

California Association of Health and Education Linked Professions
Joint Powers Authority (CAHELP JPA)
GOVERNANCE COUNCIL MEETING
October 8, 2021 - 10:00 a.m. Virtual Via Teleconference
Desert Mountain Educational Service Center, 17800 Highway 18, Apple Valley, California 92307

AGENDA

NOTICE: This meeting will be held virtually. If members of the public wish to participate in the meeting and/or make public comment, please follow the instructions below to participate telephonically:

PARTICIPATE BY PHONE:

Dial Access Number: 1-415-655-0003

When prompted - enter Access Code: 2464 667 9528

Follow directions as a Participant; an Attendee I.D. is not required to participate.

If you wish to make a public comment at this meeting, prior to the meeting please submit a request to address the CAHELP Governance Council to the recording secretary via fax at 1-760-242-5363 or email jamie.adkins@cahelp.org. Please include your name, contact information and which item you want to address.

Reasonable Accommodation: if you wish to request reasonable accommodation to participate in the meeting telephonically, please contact the recording secretary (via contact information noted above) at least 48 hours prior to the meeting.

1.0 CALL TO ORDER

2.0 PUBLIC PARTICIPATION

The general public is encouraged to participate in the deliberation of the CAHELP JPA Governance Council. Several opportunities are available during the meeting for the Council to receive oral communication regarding the presentations of any items listed on the agenda. Please ask for recognition either before a presentation or after the presentation has been completed. Please complete and submit a "Registration Card to Address the Governance Council" to the Recording Secretary and adhere to the provisions described therein.

3.0 ADOPTION OF THE AGENDA

3.1 **BE IT RESOLVED** that the October 8, 2021 CAHELP JPA Governance Council Meeting Agenda be approved as presented.

4.0 PRESENTATIONS

4.1 SBCSS D/M Operations Final 2020-21 Local Control Funding Formula (LCFF) Revenue Transfer

The SBCSS D/M Operations Fiscal Year 2020-21 LCFF Revenue Transfer will be presented by the San Bernardino County Superintendent of Schools (SBCSS) Internal Business Program Manager.

4.2 SBCSS D/M Operations 2020-21 Fee-For-Service Year-End Actuals

The SBCSS D/M Operations Fiscal Year 2020-21 Fee-For-Service Year-End Actuals will be presented by the SBCSS Internal Business Program Manager.

AGENDA

4.3 SBCSS D/M Operations 2020-21 Fee-for-Service Return

The SBCSS D/M Operations 2020-21 Fee-For-Service Return will be presented by the SBCSS Internal Business Program Manager.

5.0 INFORMATION / ACTION

5.1 Assembly Bill 361 Exemptions to Brown Act Virtual Meeting Requirements

Assembly Bill (AB) 361 requires local agencies to consider the circumstances of the state of emergency and make the following findings by a majority vote: 1) the state of emergency continues to directly impact the ability of the members to meet safely in person; or 2) state or local officials continue to impose or recommend measures to promote social distancing.

5.1.1 **BE IT RESOLVED** that the Assembly Bill 361 Exemptions to Brown Act Virtual Meeting Requirements be approved as presented.

5.2 Mental Health Fee-For-Service (**ACTION**)

The CAHELP Chief Executive Officer will present a Fee-For-Service (FFS) for mental health services for students with disabilities.

5.2.1 **BE IT RESOLVED** that the Fee-For-Service (FFS) for mental health services for students with disabilities be approved as presented.

5.3 Desert/Mountain SELPA and Charter SELPA D/M 66 Assessment Plan (**ACTION**)

Forms used in the operations of special education programs within the Desert/Mountain SELPA and Charter SELPA are developed, reviewed and revised throughout the year upon the recommendation of the Program Team. Forms are modified as necessary in order to support the operations of special education programs in an efficient, effective and legally compliant manner. Suggested revisions to SELPA Forms are submitted to the D/M SELPA and Charter SELPA Steering Committees for consideration and approval.

5.3.1 **BE IT RESOLVED** that the Desert/Mountain SELPA and Charter SELPA D/M 66 Assessment Plan be approved as presented.

5.4 Desert/Mountain SELPA Policy and Procedures Chapter 1 (**ACTION**)

Policies and procedures governing the operation of special education programs within the Desert/Mountain SELPA are developed, reviewed and revised throughout the year upon the recommendation of the Program Team. Policies and Procedures are modified as necessary in order to ensure that special education programs are operated in an efficient, effective and legally compliant manner. Suggested revisions to SELPA Policy and Procedures are submitted to the D/M SELPA Steering Committee consideration and approval.

AGENDA

5.4.1 **BE IT RESOLVED** that the Desert/Mountain SELPA Policy & Procedures Chapter 1 be approved as presented.

5.5 Desert/Mountain Charter SELPA Policy and Procedures Chapter 1 (**ACTION**)

Policies and procedures governing the operation of special education programs within the Desert/Mountain Charter SELPA are developed, reviewed and revised throughout the year upon the recommendation of the Program Team. Policies and Procedures are modified as necessary in order to ensure that special education programs are operated in an efficient, effective and legally compliant manner. Suggested revisions to SELPA Policy and Procedures are submitted to the D/M Charter SELPA Steering Committee consideration and approval.

5.5.1 **BE IT RESOLVED** that the Desert/Mountain SELPA Policy & Procedures Chapter 1 be approved as presented.

5.6 Desert/Mountain SELPA and Charter SELPA Interim Placement Form (**ACTION**)

Forms used in the operations of special education programs within the Desert/Mountain SELPA and Charter SELPA are developed, reviewed and revised throughout the year upon the recommendation of the Program Team. Forms are modified as necessary in order to support the operations of special education programs in an efficient, effective and legally compliant manner. Suggested revisions to SELPA Forms are submitted to the D/M SELPA and Charter SELPA Steering Committees for consideration and approval.

5.6.1 **BE IT RESOLVED** that the Desert/Mountain SELPA and Charter SELPA Interim Placement Forms be approved as presented.

5.7 Desert/Mountain Children's Center Electronic Health Record Policy (**ACTION**)

Policies and procedures governing the operation of special education programs within the Desert/Mountain SELPA are developed, reviewed and revised throughout the year upon the recommendation of the Program Team. Policies and Procedures are modified as necessary in order to ensure that special education programs are operated in an efficient, effective and legally compliant manner. Suggested revisions to SELPA Policy and Procedures are submitted to the D/M SELPA Steering Committee consideration and approval.

5.7.1 **BE IT RESOLVED** that the Desert/Mountain Children's Center Electronic Health Record Policy be approved as presented.

6.0 CONSENT ITEMS

It is recommended that the Governance Council consider approving several Agenda items as a Consent list. Consent Items are routine in nature and can be enacted in one motion without further discussion. Consent items may be called up by any Council Member at the meeting for clarification, discussion, or change.

AGENDA

6.1 **BE IT RESOLVED** that the following Consent Items be approved as presented:

6.1.1 Approve the May 14, 2021 CAHELP JPA Governance Council Meeting Minutes.

6.1.2 Approve the 2022 Crisis Prevention Institute (CPI) Annual Membership for Ned Broberg, Heidi Chavez, Danielle Cote, Brian Follis, Blanca Medrano, Michael Norton, and Linda Rodriguez, in an amount not to exceed \$150.00 per individual membership.

6.1.3 Approve 2022 Theraplay Certification Renewal for Julie McNeil in the amount of \$50.00.

6.1.4 Approve the Declaration of Low Incidence Equipment as Salvage or Surplus.

The Desert/Mountain SELPA is seeking approval from the CAHELP JPA Governance Council for the release to surplus or salvage of unassigned and/or obsolete low incidence equipment currently in storage. All of the low incidence equipment identified on the inventory report has been reviewed and determined to be unassigned and/or obsolete.

7.0 CHIEF EXECUTIVE OFFICER AND STAFF REPORTS

7.1 Alternative Dispute Resolution Allocation Plans

Jenae Holtz will present the CAHELP JPA Alternative Dispute Resolution Allocation Plans.

7.2 Learning Recovery Plans

Jenae Holtz will present the CAHELP JPA Learning Recovery Plans.

7.3 2021-22 CAHELP JPA Liability Insurance Renewal Information

Jenae Holtz will provide finalized information regarding the 2021-22 CAHELP JPA liability insurance renewal.

7.4 Resolution Support Services Update

Jenae Holtz will provide an update on Resolution Support Services for D/M SELPA and D/M Charter SELPA.

7.5 Special Presentation

Jenae Holtz will present on behalf of the CAHELP JPA Governance Council a special recognition.

8.0 INFORMATION ITEMS

8.1 Professional Learning Summary

AGENDA

9.0 GOVERNANCE COUNCIL MEMBERS COMMENTS / REPORTS

10.0 CEO COMMENTS

11.0 MATTERS BROUGHT BY GENERAL PUBLIC

This is the time during the agenda when the CAHELP JPA Governance Council is again prepared to receive the comments of the public regarding items on this agenda or any school related special education issue.

When coming to the podium, speakers are requested to give their name and limit their remarks to five minutes.

Persons wishing to make complaints against CAHELP JPA Governance Council personnel must have filed an appropriate complaint form prior to the meeting.

When the CAHELP JPA Governance Council goes into Closed Session, there will be no further opportunity for the general public to address the Council on items under consideration.

12.0 CLOSED SESSION

12.1 CAHELP JPA Personnel (ACTION)

The Governance Council is responsible for the appointment of the CAHELP JPA Chief Executive Officer.

12.1.1 **BE IT RESOLVED** that the selection of the CAHELP JPA Chief Executive Officer be approved as presented.

13.0 CLOSED SESSION REPORTS

14.0 ADJOURNMENT

The next regular meeting of the CAHELP JPA Governance Council will be held on Friday, January 7, 2022 at 10:00 a.m., at the Desert Mountain Educational Service Center, Lilac/Yucca Room, 17800 Highway 18, Apple Valley, CA 92307.

