, you might want to work with a resource developer or consultant at the regional center. Be sure to identify any barriers encountered, as well as accomplishments. The completed activity should be reviewed by a supervisor, trainer or peer mentor. If areas of need are discovered through this activity, the service coordinator should be referred back to one or more of the modules or to additional readings and activities.

Time: 6-8 hours

Review the Materials-

Learn the Basics: **Best Practices**
 Laws and Regulations

Learn the Process: **Facilitation**
 Teambuilding
 Technical Assistance

Exploring Your Role as Consultant

Part 1: Self-Assessment: How Well Prepared are You to Serve as a Consultant?

Background: There are at least two kinds of consultants. First, some people provide any number of services responsive to a client's needs, not as an insider but as someone from the outside. Second, there are people who others turn to, within organizations (e.g., Regional Center; service provider) and other groups (e.g., family), for information, knowledge, understanding, and skill in getting things accomplished.

- As a service coordinator, *acting as a consultant* is:
- Thinking to a time when a family (or a service provider) may seek your consultant skills, please indicate how prepared you feel to play each of the following roles:

	How well prepared are you?				
	Very poorly	In-between			Very well
Problem solver: identify the problem and recommend solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Idea person: creative approaches to get the job done; creative source for new ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devil's advocate: the outsider who will challenge the insider approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expert: the one who clients turn to when they can't figure something out for themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hatchet person: the one who gets rid of an approach or method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Task master: gets the job done with single-minded purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processor: brings a suggestion to the table and seeks consensus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outsider: brings a fresh, unbiased view to the table; able to distinguish the forest from the trees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementer: responsible for installing a new method or system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catalyst: the change agent who gets things moving in the direction the client wants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Adapted from David Karlson, *Consulting for Success* (Menlo Park, CA: Crisp Pubs, 1991), p. 11.

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3. In areas of “relative strength,” how can you work to benefit others? In areas of “relative weakness,” what can you do to build strength?

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Part 3: Role-Playing Service as a Consultant

Directions: Find a partner (co-worker, if possible; otherwise spouse, friend, or someone else), and role-play a consultation relationship, using the following questions of the *consultee* as the framework: (1) What is the problem, issue, or need? (2) Do you want assistance in generating options? (3) If so, how will options be identified? (4) What criteria will be used to judge various alternatives? (5) What difficulties (concerns, issues) are likely to arise prior to or during implementation, and how should they be handled?

Hypothetical case#1: Any Day Program offers both community- and center-based services, typically six hours per day. Individuals with disabilities have been asking for regular jobs, personal development classes, and volunteer opportunities. Some have asked for help with transportation and recreation-leisure opportunities, especially Friday evening. The consultee is the CEO of Any Day Program. She is not sure funding formulas and staff will support greater flexibility, so as to meet some of these unmet needs.

Hypothetical case#2: The Martinez family would like your help with the transition from school to adult life. Irene is 16 years old, and will be graduating in two years. No one is sure what Irene wants to do, or can do when she grows up. Your local JTPA (Jobs Training Partnership Act) service delivery system has offers many youth like Irene summer job opportunities. Mr. and Mrs. Martinez have some connections as well; their friends, the Contrerases both work; Mrs. Contreras is a self-employed paralegal. Irene may try to go to college, or the local adult school, or learn to be a cosmetologist. The Martinez family would like your help, so that they can help Irene get clearer on what she wants to do “when she leaves high school.”

Your own case:

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Part 4: Avoid the trap of always offering advice

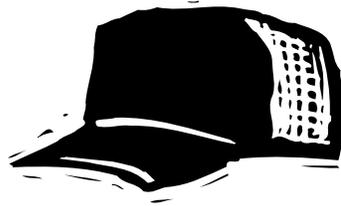
Introduction: Consultants, known for their expertise, can easily fall into the trap of offering advice or suggestions at every turn. This is to be expected, because in the normal course of their work, they are asked for advice, and they often give it. Further, their advice is often taken and used, which can be very gratifying. When people mention concerns, difficulties, or problems, they may (or may not) want advice or suggestions. Their purpose in communicating (and their expectation of you, as the service coordinator, and others) may be something else, entirely. They may simply want you to know of the problem. They may be seeking commiseration, or something else. Over the next week, look at conversations you from this angle. Do this at work, at home, or anywhere else you find yourself a part of (or simply observing) a conversation. Take notes, and write a brief report below on at least two instances where one person “tried to be a consultant,” without being asked.

Case #1. – Who was involved in the conversation? What problem, issue, or concern was expressed, by whom? Who offered advice, suggestion, or a potential solution without being asked to do so? How was it taken? For what purposes, if any, was the problem mentioned?

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Case #2. – Who was involved in the conversation? What problem, issue, or concern was expressed, by whom? Who offered advice, suggestion, or a potential solution without being asked to do so? How was it taken? For what purposes, if any, was the problem mentioned?

Have you learned anything from this exercise that you can use as a service coordinator? Please explain.



Apply What You Learn:

Exploring Your Role as Community Organizer

As a community organizer, you will be working in your local community on issues of concern (e.g., lack of affordable housing) to the individuals and families you support. You will need to work as an active member in a variety local generic (e.g., transportation, housing) and developmental service (e.g., supported employment) networks.

