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| Vendor name   | UCP WORK, Inc.   |
| Vendor number(s)  | H57739 and H57746  |
| Primary regional center   | Tri-Counties Regional Center   |
| Service type(s)   | Behavior Day Program   |
| Service code(s)   | 515 and 110  |
| Number of consumers currently serving   | 147 (97 in Santa Maria and 50 in Santa Barbara BMP)  |
| Please describe your person-centered approach <sup>1</sup> in the concept development process; how did you involve the individuals for whom you provide services? | <p><b>Please note that for the remainder of this application process, UCP WORK, Inc is the lead applicant, representing a regional project that will reflect the effort of multiple providers contracted to support individuals and families in the Tri-Counties Regional Center catchment area.</b></p> <p>Attached is a list of the provider organizations currently represented in the HCBS Provider Mentor Group who are members of the HCBS Task Force, the oversight body for this collaborative regional project.</p> <p>The local HCBS Task Force, an ad hoc subcommittee of the TCRC Vendor Advisory Committee, comprised of service providers, regional center staff, and representation from SCDD, implemented a survey of regional service providers, and upon reviewing results, acknowledged a gap in getting HCBS information as well as Person Centered Thinking resources to providers who are in outlying areas or are operating a small business serving individuals and families.</p> <p>Additionally, members of our HCBS Provider Mentor Group have previously used funds awarded during the FY1617 HCBS funding cycle to conduct outreach to persons served and families to educate about HCBS and PCT approaches. They scheduled periodic meetings with individuals and families to get feedback about their programs to inform their approaches to service provision. This is an opportunity to further benefit from these efforts on a larger scale.</p> <p>Person centered practices mean keeping both people we employ and people we serve at the center of decision-making. In this regard we have involved people who receive services, families and the providers who would be receiving direct consultative support from this regional collaborative effort, by gathering their input about needs and satisfaction. This data will be used as a baseline to inform our program design and determine the impact of our project.</p> |

<sup>1</sup> 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 <http://www.nasddd.org/resource-library/person-centered-practices/>

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| <p>Does the concept address unmet service needs or service disparities? If so, how?</p> | <p>While we've had good participation in regional conversations about moving toward HCBS compliance, we recognize that we need to pay greater attention to those who are not yet participating actively in person centered change efforts. We understand that we are all in this together and encouraging the business and regulatory health of each provider will benefit the entire community.</p> <p>That foundational value lead to the conceptual development of the HCBS Provider Mentor Group, with the purpose of providing a peer support network for providers to navigate needed changes in mindset and practice to provide more person-centered approaches within the service design and come into compliance with the HCBS Federal Final Rule.</p>   |
| <p>Barriers to compliance with the HCBS rules and/or project implementation</p>         | <p>The HCBS Task Force reviewed results of a TCRC provider survey that looked at provider perceptions about compliance with elements of the HCBS Federal Final Rule. Our survey data shows that barriers include geography, access to knowledge, and misunderstanding of regional center and licensing requirements.</p> <ul style="list-style-type: none"> <li>• <b>Geography and size:</b> we have providers in outlying areas and very small businesses that are not able to access central trainings or meetings due to travel or staffing challenges. Our project is designed to make it possible for HCBS Peer Partners to go to provider organizations in remote areas to provide in person individualized support and consultation for both staff and individuals and families receiving services.</li> <li>• <b>Misunderstanding requirements:</b> When asked, "Are there any curfews or day or time restrictions regarding access to the community...?" Some providers shared responses like, "Licensing, family, and TCRC require all individuals be accompanied by staff. If the individual does not have additional program support, they must all agree to go to the same activity."</li> <li>• We recognize a need to educate partner providers and support them to rethink how they can use the planning team to engage in discussion driven by the individual's choice – e.g., "There is no standard curfew, however depending on the needs/risk for any individual a curfew could be implemented with the agreement of the individual, their circle of support, and the Regional Center."</li> </ul> <p><b>Need for a paradigm shift:</b> Some providers continue to organize their business practices with the perspective that their role is to take care of people who need to be monitored and protected, similar to implementing parental control. We desire to help peer providers see the possibilities of a new person centered paradigm, a position of empowerment that recognizes personal choice, control, and individual rights as the foundation from which business decisions are made.</p> |