Individuals requiring special accommodations for disabilities are requested to contact Jamie Adkins at (760) 955-3555, at least seven days prior to the date of this meeting.

San Bernardino County Superintendent of Schools
DESERT MOUNTAIN COUNTY OPERATED SPECIAL EDUCATION PROGRAM

2020-21 LCFF Revenue Transfer
District Funded Students
Final Transfer

District of Residence	UPP %	Grades TK/K-3	Grades 4-6	Grades 7-8	Grades 9-12	Total
Adelanto	81.8600%	11,037.06	10,147.92	10,449.06	-	
P-2/Annual ADA		28.48	21.56	15.87	-	65.91
Total		314,335.58	218,789.16	165,826.60		698,951.35
Apple Valley	73.7200%	10,552.56	9,702.45	9,990.37	11,879.23	
P-2/Annual ADA		31.38	24.26	13.22	29.40	98.26
Total		331,139.43	235,381.45	132,072.72	349,249.51	1,047,843.11
Barstow	79.8000%	10,914.45	10,035.18	10,332.98	12,286.62	
P-2/Annual ADA		25.80	13.34	4.81	9.19	53.14
Total		281,592.83	133,869.37	49,701.63	112,914.03	578,077.86
Bear Valley	71.4600%	10,418.05	9,578.77	9,863.02	11,727.81	
P-2/Annual ADA		4.17	2.74	2.66	-	9.57
Total		43,443.25	26,245.83	26,235.64		95,924.72
Helendale	56.7700%	9,543.68	9,774.85	9,035.24	10,743.52	
P-2/Annual ADA		2.55	2.31	0.89	-	5.75
Total		24,336.39	20,269.89	8,041.36		52,647.64
Hesperia	73.9400%	10,565.66	9,714.49	10,002.77	11,893.98	
P-2/Annual ADA		10.17	4.76	7.67	60.47	83.07
Total		107,452.74	46,240.97	76,721.24	719,228.71	949,643.67
Lucerne	87.8600%	11,394.19	10,476.28	10,787.16	12,826.67	
P-2/Annual ADA		5.68	1.57	2.06	8.83	18.14
Total		64,719.00	16,447.75	22,221.55	113,259.51	216,647.81
Needles	76.5100%	10,718.63	9,855.14	10,147.59	12,066.18	
P-2/Annual ADA		5.57	5.43	4.00	7.05	22.05
Total		59,702.75	53,513.39	40,590.35	85,066.54	238,873.04
Oro Grande	94.4400%	11,785.84	10,836.37	-	-	
P-2/Annual ADA		1.02	0.76	-	-	1.78
Total		12,021.56	8,235.64			20,257.20
Silver Valley	57.2000%	9,569.28	8,798.38	9,059.47	10,772.33	
P-2/Annual ADA		-	-	0.94	1.75	2.69
Total				8,515.90	18,851.58	27,367.48
Snowline	70.3800%	10,353.76	9,519.67	9,802.16	11,655.44	
P-2/Annual ADA		30.33	12.63	4.10	22.91	69.97
Total		314,029.63	120,233.38	40,188.87	267,026.17	741,478.04
Trona	72.9600%	10,507.33	9,660.86	9,947.55	11,828.31	
P-2/Annual ADA		2.46	0.90	0.02	2.66	6.04
Total		25,848.02	8,694.77	198.95	31,463.31	66,205.06
Victor Elementary	86.0700%	11,287.65	10,378.32	-	-	
P-2/Annual ADA		114.86	55.78	-	-	170.64
Total		1,296,499.19	578,902.51			1,875,401.70
Victor Valley Union High	86.8700%	-	-	10,731.37	12,760.34	
P-2/Annual ADA		-	-	27.59	72.79	100.38
Total				296,078.62	928,824.97	1,224,903.59

Summary				
District Number	District	Using 19/20 Hold Harmless ADA	First 50% Transfer	Final transfer
201	Adelanto	698,951.35	349,381.44	349,569.91
203	Apple Valley	1,047,843.11	525,310.47	522,532.64
208	Barstow	578,077.86	289,448.76	288,629.10
206	Bear Valley	95,924.72	47,682.86	48,241.86
224	Helendale	52,647.64	25,974.14	26,673.50
228	Hesperia	949,643.67	476,881.49	472,762.18
232	Lucerne	216,647.81	108,465.38	108,182.43
241	Needles	238,873.04	119,542.64	119,330.40
246	Oro Grande	20,257.20	10,128.60	10,128.60
252	Silver Valley	27,367.48	13,448.59	13,918.89
254	Snowline	741,478.04	370,994.78	370,483.26
255	Trona	66,205.06	33,237.54	32,967.52
257	Victor Elementary	1,875,401.70	937,898.64	937,503.06
268	Victor Valley Union High	1,224,903.59	605,280.21	619,623.38
	Total	7,834,222.27	3,913,675.54	3,920,546.73

FEE-FOR-SERVICE BUDGET to ACTUALS COMPARISON- 2020-21

SELPA	Desert Mountain				Budget	Actuals	+Increase/ -Decrease
A. REVENUES							
					April 2020	September 2021	
	RS	OB	GL	FC			
1. AB602 Special Ed Funding	6500	8311	5001	0000	\$ 45,133,619	\$ 47,909,141	\$ 2,775,522
2. Property Tax Transfer	6500	8097	5001	0000		\$ 5,154,151	
3. Property Tax Transfer Adjustment between 2020-21 P-2 and Annual						\$ (212,236)	
4. Federal IDEA (Local Assistance Entitlement)	3310	8181	5001	0000		\$ 1,648,551	
5. Net FFS State Aid (A1-A2-A3-A4)	6500	8311	5001	0000		\$ 41,318,675	
6. LCFF ADA Revenue Transfer	6500	8710	5001	0000	\$ 7,947,419	\$ 7,834,222	\$ (113,197)
7. Federal Preschool	3315	8182	5730	0000	\$ 142,099	\$ 150,570	\$ 8,471
8. Preschool Local Entitlement	3320	8182	5730	0000	\$ 418,344	\$ 412,411	\$ (5,933)
9. Infant Part C	3385	8182	5710	0000	\$ 37,210	\$ 122,098	\$ 84,888
10. Infant State Apportionment	6510	8311	5710	0000	\$ 855,937	\$ 855,937	\$ -
11. Local Revenue	6500	8699	5001	0000	\$ -	\$ 4,148	\$ 4,148
12. Infant Discretionary	6515	8590	5710	0000	\$ 18,605	\$ 119,835	\$ 101,230
13. Local Revenue - Interagency Agreements	6500	8311	5001	0000	\$ -	\$ -	\$ -
14. Other Local Revenue	6500	8699	5001	0000	\$ -	\$ -	\$ -
15. Contrib. frm Unrestricted	6500	8981	5001	0000	\$ 161,081	\$ 85,230	\$ (75,851)
TOTAL REVENUES					\$ 54,714,314	\$ 57,493,592	\$ 2,779,278
B. EXPENDITURES							
1. SAI Services - SDC					\$ 28,704,649	\$ 24,483,788	\$ (4,220,861)
2. Related Services - DIS					\$ 8,017,793	\$ 7,705,202	\$ (312,591)
3. Itinerant					\$ 1,769,646	\$ 1,685,364	\$ (84,282)
4. 1:1 Aide Services					\$ 5,903,730	\$ 4,925,440	\$ (978,290)
5. Bus Aides					\$ 222,910	\$ 8,035	\$ (214,875)
6. Interpreter Services					\$ 1,096,271	\$ 709,726	\$ (386,545)
7. Preschool Assessments					\$ 307,897	\$ 297,076	\$ (10,821)
8. Preschool Intensive Autism					\$ 3,286,742	\$ 2,592,648	\$ (694,094)
9. Preschool SDC					\$ 2,668,969	\$ 2,318,021	\$ (350,948)
10. Preschool Related Services - DIS					\$ 1,536,105	\$ 1,762,993	\$ 226,888
11. Early Start					\$ 1,199,604	\$ 1,139,736	\$ (59,868)
TOTAL EXPENDITURES					\$ 54,714,314	\$ 47,628,030	\$ (7,086,284)
C. PRIOR YEAR ADJUSTMENTS							
1. Prior Year AB602 Revenue Funding Adjustment	6500	8319	5001	0000	\$ -	\$ -	\$ -
2. Beginning Balance					\$ -	\$ -	\$ -
TOTAL PRIOR YEAR ADJUSTMENTS					\$ -	\$ -	\$ -
D. 2020-21 ENDING BALANCE							
1. Total Revenues (Section A)					\$ 54,714,314	\$ 57,493,592	\$ 2,779,278
2. Plus Total Prior Year Revenue Adjustments (Section C)						\$ -	\$ -
3. Less Total Expenditures (Section B)					\$ 54,714,314	\$ 47,628,030	\$ (7,086,284)
4. Plus Unused 2020-21 Reserve					\$ -	\$ 1,641,430	\$ 1,641,430
5. 2020-21 Fee-For-Service Ending Balance					\$ 0	\$ 11,506,991	\$ 11,506,990

Service Counts	Budget	Actuals	Diff
SAI Services - SDC	808	871.83	63.83
Related Services - DIS	1040	1353.59	313.59
Itinerant	263	298	35
1:1 Aide Services	94	100.17	6.17
Bus Aides	36	23.75	-12.25
Interpreters	11	7.17	-3.83
Preschool Assessments	74	42	-32
Preschool Intensive Autism	100	65.08	-34.92
Preschool SDC	110	120.17	10.17
Preschool Related Services - DIS	373	329.17	-43.83
Early Start	64	56.83	7.17

ADA	
Estimated ADA - Budget	710.13
ADA - 19/20 Hold Harmless	707.39

Desert Mountain County Operated Special Education 2020-21 Year-End Actuals
September 2021

