



**THE CALIFORNIA STATE COUNCIL ON DEVELOPMENTAL DISABILITIES,
SAN BERNARDINO OFFICE AND SEQUOIA OFFICE**

Protecting and Advocating for Persons with Developmental Disabilities

**SELF-DETERMINATION ADVISORY COMMITTEE
APPLICATION COVERSHEET FOR
KERN REGIONAL CENTER**

The San Bernardino and Sequoia Offices of the California State Council on Developmental Disabilities, Kern Regional Center and the Office of Clients Rights Advocacy (serving clients of Kern Regional Center) have determined the following:

Size of the Self-Determination Advisory Committee – seven (7) total members:

- There will be one (1) member selected by the San Bernardino Office of the State Council on Developmental Disabilities from either Inyo or Mono county.
- There will be two (2) members selected by the Sequoia Office of the State Council on Developmental Disabilities from Kern county.
- There will be three (3) members selected by the Kern Regional Center. One (1) shall be from either Inyo or Mono county and two (2) shall be from Kern county.
- Per Welfare and Institutions Code, Section 4685.8, the seventh member will be the Clients' Rights Advocate of Kern Regional Center (Office of Clients Rights Advocacy)

Roles and Responsibilities

“Local volunteer advisory committee to provide oversight of the Self-Determination Program”

“A majority of the committee shall be consumers and their family members. The committee shall reflect the multicultural diversity and geographic profile of the catchment area. The committee shall review the development and ongoing progress of the Self-Determination Program, including whether the program advances the principles of self-determination and is operating consistent with the requirements of this section, and may make ongoing recommendations for improvement to the regional center and the department.”

“...identify self-determination best practices, effective consumer and family training materials, implementation concerns, systemic issues, ways to enhance the program, and recommendations regarding the most effective method for participants to learn of individuals who are available to provide services and supports”.

Member Minimum Qualifications

- Must be a Self (Client) or Family Advocate
- Must not be a vendor who provides services to anyone other than oneself or a family member (including paid self-determination brokers/facilitators to anyone other than a family member)
- Commitment to Team Success
- An ability to maintain patience and flexibility on a systems-advocacy committee
- Desire to Serve – be available quarterly and ability to travel up to 49 miles each way and between the three counties to serve on the committee.

Mandatory Training for Self-Determination Advisory Committee Members:

May 19, 2015 (1:00pm-5:00pm) Bakersfield, CA

- History of Self-Determination: Senate Bill 648
- Self-Determination: Process from Planning to Implementation
- How to Conduct an open and transparent meeting
- Person-Centered-Planning and the Individual Program Plan
- Role of Players: Broker, FMS, Advisory Comm
- Generic Services
- Conflict Resolution – Communicating with Tact

Some Characteristics of Kern Regional Center consumers:

- Intellectual Disability (42%) – When combined with another DD (68%)
- Autism (17%) – When combined with another DD (28%)
- Cerebral Palsy (1%) – When combined with another DD (12%)
- Epilepsy (<1%) – When combined with another DD (16%)
- 5th Category (8%) – When combined with another DD (15%)
 - Asian (1.2%)
 - African-American (8.5%)
 - Filipino (1.3%)
 - Hispanic (43%)
 - Native American (<1%)
 - Polynesian (<1%)
 - White (38.9%)
 - Other (6.5%)



**OFFICE OF THE CALIFORNIA STATE COUNCIL ON DEVELOPMENTAL
DISABILITIES, SAN BERNARDINO AND SEQUOIA OFFICES**

Protecting and Advocating for Persons with Developmental Disabilities

**SELF-DETERMINATION ADVISORY COMMITTEE APPLICATION
KERN REGIONAL CENTER**

1. Your Name: _____

2. Address: _____

3. Phone: _____ Email: _____

4. County of Residence: _____

5. You are:

- An adult who receives regional center services
- A family member of someone who receives regional services (age of family member?) _____
- Other (please indicate) _____

6. How do you or your family member qualify for regional center services (check all that apply):

- Mental Retardation
- Cerebral Palsy
- Epilepsy
- Autism
- 5th Category
- Not a Regional Center Consumer

7. What is your ethnicity?

- Asian
- African-American
- Filipino
- White
- Hispanic
- Native American
- Polynesian
- Other

8. What is your primary language?

ASL

English

Spanish

Other (please

specify)_____

9. Why do you want to be on the Self-Determination Advisory Committee?

10. Please list any other volunteer activities you are involved in.

11. Please list any day or time that you cannot be available to serve on the Self-Determination Advisory Committee.

12. Are you able to commit to quarterly meetings that involve driving up to 49 miles each way?

Yes

No

COMPLETED APPLICATIONS SHOULD BE SENT TO SCDD SEQUOIA OFFICE

via Email: Sequoia@scdd.ca.gov or Fax# 559-248-2886

Or Mail: 770 East Shaw Ave, Suite 123, Fresno, CA 93710

If you need assistance completing the application, please call: 559-222-2496