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| <p>Narrative/description of the project. Identify which HCBS federal requirements are currently out of compliance; include justification for funding request</p> | <p>The development of the HCBS Peer Partnership is a collaboration of members of the HCBS Provider Mentor network. The purpose of the HCBS Peer Partnership Project is to empower provider representatives and persons served by providing access to peers, who have been trained in person centered thinking, HCBS Federal requirements, and person-centered coaching. HCBS Peer Partners will be available to small businesses and providers in outlying geographic areas to offer peer education, support, and consultation around HCBS requirements, person-centered thinking, assessing one’s practices, and exploring change strategies to move toward compliance with HCBS requirements.</p> <p>The HCBS Peer Partnership project specifically addresses the regional need for compliance with the following Federal Requirements:</p> <p><b>Federal Requirement #4:</b><br/>         Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</p> <p>and</p> <p><b>Federal Requirement #5:</b><br/>         Facilitates individual choice regarding services and supports, and who provides them.</p> <p>As a means of meeting these two requirements across our community, it is critical that both the providers of services and the individual and/or family receiving services are clear as to the expectations of the HCBS Federal requirements and have a clear understanding of person centered practices.</p> <p>Based upon the results of our community provider survey, when considering our placement activities, would like to move away from responses like:<br/>         “Consumer tours the facility with his/her family that the Service Coordinator thinks that will meet his needs.”<br/>         To instead, sentiments like:<br/>         “Service coordinator and family member talk to the person served to find out what they desire and if they like the place being offered [to] them...”</p> <p>This proposal will serve as a vehicle of further embedding person centered practices in our community and establishing consistent expectations that planning activities be driven by the choices and desires of the individuals and families that we as a provider community serve.<br/>         We will identify 8 “HCBS Peer Partners” – up to 5 providers and 3 individuals receiving services or family members – preferably one in each county.</p> <p>The infrastructure of the HCBS Peer Partnership will include the following roles and responsibilities:</p> |
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|  | <p><b>Steering Committee:</b><br/>The <b>HCBS Taskforce</b>, an ad hoc committee of the TCRC Vendor Advisory Committee will serve as a <b>Steering Committee</b> to provide oversight for the HCBS Peer Partners Project. This project is a partnership of multiple provider organizations including UCP-LA and Villa Esperanza in Ventura County and UCP WORK, Inc., CPES/Novelles, and Devereux in Santa Barbara and San Luis Obispo Counties.</p> <ul style="list-style-type: none"><li>• Review and approve all program materials</li><li>• Select HCBS Peer Partnership Project Coordinator and Peer Partners</li><li>• Review quarterly data and provide guidance on direction and strategy</li><li>• Review and approve final evaluation report</li></ul> <p>A <b>HCBS Peer Partnership Project Coordinator</b> will be identified to</p> <ul style="list-style-type: none"><li>• Coordinate and report back to HCBS Taskforce</li><li>• Coordinate and report back to the Peer Advisory Committee (PAC) a subcommittee of the TCRC Board of Directors</li><li>• Share what needs to be done to enlist support of the collaborative</li><li>• Collaborate with contracted PCT Trainer(s) to develop a training and ongoing coaching plan for HCBS Peer Partners</li><li>• Coordinate the recruitment efforts and onboarding of Peer Partners in coordination with contracted PCT Trainer(s)</li><li>• Coordinate HCBS/PCT Provider Gatherings to share information and learning, with targeted outreach to providers that do not typically attend VAC, those in outlying areas, and those with very small business models.</li><li>• Coordinate and monitor, track progress of provider participants in PCT trainings</li><li>• Coordinate and monitor HCBS Peer Partner activities as point of contact for referrals, Peer Partner/Provider matches, inquiries, invoicing, documentation, and reporting for all three counties –</li><li>• In partnership with PCT Trainer(s), implement and facilitate regular HCBS Peer Partner learning/coaching sessions.</li><li>• Administer Pilot and prepare evaluation report(s) to determine effectiveness of embedding coaching and training through a peer partner approach for possible replication expansion and/or replication.</li><li>• Prepare and submit for all grant-related communications and reporting to regional center and/or DDS</li></ul> <p><b>HCBS Peer Partners:</b><br/>We will identify five (5) Peer Partners who will have service provider experience. These HCBS Peer Partners will focus on service provision, looking at how services are directed by individual choice and preferences</p> |
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We will also identify three (3) Peer Partners who will have the perspective of a person who receives developmental disability services or a family member. These Peer Partners will focus on ensuring that individuals are aware of person-centered practices, and individual rights and choices as required by the HCBS Federal Final Rule. They will support people receiving services to be able to formulate expectations about how they prefer their services to be delivered.