		SAI SERVICES > 50% SDC	RELATED SERVICES DIS	ITINERANT	1 TO 1 AIDE SERVICES	BUS AIDES	INTERPRETER SERVICES	PRESCHOOL ASSESSMENT	PRESCHOOL INTENSIVE AUTISM	PRESCHOOL SDC	PRESCHOOL RELATED SERVICES DIS	EARLY START	TOTAL
	RATE	\$ 29,063.00	\$ 6,369.00	\$ 5,559.00	\$ 51,887.00	\$ 5,115.00	\$ 82,335.00	\$ 3,862.00	\$ 30,506.00	\$ 22,520.00	\$ 3,822.00		
1													
2	OBJECT EXPENSE												
3	1000-1999	8,301,007	2,273,957	917,978	-	-	-	170,052	851,706	769,428	798,356	596,484	14,678,966
4	2000-2999	4,243,137	1,613,791	66,950	2,225,127	5,332	199,284	-	435,946	391,869	170,775	55,315	9,407,526
5	3000-3999	6,804,690	1,491,046	396,212	1,800,344	1,157	116,443	60,684	717,229	639,649	399,658	261,141	12,688,252
6	4000-4999	86,231	12,735	3,475	-	-	-	-	-	-	1,195	1,625	105,260
7	5000-5999	793,746	974,605	7,854	43,990	150	270,657	538	13,498	3,636	2,509	9,589	2,120,772
8	6000-6999	-	-	-	-	-	-	-	-	-	-	-	-
9													
10	Sub total	20,228,811	6,366,134	1,392,469	4,069,460	6,639	586,385	231,274	2,018,379	1,804,582	1,372,492	924,153	39,000,776
11	% of Total	0.61957	0.19498	0.04265	0.12464	0.00020	0.01796	0.04262	0.37193	0.33254	0.25291	N/A	
12													
13	Allocated Cost (GL 5001 & 5730; FN 2100, 2105, 2700, 8100)	2,441,363	768,312	168,054	491,133	801	70,769	43,796	382,221	341,734	259,909	131,473	5,099,566
14	Sub total 1000-5000 costs	22,670,174	7,134,446	1,560,523	4,560,593	7,440	657,154	275,070	2,400,600	2,146,316	1,632,401	1,055,626	44,100,342
15													
16	7300-7380 Indirect Cost @ 8.0%	1,813,614	570,756	124,842	364,847	595	52,572	22,006	192,048	171,705	130,592	84,110	3,527,687
17													
18	TOTAL EXPENSE	24,483,788	7,705,202	1,685,364	4,925,440	8,035	709,726	297,076	2,592,648	2,318,021	1,762,993	1,139,736	47,628,030

RESOURCE	OBJECT	REVENUE													
19	6500	8097	Property Tax Revenue	2,540,454	799,497	174,874	511,067	834	73,642	30,825	269,015	240,519	182,929	118,260	4,941,915
20	3310	8181	Federal Local Assistance	847,458	266,700	58,336	170,484	278	24,566	10,283	89,739	80,234	61,023	39,450	1,648,551
21	6500	8311	AB602 FFS Revenue	21,950,180	7,554,776	1,423,372	4,515,797	120,369	491,861	121,097	1,626,678	2,385,400	1,014,123	97,927	41,301,578
22															
23			Total FFS Revenue (Lines 20-24)	25,338,092	8,620,973	1,656,582	5,197,348	121,481	590,068	162,204	1,985,432	2,706,153	1,258,075	255,636	47,892,044

RESOURCE	OBJECT	Revenue													
24			LCFF Distribution (based on % of total expense of applicable program)	0.61957	0.19498	0.04265	0.12464	0.00020	0.01796						
25	6500	8710	Local Control Funding Formula Revenue	4,853,828	1,527,530	334,118	976,452	1,593	140,701				7,834,222		
26	3315	8182	Federal Preschool							6,417	56,002	50,070	150,570		
27	3320	8182	Preschool Local Entitlement							17,576	153,389	137,141	412,411		
28	3385	8182	Part C Early Intervention										122,098		
29	6510	8311	Infant I-50 Apportionment										855,937		
30	6513	8182	Federal Preschool - Backfill for RS 3315										0		
31	6515	8590	Infant Discretionary									119,835	119,835		
32	6512	8590	Mental Health										0		
33	6535	8590	Staff Development										0		
34	6500	8311	AB602 Base Revenue										0		
35	6500	89XX	Contrib to Restricted (JCS TRANSFER)										0		
36	6500	8699	Local	4,148									4,148		
37	6500	8311	Needles (Contracted Nurse)	17,097									17,097		
38	6500	8989	Contribution from Unrestricted	85,230								0	85,230		
39			Beginning Balance										0		
40			TOTAL REVENUE:	\$ 30,298,396	\$ 10,148,503	\$ 1,990,700	\$ 6,173,800	\$ 123,074	\$ 730,769	\$ 186,197	\$ 2,194,823	\$ 2,893,364	\$ 1,400,460	\$ 1,353,506	\$ 57,493,592
41															
42															
43															

Excess Cost Per Program	5,814,608	2,443,302	305,335	1,248,359	115,039	21,042	(110,879)	(397,825)	575,343	(362,533)	213,770	9,865,563
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Number of Services - Final	871.83	1,353.59	298.00	100.17	23.75	7.17	42.00	65.08	120.17	329.17	56.83	
2020-21 Fee-For-Service Rates	\$ 29,063	\$ 6,369	\$ 5,559	\$ 51,887	\$ 5,115	\$ 82,335	\$ 3,862	\$ 30,506	\$ 22,520	\$ 3,822	4,498	
Total 2020-21 Fee-For-Service Revenue	\$ 25,338,092	\$ 8,620,973	\$ 1,656,582	\$ 5,197,348	\$ 121,481	\$ 590,068	\$ 162,204	\$ 1,985,432	\$ 2,706,153	\$ 1,258,075	\$ 255,636	\$ 47,892,045

SUMMARY	
2020-21 Total Revenue	\$ 57,493,592
2020-21 Total Expense	\$ 47,628,030
Subtotal	\$ 9,865,562
Net Estimated FFS Ending Balance	\$ 9,865,562
2020-21 Unused Reserve	1,641,430
Total Ending Balance	\$ 11,506,991

San Bernardino County Superintendent of Schools
Desert Mountain County Operated Special Education Program
2020-21 Fee-For-Service Return

District	SAI Services	% of Services	Total Return	Related Services DIS	% of Services	Total Return	Itinerant	% of Services	Total Return	1:1 Aides	% of Services	Total Return	Bus Aides	% of Services	Total Return
Total	795.83	100%	\$ 5,814,608	1131.94	100%	\$ 2,443,302	282.50	100%	\$ 305,335	96.67	100%	\$ 1,248,359	23.75	100%	\$ 115,039

District	Interpreters	% of Services	Total Return	Preschool SDC	% of Services	Total Return	Preschool Related Services	% of Services	Total Return	Preschool Intensive Autism	% of Services	Total Return	Preschool Assessment	% of Services	Total Return	Early Start	% of Services	Total Return	Grand Total
Total	7.17	100%	\$ 21,042	118.50	100%	\$ 575,343	314.01	100%	\$ (362,533)	62.76	100%	\$ (397,825)	38.00	100%	\$ (110,879)	55.75	100%	\$ 213,770	\$ 9,865,563

*Districts receiving small school district protection are not included in the current year calculated return. Service counts have been removed for these districts and funds are reallocated to the remaining districts.

District	Col. A	Col. B	Col. C	Col. D	Col. E
	Unused 20/21 Reserve	20/21 FFS Ending Balance	20/21 Total Ending Balance	21/22 3% Reserve \$1,675,863	Balance to Return \$9,831,130
Academy for Academic Excellence	\$ -	\$ 1,265	\$ 1,265	\$ 181	\$ 1,084
Norton Science & Language	\$ -	\$ 540	\$ 540	\$ 77	\$ 463
Adelanto Elementary	\$ 163,415	\$ 946,266	\$ 1,109,681	\$ 159,213	\$ 950,468
Apple Valley Unified	\$ 262,469	\$ 1,322,863	\$ 1,585,332	\$ 227,458	\$ 1,357,874
Baker Valley Unified*	\$ -	\$ -	\$ -	\$ -	\$ -
Barstow Unified	\$ 55,643	\$ 642,057	\$ 697,700	\$ 100,104	\$ 597,596
Bear Valley Unified	\$ 23,707	\$ 238,650	\$ 262,357	\$ 37,642	\$ 224,715
Excelsior	\$ 1,627	\$ 6,031	\$ 7,658	\$ 1,099	\$ 6,559
Helendale Elementary*	\$ -	\$ -	\$ -	\$ -	\$ -
Hesperia Unified	\$ 254,910	\$ 1,453,122	\$ 1,708,032	\$ 245,063	\$ 1,462,969
Lucerne Valley Unified*	\$ 12,210	\$ -	\$ 12,210	\$ -	\$ -
Needles*	\$ -	\$ -	\$ -	\$ -	\$ -
Oro Grande Elementary	\$ 9,907	\$ 59,612	\$ 69,519	\$ 9,974	\$ 59,545
Silver Valley Unified	\$ 4,727	\$ 49,329	\$ 54,056	\$ 7,756	\$ 46,300
Snowline Jt. Unified	\$ 152,737	\$ 1,119,829	\$ 1,272,566	\$ 182,584	\$ 1,089,982
Trona Jt. Unified*	\$ 16,836	\$ -	\$ 16,836	\$ -	\$ -
Victor Elementary	\$ 321,535	\$ 2,083,649	\$ 2,405,184	\$ 345,088	\$ 2,060,096
Victor Valley Union High	\$ 361,706	\$ 1,941,270	\$ 2,302,976	\$ 330,423	\$ 1,972,553
Encore - Hesperia	\$ -	\$ 1,081	\$ 1,081	\$ 155	\$ 926
Total	\$ 1,641,430	\$ 9,865,563	\$ 11,506,992	\$ 1,675,863	\$ 9,831,130

AB 361 Creates Exemptions to Brown Act Virtual Meeting Requirements During a State of Emergency

September 22, 2021
Number 27

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On September 15, 2021, the Governor signed Assembly Bill (AB) 361, amending the Ralph M. Brown Act to allow local agencies to continue conducting public meetings remotely during a state of emergency, so long as certain requirements are met. As explained in more detail below, public agencies who wish to conduct meetings remotely on or after October 1, 2021, must make specific findings, every thirty days, and ensure conditions related to public participation are satisfied.

