



June 17, 2009

Hi Everyone,

It was good to see some parents and fellow providers at the TCRC Community Meeting today at Arc in Simi. 1pm is a nearly impossible time for parents to attend, so I wanted to make sure to post some updates on the 2nd draft of the whirlwind, devastating trailer bill language being proposed, as well as the updates given today by TCRC.

I AM PASSING THIS ALONG TO KEEP FOLKS INFORMED, NOT TO ADD TO YOUR STRESS (hey, I'm in the respite world and we're supposed to help you relax!), but I firmly believe that information is power and families have taught me best about that in my 16 years now in this field. I will apologize now for the length of this email, but when so many important pieces of info need to be conveyed, it's better to get it all into one email than fragmented, which can just add to the confusion and general anxiety we all have.

To quote Dr. Omar Noorzad, TCRC's Executive Director, with regards to all of these proposed cuts "It begs the question, do we really have an entitlement then? Our system will not come out of this looking the same and it's not over- we are expecting midyear (Jan.2010) cuts too".

1. **Respite – Cuts have been proposed by DDS to cap respite statewide to 30 hours/mo (=90 hours/quarter)** and to tighten the criteria under which exceptions for respite can be granted. This affects both agency respite and family voucher respite.

*At this point, it appears as though 10% of the families we support in the Ventura county area will be affected by these new standards, and about 25% of my North LA families. The large majority of these families should end up receiving exceptions (even under the stricter statewide criteria that is being proposed); however, it is more important than ever that families make sure that if their exceptions are due to end, that they contact their Service Coordinators well in advance so they can start the approval routing to their managers. Service Coordinator ratios are expected to rise even further at all regional centers (see notes below), and unfortunately another layer of bureaucracy (in the name of cost savings) is being added here by DDS. As many of you know, TCRC authorizes up to 25 hours/mo of respite, but in the NLACRC area they have regularly authorized 40 hours/mo, so those families will experience cutbacks to a larger degree as the state begins to implement these new statewide caps on service.

*Although the new trailer bill language states that no more than 90 hours per quarter can be authorized per person, I am hopeful that the long-standing TCADD board policy will be able to continue of allowing families to pool their respite hours by fiscal year. I did give public input at the June TCADD board meeting on how this benefits families and how we all hope they continue to do this (NLACRC has a use-it-or-lose-it by month policy).

2. **Behavioral Services** – Major changes are being proposed. Some good, some concerning, and all to take affect starting August 1st! A renewed focus on evidence-based practices is included. Language has been added saying that regional centers shall only purchase ABA or intensive behavioral intervention services for "minor consumers" when the parent will "participate in the intervention plan" (which can be inferred to mean that the parent must be present for all therapy.) There is a new standard making parents attend a group course on ABA at the regional center that needs to cover the parent's role in the therapy, prior to any ABA or IBI service being purchased (note that NLACRC has been doing this for awhile now).
3. **Early Intervention Services** – DDS is inserting requirements that a family's health insurance needs to be accessed if available. They are re-writing the Early Start Eligibility criteria such that kids who are deemed in the "high risk category", will no longer qualify (These kids show 33% delay or less in one developmental area prior to age 2, or after age 2 show less than a 50% delay in one area (!!!) or less than a 33% delay in two or more areas). With regards to the insurance, this is still a little unclear, but it sounds like the regional centers will fund for services during the application and appeal process to insurance companies. I asked TCRC today if they have crunched the numbers on this yet, and Omar and Lorna said they had not. By my early calculations, it could affect 40% - 74% of kids currently receiving Early Start, and then will consequently affect regional center operations (i.e. they will have to decrease their service coordination for Early Start) – good God. I saw a report recently from DDS bragging about how only 26% of kids in Early Start become "status 2" eligible for regional center services due to

the quality of the Early Start program. Obviously, this has huge ramifications for the future development of these children, for their families, pre-schools, our school systems, and our therapists (Speech, OT, and PT) and is clearly a short-sighted approach that will have long-term budgetary impacts for the RCs and Schools. I am still hoping that major modifications are made to this in the next week.

4. **General Standards** – A lot of this language is still uncertain as it applies to so many services, but basically the draft language that I last reviewed proposed that regional centers “shall choose the least costly available provider of comparable service ...who is able to accomplish all or part of the consumer’s individual program plan, consistent with the particular needs of the consumer and family as identified in the individual program plan, shall be selected.” If not guided by person-centered philosophies and the IPP process, this could be very damaging. As you know, regional centers have been poorly funded to perform resource development and quality assurance, and rates/qualifications & pay of staff vary, so not all providers are equal. Parents will need to become savvy about the differences between services so they can more competently discuss which service will better meet their child’s needs at the IPP meeting.
5. **TCRC Updates Today**
 - a. **Autism Stats** – Of the 10,000 people who receive services from TCRC, 1200 have an official diagnosis of Autism (so 12%, and according to Frank Bush, Director of Services and Supports, almost all of them are school-age). Of the 1200, Ventura County is home to 2/3 (800 kids with Autism). Of these, 1/2 reside in “east county” (T.O., Simi, Westlake, Oak Park, Moorpark) – so basically 1/3 of the TCRC Autism population (400 kids) live in East Ventura County.
 - b. **Caseload Ratios** – Bad news here. When the Feb.’09 cuts came down decreasing most service provider’s rates by 3%, DDS also relieved the regional centers of their service coordination ratios. It used to be 1:66 a long time ago. TCRC stated today that they are currently averaging 1 Service Coordinator to every 85 persons served (1:85 !) and according to them “it will continue to rise.” For folks on the Medicaid waiver and in Early Start however, TCRC has been able to keep the ratios at 1:62, for now.
 - c. **Projected Deficit at TCRC** – Lorna Owens, their Chief Financial Officer, provided an update today that with only 2 weeks left in this fiscal year, she is projecting \$4M - \$5M deficit. TCRC expects to hear back any day now from Union Bank if they received approval for their credit line (which they ask for and receive every year) to ensure that vendors, family vendors, and regional center staff can continued to be paid into September if the state budget is not signed. TCRC is one of only a few regional centers that secure lines of credit instead of withholding payments. Statewide, DDS is a \$4B system, and over the past 6 months has been hit with \$700M in cuts counting the Federal matching dollars lost to the state. Omar projects that this will not be the last round of cuts and due to the continued decline of the state economy, he anticipates mid-year cuts into next Fiscal Year coming to light in the next few months, which may take effect Jan. 2010.

As stated at today’s meeting with TCRC “We are in this together.” There was also discussion about how it is more important than ever that everyone work together to ensure that the needs of the people we serve are met, and that our years of person-centered learning/thinking/doing will hopefully play a huge part in this process.

I’ll provide further, and hopefully shorter, updates as I get them. I encourage everyone who wants more detailed information to go to www.cdcan.us where you can see Marty Omoto’s updates and sign up for his detailed emails.

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