



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

*Protecting and Advocating for Persons with Developmental
Disabilities in Mono, Inyo, San Bernardino and Riverside Counties*

**SELF-DETERMINATION ADVISORY COMMITTEE APPLICATION COVERSHEET
INLAND REGIONAL CENTER
(UPDATED APRIL 2015)**

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

Size of the Self-Determination Advisory Committee – Nine (9) total members:

- There will be four (4) members selected by the San Bernardino Office of the State Council on Developmental Disabilities. Two will be from Riverside County and two will be from San Bernardino County.
- There will be four (4) members selected by the Inland Regional Center. Two will be from Riverside County and two will be from San Bernardino County.
- Per Welfare and Institutions Code, Section 4685.8, the ninth member will be the Clients' Rights Advocate of Inland 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 (Consumer) 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 monthly and ability to travel up to 49 miles each way and between the two counties to serve on the committee

Mandatory Training for Self-Determination Advisory Committee Members:

August 13 and 14, 2015 (9am-1pm – San Bernardino, CA) (UPDATED)

- History of Self-Determination: Senate Bill 468
- 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 Inland Regional Center consumers:

- Intellectual Disability (41%) – When combined with another DD (75%)
- Autism (17%) – When combined with another DD (25.5%)
- Cerebral Palsy (3%) – When combined with another DD (19.7%)
- Epilepsy (1.5%) – When combined with another DD (18.7%)
- 5th Category (1.7%) – When combined with another DD (5.8%)
 - Asian (2.4%)
 - African-American (12.4%)
 - Filipino (1.6%)
 - Hispanic (44%)
 - Native American (<1%)
 - Polynesian (<1%)
 - White (33.7%)
 - Other (5.3%)



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

1. Your Name: _____

2. Address: _____

3. Phone: _____ E-mail: _____

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

5th Category

Cerebral Palsy

Autism

Epilepsy

Not a Regional Center Consumer

7. What is your ethnicity?

Asian

Hispanic

African-American

Native American

Filipino

Polynesian

White

Other

650 E Hospitality Lane Ste 280, San Bernardino CA 92408
Voice or TDD 909-890-1259 Fax 909-890-1635
E-Mail: ab12@scdd.ca.gov Web: www.scdd.ca.gov

8. What is your primary language?

ASL

Other (please specify) _____

English

Spanish

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

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

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

Are you able to commit to monthly/bi-monthly meetings that involve driving up to 49 miles each way?

Yes

No