Background

Generally, if a local agency elects to use teleconferencing for a public meeting, the Brown Act requires: (1) a quorum of the legislative body to participate from within the boundaries of the agency's jurisdiction, (2) the public agency to post notice of each teleconference location, and (3) the public be allowed to address the legislative body from each teleconference location.

Beginning in March 2020, Governor Newsom issued Executive Orders (Prior Orders) relaxing these Brown Act provisions, allowing public agencies greater flexibility in holding remote meetings during the COVID-19 pandemic. The Prior Orders, suspending the Brown Act teleconferencing requirements and confirming the use of internet-based service options for holding public meetings, were set to expire on September 30, 2021. In light of this looming deadline, AB 361 was passed and amends the Brown Act to allow public agencies to continue conducting remote meetings during a state of emergency without the need to comply with all of the teleconferencing requirements. While AB 361 was an urgency measure, effective upon the Governor's signature, the Governor also signed a new Executive Order, clarifying that most of the requirements of AB 361 become effective October 1, 2021.

Although the Governor waived the applicability of AB 361 until October 1, 2021, local agencies retain the option of meeting before October 1 to make the required findings under AB 361 in order to hold future meetings remotely. If a local agency does not do so, it will have to have a separate meeting in October to make the necessary findings before any regular or special meetings otherwise scheduled for October can be held remotely.

Applicability of AB 361

Under the urgency legislation, a local agency may utilize the more “relaxed” Brown Act teleconferencing requirements in any of the following circumstances:

1. There is a proclaimed state of emergency, and state or local officials have imposed or recommended measures to promote social distancing; or
2. There is a proclaimed state of emergency, and the local agency’s meeting is for the purpose of determining, by majority vote, whether as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees; or
3. There is a proclaimed state of emergency, and the local agency has determined, by majority vote, that as a result of the emergency meeting in person would present an imminent risk to the health or safety of attendees.

AB 361 defines a “state of emergency” as a state of emergency proclaimed pursuant to Section 8625 of the California Emergency Services Act. Importantly, this includes the current state of emergency proclaimed by the Governor due to the COVID-19 Pandemic.

To continue to rely on the relaxed teleconferencing provisions, the local agency must reconsider the circumstances of the state of emergency and make the following findings by majority vote, *every 30 days*:

- The state of emergency continues to directly impact the ability of the members to meet safely in person; or
- State or local officials continue to impose or recommend measures to promote social distancing.

Virtual Meeting Requirements Under AB 361

For all remote meetings held under AB 361, local agencies are required to meet the following public participation and notice requirements (note that some of these requirements differ from what had been in place under the Prior Orders):

- Meeting agendas and notices must describe how members of the public may access the meeting and offer public comment, and identify and include an opportunity for all persons to attend via a call-in option or an internet-based service option;
- The public must have the opportunity to address the legislative body and comment in real time. The local agencies may still allow for the public to submit comments in advance of the meeting, but the local agency must also provide an option for the public to comment in real time;
- If a timed public comment period is provided on an agenda, whether on a specific agenda item or in general, registration and the public comment period cannot close until the time has elapsed. If public comment is taken separately on each agenda item, the legislative body must allow a reasonable amount of time per item to allow members of the public the opportunity to provide public comment, register, or otherwise be recognized for the purpose of providing public comment;

- Local agencies are permitted to use platforms which, incidental to their use and deployment, may require users to register for an account with that platform so long as the platform is not under the control of the local agency;
- If there is a disruption in the broadcast of a public meeting using the call-in option or the internet-based option, or there is a disruption within the agency's control which prevents members of the public from offering comments, the agency must not take any action on items appearing on the agenda until full access is restored.

Meeting agendas are not required to be posted at all teleconference locations, and local agencies are not required to make each teleconference location accessible to the public, provided that members of the public are afforded the opportunity to provide public comment remotely.

Takeaways

AB 361 creates statutory exemptions to the Brown Act that extend flexibility for remote public meetings during proclaimed emergencies, through January 1, 2024. For state and local agencies that are subject to the Bagley-Keene Open Meeting Act and the Gloria Romero Open Meetings Act, AB 361 establishes similarly relaxed guidance for virtual public meetings, until January 31, 2022. State and local agencies must give the public notice and an opportunity to comment and participate at meetings in real time, even using remote means, and they must comply with certain prerequisites in order to rely on the remote meeting provisions, including reconsideration of the circumstances and need for remote meetings every 30 days. While this new law relaxes certain remote meeting requirements relating to member participation, agendas, and public accessibility at remote locations, the underlying aim of the Brown Act—to ensure meetings of local agencies be open and public—remains.

If you have any questions about AB 361 or about Brown Act or board governance issues in general, please contact the author of this Client News Brief or an attorney at one of our [eight offices](#) located statewide. You can also subscribe to our [podcasts](#), follow us on [Facebook](#), [Twitter](#) and [LinkedIn](#) or download our [mobile app](#).

As the information contained herein is necessarily general, its application to a particular set of facts and circumstances may vary. For this reason, this News Brief does not constitute legal advice. We recommend that you consult with your counsel prior to acting on the information contained herein.



AB-361 Open meetings: state and local agencies: teleconferences. (2021-2022)

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Assembly Bill No. 361

CHAPTER 165

An act to add and repeal Section 89305.6 of the Education Code, and to amend, repeal, and add Section 54953 of, and to add and repeal Section 11133 of, the Government Code, relating to open meetings, and declaring the urgency thereof, to take effect immediately.

[Approved by Governor September 16, 2021. Filed with Secretary of State September 16, 2021.]

LEGISLATIVE COUNSEL'S DIGEST

AB 361, Robert Rivas. Open meetings: state and local agencies: teleconferences.

(1) Existing law, the Ralph M. Brown Act requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. The act contains specified provisions regarding the timelines for posting an agenda and providing for the ability of the public to directly address the legislative body on any item of interest to the public. The act generally requires all regular and special meetings of the legislative body be held within the boundaries of the territory over which the local agency exercises jurisdiction, subject to certain exceptions. The act allows for meetings to occur via teleconferencing subject to certain requirements, particularly that the legislative body notice each teleconference location of each member that will be participating in the public meeting, that each teleconference location be accessible to the public, that members of the public be allowed to address the legislative body at each teleconference location, that the legislative body post an agenda at each teleconference location, and that at least a quorum of the legislative body participate from locations within the boundaries of the local agency's jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. The act authorizes the district attorney or any interested person, subject to certain provisions, to commence an action by mandamus or injunction for the purpose of obtaining a judicial determination that specified actions taken by a legislative body are null and void.

Existing law, the California Emergency Services Act, authorizes the Governor, or the Director of Emergency Services when the governor is inaccessible, to proclaim a state of emergency under specified circumstances.

Executive Order No. N-29-20 suspends the Ralph M. Brown Act's requirements for teleconferencing during the COVID-19 pandemic provided that notice and accessibility requirements are met, the public members are allowed to observe and address the legislative body at the meeting, and that a legislative body of a local agency has a procedure for receiving and swiftly resolving requests for reasonable accommodation for individuals with disabilities, as specified.

This bill, until January 1, 2024, would authorize a local agency to use teleconferencing without complying with the teleconferencing requirements imposed by the Ralph M. Brown Act when a legislative body of a local agency holds a meeting during a declared state of emergency, as that term is defined, when state or local health officials have imposed or recommended measures to promote social distancing, during a proclaimed state of emergency held

for the purpose of determining, by majority vote, whether meeting in person would present imminent risks to the health or safety of attendees, and during a proclaimed state of emergency when the legislative body has determined that meeting in person would present imminent risks to the health or safety of attendees, as provided.

This bill would require legislative bodies that hold teleconferenced meetings under these abbreviated teleconferencing procedures to give notice of the meeting and post agendas, as described, to allow members of the public to access the meeting and address the legislative body, to give notice of the means by which members of the public may access the meeting and offer public comment, including an opportunity for all persons to attend via a call-in option or an internet-based service option, and to conduct the meeting in a manner that protects the statutory and constitutional rights of the parties and the public appearing before the legislative body. The bill would require the legislative body to take no further action on agenda items when there is a disruption which prevents the public agency from broadcasting the meeting, or in the event of a disruption within the local agency's control which prevents members of the public from offering public comments, until public access is restored. The bill would specify that actions taken during the disruption are subject to challenge proceedings, as specified.

This bill would prohibit the legislative body from requiring public comments to be submitted in advance of the meeting and would specify that the legislative body must provide an opportunity for the public to address the legislative body and offer comment in real time. The bill would prohibit the legislative body from closing the public comment period and the opportunity to register to provide public comment, until the public comment period has elapsed or until a reasonable amount of time has elapsed, as specified. When there is a continuing state of emergency, or when state or local officials have imposed or recommended measures to promote social distancing, the bill would require a legislative body to make specified findings not later than 30 days after the first teleconferenced meeting pursuant to these provisions, and to make those findings every 30 days thereafter, in order to continue to meet under these abbreviated teleconferencing procedures.

Existing law prohibits a legislative body from requiring, as a condition to attend a meeting, a person to register the person's name, or to provide other information, or to fulfill any condition precedent to the person's attendance.

This bill would exclude from that prohibition, a registration requirement imposed by a third-party internet website or other online platform not under the control of the legislative body.

(2) Existing law, the Bagley-Keene Open Meeting Act, requires, with specified exceptions, that all meetings of a state body be open and public and all persons be permitted to attend any meeting of a state body. The act requires at least one member of the state body to be physically present at the location specified in the notice of the meeting.