Peer Partners will be subject matter experts who will work together to support provider organizations and persons served., Some examples of their duties and responsibilities include:

- Hold brown bag lunches in communities to educate the target provider agencies about the benefits of person centered approaches as well as the expectations of the HCBS final rule.
- Conduct outreach to provider community, to introduce the Peer Partner resource.
- Meet with interested providers – interview with questionnaire to determine coaching goals and approaches
- Contribute to the development of materials regarding HCBS that might include, but not be limited to:
  - Sample self-assessment survey
  - Reference guide of what providers should be looking for as they assess their own programs, with an emphasis on how do you demonstrate that choice is happening in a person's life.
- Visit interested provider home/site and observe, talk to them, help them navigate the self-assessment, identify questions or challenges; help the provider identify where there are opportunities to use person-centered approaches to modify program and services to come into compliance with HCBS
- Discover with provider, on their own terms, to explore alternative solutions that emphasis individual choice, control, personal rights, and decision-making.
- Provide peer education and consultation; Peer Partners who also receive services will interview persons served by providers to assess their perception of personal choice, control, individual rights, and decision-making. Results will be used to inform the discussion with the provider about possible person-centered approaches that can help move toward HCBS compliance.

**Person Centered Thinking Trainers**

- One or more certified Person-Centered Thinking Trainers will assist with the development and delivery of training and coaching to prepare the HCBS Peer Partners to deliver the identified services.
- The TCRC Assistant Director, Training and Organizational

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|   | <p>Development, also a certified PCT Trainer, is available to provide in-kind support to assist in the development of a coaching model and will be available for facilitation support.</p> <p>At this conclusion of this project, all learning will be captured to create print and electronic training materials related to the implementation of the HCBS Final Rule and the utilization of Person Centered practices.</p> |
| <p>Estimated budget; identify all major costs and benchmarks — attachments are acceptable</p> | <p>See attached:<br/> <a href="https://tcrb.box.com/s/6kmvqmi34un0pgws0bpa05yf2dfyc3yw">https://tcrb.box.com/s/6kmvqmi34un0pgws0bpa05yf2dfyc3yw</a></p>  |
| <p>Requested funding for 2017-18</p>  | <p>\$285,916.01</p>  |
| <p>Estimated timeline for the project</p>   | <p><b>Timeline and Benchmarks</b><br/>                 April 1, 2018 through December 31, 2019<br/>                 Phase 1: April 1 – May 30</p>  |

**HCBS PEER PARTNERS (April 1, 2018 - December 31, 2019)**

Unit

**WAGES/BENEFITS**

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| Project Coordinator (\$57K plus 33% benefits for 21 months) | \$ 86,423.40 |
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**CONTRACT SERVICES**

HCBS Peer Partners

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| HCBS Peer Partners (3 hrs admin, 2 hrs training, 10 hrs coaching/follow up per month x 18 months x 8) @ \$75/hr | \$ 162,000.00 |
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PCT Trainer(s)

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| PCT Trainer- training of Peer Partners, ongoing coaching and facilitation support | \$ 4,000.00 |
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| In-kind assistance from TCRC to develop and implement Peer Partner Training/Support plan | \$ - |
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| Translation Services - Translation of resource materials for distribution across provider community Spanish and Tagalog | \$ 8,000.00 |
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**OTHER EXPENSES**

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| Provider Gatherings (hotel, 30 ppl, catering, materials, guest speaker fees, travel) - three (one in each county) | \$ 32,000.00 |
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Training Supplies and Materials

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| Elearning - PCT for Everyone and PC Reviews/One Page Profiles 9@ \$150 | \$ 1,350.00 |
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| Training materials (CQL toolkit, PCT registration for providers, translation to EN and SP, TAG) | \$10,000 |
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| Printing - interview forms, materials, evaluation report of lessons learned (EN and SP, TAG) | \$ 10,000.00 |
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| Design and Printing - Evaluation report of lessons learned and provider "Toolkit" (EN and SP, TAG) | \$ 10,000.00 |
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| Indirect Expenses (travel, admin, overhead) 15% | \$ 48,566.01 |
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| <b>HCBS PEER PARTNERS PROJECT TOTAL</b> | <b>\$ 285,916.01</b> |
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People impacted

minimum 10 programs receive consultation services

Provider Gatherings 90 people (



***The following providers are happy to support you in understanding and navigating the HCBS Final Rule***

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| Aaron Kitzman       | <a href="mailto:akitzman@villaesperanzaservices.org">akitzman@villaesperanzaservices.org</a> |
| Andrew Day          | <a href="mailto:andrew@pcs-services.org">andrew@pcs-services.org</a>                         |
| Amy Evans           | <a href="mailto:aevans2@devereux.org">aevans2@devereux.org</a>                               |
| Brett Harvey        | <a href="mailto:bharvey@newheightsventures.org">bharvey@newheightsventures.org</a>           |
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| Carlos Olveda       | <a href="mailto:colveda@nciaaffiliates.org">colveda@nciaaffiliates.org</a>                   |
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