

Home and Community-Based Services (HCBS) Rules CONCEPT FORM

Vendor number(s)	PE0920, PE1141, PE1280, PE1282, PE1682, HE0001, HE0529
Primary regional center	Eastern Los Angeles Regional Center (ELARC)
Service type(s)	Specialized Residential Homes, Adult Residential Facilities, Behavior Management Day Programs
Service code(s)	113, 915, 515
Number of consumers currently serving and current staff to consumer ratio.	26 (4 residents for 5 homes; 6 residents in 1 home). The staff to consumer ratio is consistently 1:2. 50 participants at the day program site. The staff to consumer ratio is 1:3
Have you or the organization you work with been a past recipient of HCBS Funding?	Yes, in 2016/2017.
Please provide a brief description of the service/ setting that includes what a typical day consists of and how services are currently provided; include barriers to compliance with the HCBS rules.	<p>These residential and day program settings are heavily influenced by daily schedules that are regimented and lacking in individuality and personal choice. The staff members are entrenched with developing and following time slots that are directed in getting residents and themselves through the day. This type of thinking is institutional in nature and counter-productive. When residents lack choice and control over their lives it becomes a strong antecedent for behavioral challenges. Staff are not recognizing this and push/pull relationships occur. Thus a negative pattern is perpetuated.</p> <p>Not having choice over inherent rights like daily activities, physical environment and people we choose to associate with provides a rather empty life. Most opportunities are grouped and not individualized. People's Care needs to better empower the residents in making decisions. Too often decisions are predetermined and staff members are too rigid in thinking to allow resident/participant driven spontaneity to occur.</p> <p>Staff members are provided with training, but it usually falls under what is practical – meaning what staff needs to know to get through the day (e.g. medication administration, behavioral). While these are important, there needs to be a place for person-centered training on a consistent basis. Since the training and tools are centered on empowerment, the resident will have more control over their lives.</p>

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<p>Identify which HCBS federal requirements this concept addresses that are currently out of compliance.</p>	<p>Federal Requirement numbers: 1,4,5,7 and 8</p>
<p>Narrative/description of the concept; include justification for the funding request and explain how the concept would achieve proposed outcomes.</p>	<p>Like many providers in California, People's Care tries to be person-centered and use a person-centered process, but we are not achieving the desired outcome. All too often, we see it in the goals and objectives that get carried over from year to year. We also see it by not being able to implement the concept to affect positive change in everyday lives.</p> <p>Some of our employees attend periodic PCT trainings and this information does get shared. Unfortunately the information is filtered through a trickle-down effect where the message and tools get watered down or lost in translation. By the time it makes its way through the agency hierarchy and reaches the staff members (administrators, program managers, instructors, DSP) who could really benefit from it, the nuts and bolts of the different tools are skewed.</p> <p>People's Care is an agency that employs over 1500 employees. Sending a few staff to infrequent PCT trainings is not a viable option. For meaningful change, an agency has to live and breathe person centered thinking every day. Management has to reinforce these principles and staff members have to utilize these tools on a daily basis. Only then, can People's Care rightly claim to be a person-centered agency.</p> <p>People's Care would like two people from this regional center catchment area to become specialized in person-centered thinking and go through an apprenticeship program with a certified PCT coach. This type of specialization may be a big commitment, but the potential for positive and lasting change would be too great an opportunity not to pursue. Having two employees that are mentored by a certified PCT trainer would allow for frequent and hands-on training for all People's Care employees. These in-house trainers would reach all employees at our residential and day program sites. This ability to reach a larger audience will truly benefit the participants in our programs.</p>

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	<p>Another positive outcome to having PCT coaches at People's Care is that we would be a viable resource for regional centers in helping train vendors, consumers and family members on person-centered principles. We want to be leaders and drive these principles not just within our own agency but others as well. We believe that sharing our knowledge is as important as obtaining it.</p> <p>Lastly, having in-house PCT trainers will allow our population to have greater control over their lives while giving the staff the tools they need to take the paper and turn it into purposeful and meaningful lives.</p>
Please describe your person-centered approach ¹ in the concept development process; how did you involve the individuals for whom you provide services?	People's Care utilizes performance surveys with the participants and their families. The item that is addressed the most is empowering choice and reaching goals on an individualized basis.
Does the concept address unmet service needs or service disparities? If so, how?	Yes, it addresses the biggest need for our population – the power of choice and having control over their lives. It also provides staff members with the tools necessary to find creative ways to meet the needs of the individuals.
Estimated budget and timeline; identify all major costs and benchmarks — attachments are acceptable.	<p>Timeline is over a three year period. The major costs are:</p> <ol style="list-style-type: none"> 1. Attend 2 day training = \$3,000 per person 2. Observation of techniques (2 days) = \$3,000 per person 3. Full day of training = \$1,000 per person 4. Preparation and review with mentor = \$600 per person 5. Present a training with mentor = \$3,000 per person 6. 20 hours of training with a mentor = \$600 per person 7. Present a 2nd training with mentor = \$3,000 per person 8. One full day of review with mentor = \$850 per person
Total requested amount.	\$15,050 for one PCT trainer and \$30,100 for two PCT trainers
What is your plan for sustaining the benefits, value, and success of your	Since these are already People's Care employees we foresee the teaching and coaching of person-centered thinking principles will become a regular fixture in their daily

¹ A person-centered approach emphasizes what is important to the individual who receives services and focuses on personal preferences, satisfaction, and choice of supports in accessing the full benefits of community living. For more information regarding person-centered practices, please visit www.nasdds.org/resource-library/person-centered-practices.

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project at the conclusion of 2018-19 HCBS Funding?	job description.
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