The Governor's Executive Order No. N-29-20 suspends the requirements of the Bagley-Keene Open Meeting Act for teleconferencing during the COVID-19 pandemic, provided that notice and accessibility requirements are met, the public members are allowed to observe and address the state body at the meeting, and that a state body has a procedure for receiving and swiftly resolving requests for reasonable accommodation for individuals with disabilities, as specified.

This bill, until January 31, 2022, would authorize, subject to specified notice and accessibility requirements, a state body to hold public meetings through teleconferencing and to make public meetings accessible telephonically, or otherwise electronically, to all members of the public seeking to observe and to address the state body. With respect to a state body holding a public meeting pursuant to these provisions, the bill would suspend certain requirements of existing law, including the requirements that each teleconference location be accessible to the public and that members of the public be able to address the state body at each teleconference location. Under the bill, a state body that holds a meeting through teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically would satisfy any requirement that the state body allow members of the public to attend the meeting and offer public comment. The bill would require that each state body that holds a meeting through teleconferencing provide notice of the meeting, and post the agenda, as provided. The bill would urge state bodies utilizing these teleconferencing procedures in the bill to use sound discretion and to make reasonable efforts to adhere as closely as reasonably possible to existing law, as provided.

(3) Existing law establishes the various campuses of the California State University under the administration of the Trustees of the California State University, and authorizes the establishment of student body organizations in connection with the operations of California State University campuses.

The Gloria Romero Open Meetings Act of 2000 generally requires a legislative body, as defined, of a student body organization to conduct its business in a meeting that is open and public. The act authorizes the legislative body to use teleconferencing, as defined, for the benefit of the public and the legislative body in connection with any meeting or proceeding authorized by law.

This bill, until January 31, 2022, would authorize, subject to specified notice and accessibility requirements, a legislative body, as defined for purposes of the act, to hold public meetings through teleconferencing and to make public meetings accessible telephonically, or otherwise electronically, to all members of the public seeking to observe and to address the legislative body. With respect to a legislative body holding a public meeting pursuant to these provisions, the bill would suspend certain requirements of existing law, including the requirements that each teleconference location be accessible to the public and that members of the public be able to address the legislative body at each teleconference location. Under the bill, a legislative body that holds a meeting through teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically would satisfy any requirement that the legislative body allow members of the public to attend the meeting and offer public comment. The bill would require that each legislative body that holds a meeting through teleconferencing provide notice of the meeting, and post the agenda, as provided. The bill would urge legislative bodies utilizing these teleconferencing procedures in the bill to use sound discretion and to make reasonable efforts to adhere as closely as reasonably possible to existing law, as provided.

(4) This bill would declare the Legislature's intent, consistent with the Governor's Executive Order No. N-29-20, to improve and enhance public access to state and local agency meetings during the COVID-19 pandemic and future emergencies by allowing broader access through teleconferencing options.

(5) This bill would incorporate additional changes to Section 54953 of the Government Code proposed by AB 339 to be operative only if this bill and AB 339 are enacted and this bill is enacted last.

(6) The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthers the constitutional requirements relating to this purpose.

This bill would make legislative findings to that effect.

(7) Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

(8) This bill would declare that it is to take effect immediately as an urgency statute.

Vote: 2/3 Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 89305.6 is added to the Education Code, to read:

89305.6. (a) Notwithstanding any other provision of this article, and subject to the notice and accessibility requirements in subdivisions (d) and (e), a legislative body may hold public meetings through teleconferencing and make public meetings accessible telephonically, or otherwise electronically, to all members of the public seeking to observe and to address the legislative body.

(b) (1) For a legislative body holding a public meeting through teleconferencing pursuant to this section, all requirements in this article requiring the physical presence of members, the clerk or other personnel of the legislative body, or the public, as a condition of participation in or quorum for a public meeting, are hereby suspended.

(2) For a legislative body holding a public meeting through teleconferencing pursuant to this section, all of the following requirements in this article are suspended:

(A) Each teleconference location from which a member will be participating in a public meeting or proceeding be identified in the notice and agenda of the public meeting or proceeding.

(B) Each teleconference location be accessible to the public.

(C) Members of the public may address the legislative body at each teleconference conference location.

(D) Post agendas at all teleconference locations.

(E) At least one member of the legislative body be physically present at the location specified in the notice of the meeting.

(c) A legislative body that holds a meeting through teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically, consistent with the notice and accessibility requirements in subdivisions (d) and (e), shall have satisfied any requirement that the legislative body allow members of the public to attend the meeting and offer public comment. A legislative body need not make available any physical location from which members of the public may observe the meeting and offer public comment.

(d) If a legislative body holds a meeting through teleconferencing pursuant to this section and allows members of the public to observe and address the meeting telephonically or otherwise electronically, the legislative body shall also do both of the following:

(1) Implement a procedure for receiving and swiftly resolving requests for reasonable modification or accommodation from individuals with disabilities, consistent with the federal Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12101 et seq.), and resolving any doubt whatsoever in favor of accessibility.

(2) Advertise that procedure each time notice is given of the means by which members of the public may observe the meeting and offer public comment, pursuant to paragraph (2) of subdivision (e).

(e) Except to the extent this section provides otherwise, each legislative body that holds a meeting through teleconferencing pursuant to this section shall do both of the following:

(1) Give advance notice of the time of, and post the agenda for, each public meeting according to the timeframes otherwise prescribed by this article, and using the means otherwise prescribed by this article, as applicable.

(2) In each instance in which notice of the time of the meeting is otherwise given or the agenda for the meeting is otherwise posted, also give notice of the means by which members of the public may observe the meeting and offer public comment. As to any instance in which there is a change in the means of public observation and comment, or any instance prior to the effective date of this section in which the time of the meeting has been noticed or the agenda for the meeting has been posted without also including notice of the means of public observation and comment, a legislative body may satisfy this requirement by advertising the means of public observation and comment using the most rapid means of communication available at the time. Advertising the means of public observation and comment using the most rapid means of communication available at the time shall include, but need not be limited to, posting such means on the legislative body's internet website.

(f) All legislative bodies utilizing the teleconferencing procedures in this section are urged to use sound discretion and to make reasonable efforts to adhere as closely as reasonably possible to the otherwise applicable provisions of this article, in order to maximize transparency and provide the public access to legislative body meetings.

(g) This section shall remain in effect only until January 31, 2022, and as of that date is repealed.

SEC. 2. Section 11133 is added to the Government Code, to read:

11133. (a) Notwithstanding any other provision of this article, and subject to the notice and accessibility requirements in subdivisions (d) and (e), a state body may hold public meetings through teleconferencing and make public meetings accessible telephonically, or otherwise electronically, to all members of the public seeking to observe and to address the state body.

(b) (1) For a state body holding a public meeting through teleconferencing pursuant to this section, all requirements in this article requiring the physical presence of members, the clerk or other personnel of the state body, or the public, as a condition of participation in or quorum for a public meeting, are hereby suspended.

(2) For a state body holding a public meeting through teleconferencing pursuant to this section, all of the following requirements in this article are suspended:

(A) Each teleconference location from which a member will be participating in a public meeting or proceeding be identified in the notice and agenda of the public meeting or proceeding.

(B) Each teleconference location be accessible to the public.

(C) Members of the public may address the state body at each teleconference conference location.

(D) Post agendas at all teleconference locations.

(E) At least one member of the state body be physically present at the location specified in the notice of the meeting.

(c) A state body that holds a meeting through teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically, consistent with the notice and accessibility requirements in subdivisions (d) and (e), shall have satisfied any requirement that the state body allow members of the public to attend the meeting and offer public comment. A state body need not make available any physical location from which members of the public may observe the meeting and offer public comment.

(d) If a state body holds a meeting through teleconferencing pursuant to this section and allows members of the public to observe and address the meeting telephonically or otherwise electronically, the state body shall also do both of the following:

(1) Implement a procedure for receiving and swiftly resolving requests for reasonable modification or accommodation from individuals with disabilities, consistent with the federal Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12101 et seq.), and resolving any doubt whatsoever in favor of accessibility.

(2) Advertise that procedure each time notice is given of the means by which members of the public may observe the meeting and offer public comment, pursuant to paragraph (2) of subdivision (e).

(e) Except to the extent this section provides otherwise, each state body that holds a meeting through teleconferencing pursuant to this section shall do both of the following:

(1) Give advance notice of the time of, and post the agenda for, each public meeting according to the timeframes otherwise prescribed by this article, and using the means otherwise prescribed by this article, as applicable.

(2) In each instance in which notice of the time of the meeting is otherwise given or the agenda for the meeting is otherwise posted, also give notice of the means by which members of the public may observe the meeting and offer public comment. As to any instance in which there is a change in the means of public observation and comment, or any instance prior to the effective date of this section in which the time of the meeting has been noticed or the agenda for the meeting has been posted without also including notice of the means of public observation and comment, a state body may satisfy this requirement by advertising the means of public observation and comment using the most rapid means of communication available at the time. Advertising the means of public observation and comment using the most rapid means of communication available at the time shall include, but need not be limited to, posting such means on the state body's internet website.

(f) All state bodies utilizing the teleconferencing procedures in this section are urged to use sound discretion and to make reasonable efforts to adhere as closely as reasonably possible to the otherwise applicable provisions of this article, in order to maximize transparency and provide the public access to state body meetings.

(g) This section shall remain in effect only until January 31, 2022, and as of that date is repealed.

SEC. 3. Section 54953 of the Government Code is amended to read:

54953. (a) All meetings of the legislative body of a local agency shall be open and public, and all persons shall be permitted to attend any meeting of the legislative body of a local agency, except as otherwise provided in this chapter.

(b) (1) Notwithstanding any other provision of law, the legislative body of a local agency may use teleconferencing for the benefit of the public and the legislative body of a local agency in connection with any meeting or proceeding authorized by law. The teleconferenced meeting or proceeding shall comply with all otherwise applicable requirements of this chapter and all otherwise applicable provisions of law relating to a specific type of meeting or proceeding.

(2) Teleconferencing, as authorized by this section, may be used for all purposes in connection with any meeting within the subject matter jurisdiction of the legislative body. All votes taken during a teleconferenced meeting shall be by rollcall.