Outcome, Method, Time, and Review Materials

Objective: Upon completion of this module, you should be able to:

Work as an active member in local generic and developmental service networks.

Method: This skill-based activity can be completed using the simulation provided, if not yet a member of a local community organization. The completed activity should be reviewed by a supervisor, trainer or peer mentor. If areas of need are discovered through this activity, the service coordinator should be referred back to one or more of the modules or to additional readings and activities.

Time: 1 1/2 - 2 hours

Materials: Flip chart paper
Marking pens
Masking tape
Wall Space

Review Materials-

Learn the Basics: **Generic and Developmental Services**
Local Issues

Learn the Process: **Facilitation**
Teambuilding
Public Speaking
Leadership

Exploring Your Role as Community Organizer

Part 1: Read the Following Article on Force-Field Analysis

Using Force-Field Analysis As a Community Organizing Tool*

Force-field analysis, a procedure derived from Kurt Lewin's field theory, is an example of the type of consulting that can be done with community groups or organizations. The first step in the process is for the group to identify the problem they wish to work on. This step should involve a good deal of discussion in the group, because consensus about the significance of the problem to be addressed is important. To arrive at a problem definition, a facilitator encourages the group to offer ideas and jots these down where they can all be seen. When consensus on a problem statement is reached, the other statements are deleted, and the statement is displayed prominently.

The second step is to restate the problem as a goal for community change. For example, the stated problem *Not enough recreation activities for people with developmental disabilities* can be restated by indicating that the goal is *To increase recreation opportunities for people with developmental disabilities in this community*.

The connection of force-field analysis to Lewin's field theory is seen most clearly in its emphasis on identifying barriers and motivating forces. *Motivating forces* are those people, events, or facts which create pressure to accomplish the goal for change. *Barriers* are, of course, those people, events, or facts that inhibit achievement of the goal. According to this framework, a balance between these forces maintains the current status, and the goal for change can be achieved only by upsetting the balance and increasing the power of the motivating forces while decreasing the power of the barriers.

The third step in force-field analysis is to generate a list of motivating forces. This is done through a brainstorming process in which the facilitator has the group suggest any possible motivating forces. Members are encouraged to produce a variety of creative ideas. At this point there is no evaluation of the ideas; they are simply listed. When the group's ideas have been exhausted, an evaluation process is initiated. The entire list is reviewed, and the key motivating forces are underlined after seeking consensus about the importance of each. Depending on the goal for change, a single motivating force may stand out, or there may be two or three that seem to have potential.

* Adapted from **Developing Consultation Skills** (1984) by Richard D. Parsons and Joel Meyers; Jossey-Bass Publishers.

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The fourth step is to generate a list of barriers. Again brainstorming is used to facilitate production of ideas without evaluation. The evaluation process will generally result in consensus that one to three of the barriers should be underlined as the most critical ones.

The fifth step is to generate action plans for each motivating force that was underlined. Creativity is needed in developing the list of action plans, so again brainstorming is used. For each motivating force, the group generates as many action plans as possible. The same process is pursued in the sixth step, which is to generate action plans for each barrier.

The seventh step is to evaluate the action plans and select those that will be implemented, by group consensus. Then, in the eighth step, these action plans are listed, along with the resources needed and the individual(s) in the group who will be responsible for implementing each plan.

The ninth step is to determine how to evaluate the effectiveness of these action plans. It is important to try to develop a comprehensive evaluation while keeping in mind the practical limitations often found in attempting to implement such an evaluation strategy within a community group or organization. This sets the stage for the tenth step, in which the facilitator helps with follow-up. At this point the facilitator leads a discussion of how successfully each plan was implemented by considering the evaluation criteria and talking with the individual(s) who was responsible for implementing the plan. At this time modifications are made in the action plan as needed.

Exploring Your Role as Community Organizer

Part 2: Implementing Force-Field Analysis As a Tool for Community Organizing

As you read in the article, force-field analysis can be used to help a community group or organization solve an community problem. Here's a chance to apply the process in either a field-based or simulated activity. You can either work with a community group (e.g., Paratransit Committee, Vendor Advisory Committee, Special Education Community Advisory Committee) to which you already belong or work with 3-4 other service coordinators in a simulation using a real community problem (e.g., lack of recreation resources, weekend transportation). Make sure that everyone knows the activity will take up to 2 hours. Use the following checklist as a guide to the process and use it to record the activities of the group.

Exploring Your Role as Community Organizer

Force-Field Analysis Checklist

1 . Identify the problem.

2. State the problem as a goal for community change.

Exploring Your Role as Community Organizer

5. Generate as many action plans as possible for each of the motivating forces that you checked (first two columns only at this time).

1. Motivating Force	2. Action	3. Who	4. Resources

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6. Similarly generate action plans for each of the barriers that you checked (first two columns only at this time).

1. Motivating Force	2. Action	3. Who	4. Resources

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- 7. Review the action plans from Steps 5 and 6 and circle those that seem most promising.**

- 8. Next to the action plans you have chosen, indicate the person(s) responsible for implementation (#3) and the necessary resources (#4; e.g., help from others, funds, time needed for completion).**

- 9. Determine an evaluation plan. How will you know if your action plans have been successful. What will happen? If this is not a simulation, then step 10 will be to set a date to look at what has happened and to revise action plans as needed.**