(3) If the legislative body of a local agency elects to use teleconferencing, it shall post agendas at all teleconference locations and conduct teleconference meetings in a manner that protects the statutory and constitutional rights of the parties or the public appearing before the legislative body of a local agency. Each

teleconference location shall be identified in the notice and agenda of the meeting or proceeding, and each teleconference location shall be accessible to the public. During the teleconference, at least a quorum of the members of the legislative body shall participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction, except as provided in subdivisions (d) and (e). The agenda shall provide an opportunity for members of the public to address the legislative body directly pursuant to Section 54954.3 at each teleconference location.

(4) For the purposes of this section, "teleconference" means a meeting of a legislative body, the members of which are in different locations, connected by electronic means, through either audio or video, or both. Nothing in this section shall prohibit a local agency from providing the public with additional teleconference locations.

(c) (1) No legislative body shall take action by secret ballot, whether preliminary or final.

(2) The legislative body of a local agency shall publicly report any action taken and the vote or abstention on that action of each member present for the action.

(3) Prior to taking final action, the legislative body shall orally report a summary of a recommendation for a final action on the salaries, salary schedules, or compensation paid in the form of fringe benefits of a local agency executive, as defined in subdivision (d) of Section 3511.1, during the open meeting in which the final action is to be taken. This paragraph shall not affect the public's right under the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1) to inspect or copy records created or received in the process of developing the recommendation.

(d) (1) Notwithstanding the provisions relating to a quorum in paragraph (3) of subdivision (b), if a health authority conducts a teleconference meeting, members who are outside the jurisdiction of the authority may be counted toward the establishment of a quorum when participating in the teleconference if at least 50 percent of the number of members that would establish a quorum are present within the boundaries of the territory over which the authority exercises jurisdiction, and the health authority provides a teleconference number, and associated access codes, if any, that allows any person to call in to participate in the meeting and the number and access codes are identified in the notice and agenda of the meeting.

(2) Nothing in this subdivision shall be construed as discouraging health authority members from regularly meeting at a common physical site within the jurisdiction of the authority or from using teleconference locations within or near the jurisdiction of the authority. A teleconference meeting for which a quorum is established pursuant to this subdivision shall be subject to all other requirements of this section.

(3) For purposes of this subdivision, a health authority means any entity created pursuant to Sections 14018.7, 14087.31, 14087.35, 14087.36, 14087.38, and 14087.9605 of the Welfare and Institutions Code, any joint powers authority created pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 for the purpose of contracting pursuant to Section 14087.3 of the Welfare and Institutions Code, and any advisory committee to a county-sponsored health plan licensed pursuant to Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code if the advisory committee has 12 or more members.

(e) (1) A local agency may use teleconferencing without complying with the requirements of paragraph (3) of subdivision (b) if the legislative body complies with the requirements of paragraph (2) of this subdivision in any of the following circumstances:

(A) The legislative body holds a meeting during a proclaimed state of emergency, and state or local officials have imposed or recommended measures to promote social distancing.

(B) The legislative body holds a meeting during a proclaimed state of emergency for the purpose of determining, by majority vote, whether as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

(C) The legislative body holds a meeting during a proclaimed state of emergency and has determined, by majority vote, pursuant to subparagraph (B), that, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

(2) A legislative body that holds a meeting pursuant to this subdivision shall do all of the following:

(A) The legislative body shall give notice of the meeting and post agendas as otherwise required by this chapter.

(B) The legislative body shall allow members of the public to access the meeting and the agenda shall provide an opportunity for members of the public to address the legislative body directly pursuant to Section 54954.3. In each instance in which notice of the time of the teleconferenced meeting is otherwise given or the agenda for the

meeting is otherwise posted, the legislative body shall also give notice of the means by which members of the public may access the meeting and offer public comment. The agenda shall identify and include an opportunity for all persons to attend via a call-in option or an internet-based service option. This subparagraph shall not be construed to require the legislative body to provide a physical location from which the public may attend or comment.

(C) The legislative body shall conduct teleconference meetings in a manner that protects the statutory and constitutional rights of the parties and the public appearing before the legislative body of a local agency.

(D) In the event of a disruption which prevents the public agency from broadcasting the meeting to members of the public using the call-in option or internet-based service option, or in the event of a disruption within the local agency's control which prevents members of the public from offering public comments using the call-in option or internet-based service option, the body shall take no further action on items appearing on the meeting agenda until public access to the meeting via the call-in option or internet-based service option is restored. Actions taken on agenda items during a disruption which prevents the public agency from broadcasting the meeting may be challenged pursuant to Section 54960.1.

(E) The legislative body shall not require public comments to be submitted in advance of the meeting and must provide an opportunity for the public to address the legislative body and offer comment in real time. This subparagraph shall not be construed to require the legislative body to provide a physical location from which the public may attend or comment.

(F) Notwithstanding Section 54953.3, an individual desiring to provide public comment through the use of an internet website, or other online platform, not under the control of the local legislative body, that requires registration to log in to a teleconference may be required to register as required by the third-party internet website or online platform to participate.

(G) (i) A legislative body that provides a timed public comment period for each agenda item shall not close the public comment period for the agenda item, or the opportunity to register, pursuant to subparagraph (F), to provide public comment until that timed public comment period has elapsed.

(ii) A legislative body that does not provide a timed public comment period, but takes public comment separately on each agenda item, shall allow a reasonable amount of time per agenda item to allow public members the opportunity to provide public comment, including time for members of the public to register pursuant to subparagraph (F), or otherwise be recognized for the purpose of providing public comment.

(iii) A legislative body that provides a timed general public comment period that does not correspond to a specific agenda item shall not close the public comment period or the opportunity to register, pursuant to subparagraph (F), until the timed general public comment period has elapsed.

(3) If a state of emergency remains active, or state or local officials have imposed or recommended measures to promote social distancing, in order to continue to teleconference without compliance with paragraph (3) of subdivision (b), the legislative body shall, not later than 30 days after teleconferencing for the first time pursuant to subparagraph (A), (B), or (C) of paragraph (1), and every 30 days thereafter, make the following findings by majority vote:

(A) The legislative body has reconsidered the circumstances of the state of emergency.

(B) Any of the following circumstances exist:

(i) The state of emergency continues to directly impact the ability of the members to meet safely in person.

(ii) State or local officials continue to impose or recommend measures to promote social distancing.

(4) For the purposes of this subdivision, "state of emergency" means a state of emergency proclaimed pursuant to Section 8625 of the California Emergency Services Act (Article 1 (commencing with Section 8550) of Chapter 7 of Division 1 of Title 2).

(f) This section shall remain in effect only until January 1, 2024, and as of that date is repealed.

SEC. 3.1. Section 54953 of the Government Code is amended to read:

54953. (a) All meetings of the legislative body of a local agency shall be open and public, and all persons shall be permitted to attend any meeting of the legislative body of a local agency in person, except as otherwise provided in this chapter. Local agencies shall conduct meetings subject to this chapter consistent with applicable state and

federal civil rights laws, including, but not limited to, any applicable language access and other nondiscrimination obligations.

(b) (1) Notwithstanding any other provision of law, the legislative body of a local agency may use teleconferencing for the benefit of the public and the legislative body of a local agency in connection with any meeting or proceeding authorized by law. The teleconferenced meeting or proceeding shall comply with all otherwise applicable requirements of this chapter and all otherwise applicable provisions of law relating to a specific type of meeting or proceeding.

(2) Teleconferencing, as authorized by this section, may be used for all purposes in connection with any meeting within the subject matter jurisdiction of the legislative body. All votes taken during a teleconferenced meeting shall be by rollcall.

(3) If the legislative body of a local agency elects to use teleconferencing, it shall post agendas at all teleconference locations and conduct teleconference meetings in a manner that protects the statutory and constitutional rights of the parties or the public appearing before the legislative body of a local agency. Each teleconference location shall be identified in the notice and agenda of the meeting or proceeding, and each teleconference location shall be accessible to the public. During the teleconference, at least a quorum of the members of the legislative body shall participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction, except as provided in subdivisions (d) and (e). The agenda shall provide an opportunity for members of the public to address the legislative body directly pursuant to Section 54954.3 at each teleconference location.

(4) For the purposes of this section, "teleconference" means a meeting of a legislative body, the members of which are in different locations, connected by electronic means, through either audio or video, or both. Nothing in this section shall prohibit a local agency from providing the public with additional teleconference locations.

(c) (1) No legislative body shall take action by secret ballot, whether preliminary or final.

(2) The legislative body of a local agency shall publicly report any action taken and the vote or abstention on that action of each member present for the action.

(3) Prior to taking final action, the legislative body shall orally report a summary of a recommendation for a final action on the salaries, salary schedules, or compensation paid in the form of fringe benefits of a local agency executive, as defined in subdivision (d) of Section 3511.1, during the open meeting in which the final action is to be taken. This paragraph shall not affect the public's right under the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1) to inspect or copy records created or received in the process of developing the recommendation.

(d) (1) Notwithstanding the provisions relating to a quorum in paragraph (3) of subdivision (b), if a health authority conducts a teleconference meeting, members who are outside the jurisdiction of the authority may be counted toward the establishment of a quorum when participating in the teleconference if at least 50 percent of the number of members that would establish a quorum are present within the boundaries of the territory over which the authority exercises jurisdiction, and the health authority provides a teleconference number, and associated access codes, if any, that allows any person to call in to participate in the meeting and the number and access codes are identified in the notice and agenda of the meeting.

(2) Nothing in this subdivision shall be construed as discouraging health authority members from regularly meeting at a common physical site within the jurisdiction of the authority or from using teleconference locations within or near the jurisdiction of the authority. A teleconference meeting for which a quorum is established pursuant to this subdivision shall be subject to all other requirements of this section.

(3) For purposes of this subdivision, a health authority means any entity created pursuant to Sections 14018.7, 14087.31, 14087.35, 14087.36, 14087.38, and 14087.9605 of the Welfare and Institutions Code, any joint powers authority created pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 for the purpose of contracting pursuant to Section 14087.3 of the Welfare and Institutions Code, and any advisory committee to a county-sponsored health plan licensed pursuant to Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code if the advisory committee has 12 or more members.

(e) (1) A local agency may use teleconferencing without complying with the requirements of paragraph (3) of subdivision (b) if the legislative body complies with the requirements of paragraph (2) of this subdivision in any of the following circumstances:

(A) The legislative body holds a meeting during a proclaimed state of emergency, and state or local officials have

imposed or recommended measures to promote social distancing.

(B) The legislative body holds a meeting during a proclaimed state of emergency for the purpose of determining, by majority vote, whether as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

(C) The legislative body holds a meeting during a proclaimed state of emergency and has determined, by majority vote, pursuant to subparagraph (B), that, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

(2) A legislative body that holds a meeting pursuant to this subdivision shall do all of the following:

(A) The legislative body shall give notice of the meeting and post agendas as otherwise required by this chapter.

(B) The legislative body shall allow members of the public to access the meeting and the agenda shall provide an opportunity for members of the public to address the legislative body directly pursuant to Section 54954.3. In each instance in which notice of the time of the teleconferenced meeting is otherwise given or the agenda for the meeting is otherwise posted, the legislative body shall also give notice of the means by which members of the public may access the meeting and offer public comment. The agenda shall identify and include an opportunity for all persons to attend via a call-in option or an internet-based service option. This subparagraph shall not be construed to require the legislative body to provide a physical location from which the public may attend or comment.

(C) The legislative body shall conduct teleconference meetings in a manner that protects the statutory and constitutional rights of the parties and the public appearing before the legislative body of a local agency.

(D) In the event of a disruption which prevents the public agency from broadcasting the meeting to members of the public using the call-in option or internet-based service option, or in the event of a disruption within the local agency's control which prevents members of the public from offering public comments using the call-in option or internet-based service option, the body shall take no further action on items appearing on the meeting agenda until public access to the meeting via the call-in option or internet-based service option is restored. Actions taken on agenda items during a disruption which prevents the public agency from broadcasting the meeting may be challenged pursuant to Section 54960.1.

(E) The legislative body shall not require public comments to be submitted in advance of the meeting and must provide an opportunity for the public to address the legislative body and offer comment in real time. This subparagraph shall not be construed to require the legislative body to provide a physical location from which the public may attend or comment.

(F) Notwithstanding Section 54953.3, an individual desiring to provide public comment through the use of an internet website, or other online platform, not under the control of the local legislative body, that requires registration to log in to a teleconference may be required to register as required by the third-party internet website or online platform to participate.

(G) (i) A legislative body that provides a timed public comment period for each agenda item shall not close the public comment period for the agenda item, or the opportunity to register, pursuant to subparagraph (F), to provide public comment until that timed public comment period has elapsed.

(ii) A legislative body that does not provide a timed public comment period, but takes public comment separately on each agenda item, shall allow a reasonable amount of time per agenda item to allow public members the opportunity to provide public comment, including time for members of the public to register pursuant to subparagraph (F), or otherwise be recognized for the purpose of providing public comment.

(iii) A legislative body that provides a timed general public comment period that does not correspond to a specific agenda item shall not close the public comment period or the opportunity to register, pursuant to subparagraph (F), until the timed general public comment period has elapsed.

(3) If a state of emergency remains active, or state or local officials have imposed or recommended measures to promote social distancing, in order to continue to teleconference without compliance with paragraph (3) of subdivision (b), the legislative body shall, not later than 30 days after teleconferencing for the first time pursuant to subparagraph (A), (B), or (C) of paragraph (1), and every 30 days thereafter, make the following findings by majority vote:

(A) The legislative body has reconsidered the circumstances of the state of emergency.

(B) Any of the following circumstances exist:

(i) The state of emergency continues to directly impact the ability of the members to meet safely in person.

(ii) State or local officials continue to impose or recommend measures to promote social distancing.

(4) For the purposes of this subdivision, "state of emergency" means a state of emergency proclaimed pursuant to Section 8625 of the California Emergency Services Act (Article 1 (commencing with Section 8550) of Chapter 7 of Division 1 of Title 2).

(f) This section shall remain in effect only until January 1, 2024, and as of that date is repealed.

SEC. 4. Section 54953 is added to the Government Code, to read:

54953. (a) All meetings of the legislative body of a local agency shall be open and public, and all persons shall be permitted to attend any meeting of the legislative body of a local agency, except as otherwise provided in this chapter.

(b) (1) Notwithstanding any other provision of law, the legislative body of a local agency may use teleconferencing for the benefit of the public and the legislative body of a local agency in connection with any meeting or proceeding authorized by law. The teleconferenced meeting or proceeding shall comply with all requirements of this chapter and all otherwise applicable provisions of law relating to a specific type of meeting or proceeding.

(2) Teleconferencing, as authorized by this section, may be used for all purposes in connection with any meeting within the subject matter jurisdiction of the legislative body. All votes taken during a teleconferenced meeting shall be by rollcall.

(3) If the legislative body of a local agency elects to use teleconferencing, it shall post agendas at all teleconference locations and conduct teleconference meetings in a manner that protects the statutory and constitutional rights of the parties or the public appearing before the legislative body of a local agency. Each teleconference location shall be identified in the notice and agenda of the meeting or proceeding, and each teleconference location shall be accessible to the public. During the teleconference, at least a quorum of the members of the legislative body shall participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction, except as provided in subdivision (d). The agenda shall provide an opportunity for members of the public to address the legislative body directly pursuant to Section 54954.3 at each teleconference location.

(4) For the purposes of this section, "teleconference" means a meeting of a legislative body, the members of which are in different locations, connected by electronic means, through either audio or video, or both. Nothing in this section shall prohibit a local agency from providing the public with additional teleconference locations

(c) (1) No legislative body shall take action by secret ballot, whether preliminary or final.

(2) The legislative body of a local agency shall publicly report any action taken and the vote or abstention on that action of each member present for the action.

(3) Prior to taking final action, the legislative body shall orally report a summary of a recommendation for a final action on the salaries, salary schedules, or compensation paid in the form of fringe benefits of a local agency executive, as defined in subdivision (d) of Section 3511.1, during the open meeting in which the final action is to be taken. This paragraph shall not affect the public's right under the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1) to inspect or copy records created or received in the process of developing the recommendation.

(d) (1) Notwithstanding the provisions relating to a quorum in paragraph (3) of subdivision (b), if a health authority conducts a teleconference meeting, members who are outside the jurisdiction of the authority may be counted toward the establishment of a quorum when participating in the teleconference if at least 50 percent of the number of members that would establish a quorum are present within the boundaries of the territory over which the authority exercises jurisdiction, and the health authority provides a teleconference number, and associated access codes, if any, that allows any person to call in to participate in the meeting and the number and access codes are identified in the notice and agenda of the meeting.

(2) Nothing in this subdivision shall be construed as discouraging health authority members from regularly meeting at a common physical site within the jurisdiction of the authority or from using teleconference locations

within or near the jurisdiction of the authority. A teleconference meeting for which a quorum is established pursuant to this subdivision shall be subject to all other requirements of this section.

(3) For purposes of this subdivision, a health authority means any entity created pursuant to Sections 14018.7, 14087.31, 14087.35, 14087.36, 14087.38, and 14087.9605 of the Welfare and Institutions Code, any joint powers authority created pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 for the purpose of contracting pursuant to Section 14087.3 of the Welfare and Institutions Code, and any advisory committee to a county-sponsored health plan licensed pursuant to Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code if the advisory committee has 12 or more members.

(e) This section shall become operative January 1, 2024.

SEC. 4.1. Section 54953 is added to the Government Code, to read:

54953. (a) All meetings of the legislative body of a local agency shall be open and public, and all persons shall be permitted to attend any meeting of the legislative body of a local agency, in person except as otherwise provided in this chapter. Local agencies shall conduct meetings subject to this chapter consistent with applicable state and federal civil rights laws, including, but not limited to, any applicable language access and other nondiscrimination obligations.

(b) (1) Notwithstanding any other provision of law, the legislative body of a local agency may use teleconferencing for the benefit of the public and the legislative body of a local agency in connection with any meeting or proceeding authorized by law. The teleconferenced meeting or proceeding shall comply with all requirements of this chapter and all otherwise applicable provisions of law relating to a specific type of meeting or proceeding.

(2) Teleconferencing, as authorized by this section, may be used for all purposes in connection with any meeting within the subject matter jurisdiction of the legislative body. All votes taken during a teleconferenced meeting shall be by rollcall.

(3) If the legislative body of a local agency elects to use teleconferencing, it shall post agendas at all teleconference locations and conduct teleconference meetings in a manner that protects the statutory and constitutional rights of the parties or the public appearing before the legislative body of a local agency. Each teleconference location shall be identified in the notice and agenda of the meeting or proceeding, and each teleconference location shall be accessible to the public. During the teleconference, at least a quorum of the members of the legislative body shall participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction, except as provided in subdivision (d). The agenda shall provide an opportunity for members of the public to address the legislative body directly pursuant to Section 54954.3 at each teleconference location.

(4) For the purposes of this section, "teleconference" means a meeting of a legislative body, the members of which are in different locations, connected by electronic means, through either audio or video, or both. Nothing in this section shall prohibit a local agency from providing the public with additional teleconference locations.

(c) (1) No legislative body shall take action by secret ballot, whether preliminary or final.

(2) The legislative body of a local agency shall publicly report any action taken and the vote or abstention on that action of each member present for the action.

(3) Prior to taking final action, the legislative body shall orally report a summary of a recommendation for a final action on the salaries, salary schedules, or compensation paid in the form of fringe benefits of a local agency executive, as defined in subdivision (d) of Section 3511.1, during the open meeting in which the final action is to be taken. This paragraph shall not affect the public's right under the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1) to inspect or copy records created or received in the process of developing the recommendation.

(d) (1) Notwithstanding the provisions relating to a quorum in paragraph (3) of subdivision (b), if a health authority conducts a teleconference meeting, members who are outside the jurisdiction of the authority may be counted toward the establishment of a quorum when participating in the teleconference if at least 50 percent of the number of members that would establish a quorum are present within the boundaries of the territory over which the authority exercises jurisdiction, and the health authority provides a teleconference number, and associated access codes, if any, that allows any person to call in to participate in the meeting and the number and access codes are identified in the notice and agenda of the meeting.

(2) Nothing in this subdivision shall be construed as discouraging health authority members from regularly meeting at a common physical site within the jurisdiction of the authority or from using teleconference locations within or near the jurisdiction of the authority. A teleconference meeting for which a quorum is established pursuant to this subdivision shall be subject to all other requirements of this section.

(3) For purposes of this subdivision, a health authority means any entity created pursuant to Sections 14018.7, 14087.31, 14087.35, 14087.36, 14087.38, and 14087.9605 of the Welfare and Institutions Code, any joint powers authority created pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 for the purpose of contracting pursuant to Section 14087.3 of the Welfare and Institutions Code, and any advisory committee to a county-sponsored health plan licensed pursuant to Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code if the advisory committee has 12 or more members.

(e) This section shall become operative January 1, 2024.

SEC. 5. Sections 3.1 and 4.1 of this bill incorporate amendments to Section 54953 of the Government Code proposed by both this bill and Assembly Bill 339. Those sections of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2022, but this bill becomes operative first, (2) each bill amends Section 54953 of the Government Code, and (3) this bill is enacted after Assembly Bill 339, in which case Section 54953 of the Government Code, as amended by Sections 3 and 4 of this bill, shall remain operative only until the operative date of Assembly Bill 339, at which time Sections 3.1 and 4.1 of this bill shall become operative.

SEC. 6. It is the intent of the Legislature in enacting this act to improve and enhance public access to state and local agency meetings during the COVID-19 pandemic and future applicable emergencies, by allowing broader access through teleconferencing options consistent with the Governor's Executive Order No. N-29-20 dated March 17, 2020, permitting expanded use of teleconferencing during the COVID-19 pandemic.

SEC. 7. The Legislature finds and declares that Sections 3 and 4 of this act, which amend, repeal, and add Section 54953 of the Government Code, further, within the meaning of paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution, the purposes of that constitutional section as it relates to the right of public access to the meetings of local public bodies or the writings of local public officials and local agencies. Pursuant to paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution, the Legislature makes the following findings:

This act is necessary to ensure minimum standards for public participation and notice requirements allowing for greater public participation in teleconference meetings during applicable emergencies.

SEC. 8. (a) The Legislature finds and declares that during the COVID-19 public health emergency, certain requirements of the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code) were suspended by Executive Order N-29-20. Audio and video teleconference were widely used to conduct public meetings in lieu of physical location meetings, and public meetings conducted by teleconference during the COVID-19 public health emergency have been productive, have increased public participation by all members of the public regardless of their location in the state and ability to travel to physical meeting locations, have protected the health and safety of civil servants and the public, and have reduced travel costs incurred by members of state bodies and reduced work hours spent traveling to and from meetings.

(b) The Legislature finds and declares that Section 1 of this act, which adds and repeals Section 89305.6 of the Education Code, Section 2 of this act, which adds and repeals Section 11133 of the Government Code, and Sections 3 and 4 of this act, which amend, repeal, and add Section 54953 of the Government Code, all increase and potentially limit the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

(1) By removing the requirement that public meetings be conducted at a primary physical location with a quorum of members present, this act protects the health and safety of civil servants and the public and does not preference the experience of members of the public who might be able to attend a meeting in a physical location over members of the public who cannot travel or attend that meeting in a physical location.

(2) By removing the requirement for agendas to be placed at the location of each public official participating in a public meeting remotely, including from the member's private home or hotel room, this act protects the personal, private information of public officials and their families while preserving the public's right to access information

concerning the conduct of the people's business.

SEC. 9. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the California Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to ensure that state and local agencies can continue holding public meetings while providing essential services like water, power, and fire protection to their constituents during public health, wildfire, or other states of emergencies, it is necessary that this act take effect immediately.

	A	B	C	D
1	MIS Report - Service 525 - Arranged by District of Service			
2	As of 9/2/21			
3				Less than 2,500 ADA
4	Dist of Svc	Client Count	District P2 ADA¹	if yes, incl. client ct.
5	ACADEMY ACAD EX	14	1,426.90	0
6	ADELANTO	58	7,382.83	58
7	AVUSD	165	12,604.76	165
8	BAKER VALLEY	4	139.49	0
9	BARSTOW	62	6,049.95	62
10	BEAR VALLEY	34	2,015.92	0
11	DM OPERATIONS	104	63.28	0
12	ENCORE CHARTER	5		0
13	EXCELSIOR	23	2,014.00	0
14	HEALTH SCIENCES	23	578.00	0
15	HELENDALE	4	1,085.69	0
16	HESPERIA	211	21,022.09	211
17	LUCERNE VALLEY	6	952.62	0
18	MRA-MARBLE CITY	1	-	0
19	MRA-ROUTE 66	1	-	0
20	MRA-SILVER MTN	2	-	0
21	NEEDLES	7	1,064.78	0
22	NORTON	7	1,033.88	0
23	OPTIONS FOR YOUTH	8		0
24	ORO GRANDE	16	5,214.86	16
25	PATHWAYS	2		0
26	SILVER VALLEY	8	1,955.83	0
27	SNOWLINE	80	6,999.18	80
28	TAYLION	1		0
29	TRONA	2	229.13	0
30	VICTOR	59	12,136.84	59
31	VVUHSD	151	11,349.15	151
32	Grand Total	1,058		802
33				
34				
35	1 - Spec Ed - P2 (Col. C) J:\Business Branch Admin\AB602 & Related\0 DM SELPA			

DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA
DESERT/MOUNTAIN CHARTER SPECIAL EDUCATION LOCAL PLAN AREA
17800 HIGHWAY 18 • APPLE VALLEY, CA 92307
(760) 552-6700 • (760) 242-5363 FAX



Assessment Plan

If an assessment for the development or revision of the Individualized Education Program is to be conducted, the parent or guardian of the student shall be given [by the Local Educational Agency (LEA)], in writing, a proposed assessment plan within 15 days of the referral for assessment not counting days between the student's regular school sessions or terms or days of school vacation in excess of five school days from the date of receipt of the referral, unless the parent or guardian agrees, in writing, to an extension. CA Ed Code § 56321(a)

STUDENT INFORMATION

Student Name:	_____	Date of Birth:	____/____/____	Grade:	____
School Site:	_____	District or LEA of Residence:	_____		
English Language Proficiency:	<input type="checkbox"/> English Language Learner	<input type="checkbox"/> Fluent English Proficient	<input type="checkbox"/> English Only	<input type="checkbox"/> Language spoken at home:	_____

This notice is to inform the parent(s)/guardian(s) regarding the school district's/LEA's proposal to initiate or change the: Identification Evaluation of the above-named student:

This prior written notice includes a description of the proposed evaluation, an explanation of why the district or Local Educational Agency (LEA) proposed to take this action, a description of any other options that were considered and the reasons why those options were rejected, and other factors that are relevant to this proposal. Your written permission must be given before we assess your child to determine initial or continued eligibility for special education services. You have the right to be familiar with the assessment procedures and type of tests that may be given to your child. After the assessment is completed, you will be notified in writing of a meeting to discuss the results of the evaluation. If your child is found eligible for special education services, a full range of program options will be discussed.

Description of the proposed assessment:

The assessment will be conducted by qualified staff, and when appropriate, interpreters of the individual's primary language may be used. Tests conducted pursuant to these assessments may include, but are not limited to classroom observations, rating scales, one-on-one testing or some other types or combination of tests. No single procedure may be used as the sole criterion for determining an appropriate educational program. Following the completion of the assessment at the IEP meeting, you will receive a copy of the assessment findings. The results of the assessment may be a recommendation for special education services or maintenance or change of the current special education service(s). A student will not be placed in special education without consent of the parent or guardian. All information and assessment results are confidential.

Reason(s) for proposed assessment:

Description of other options considered and reasons for rejecting them: *(List other courses of action the LEA considered for student's educational program, including but not limited to consideration of information/requests from parent and data/screening/observation by LEA personnel, OR actions that were requested on behalf of Student; AND, explain the reasons the LEA refused these courses of action.)*

Other factors relevant to the proposal:

Description of evaluation procedures, tests, records, or reports used in deciding to propose this assessment:

The district proposes to assess your child to determine his/her eligibility for special education services or continued eligibility and present levels of academic performance and functional achievement to determine services. Your child will be assessed in all areas of suspected disability as needed.* To meet your child's individual education needs, this assessment will consist of an evaluation in only the areas checked by the local educational agency (LEA)/district. *Tests conducted pursuant to these assessments may include, but are not limited to classroom observations, rating scales, one-on-one testing or some other types or combination of tests.

Student Name: _____

Date of Birth: _____

Grade: _____

ASSESSMENT INFORMATION

Reason(s) for referral/assessment: Initial Annual Triennial Behavior Counseling/Behavioral Health Services Other: _____

Referred by: Parent/Guardian Teacher Special Ed. Teacher Psychologist Nurse Administrator IEP Team Other: _____

The assessment will be administered in: English Spanish Braille Sign Language Other: _____

ASSESSMENTS CHECKED BELOW WILL BE COMPLETED TO ADDRESS THE AREAS OF SUSPECTED DISABILITY

TO BE COMPLETED BY (Examiner Title)

ACADEMIC/PRE-ACADEMIC ACHIEVEMENT: These tests measure current readiness skills or achievement levels in reading, spelling, arithmetic, oral and written language skills, and/or general knowledge.

District County NPA Other

AUGMENTATIVE/ALTERNATIVE COMMUNICATION (AAC) **ASSISTIVE TECHNOLOGY (AT):** An assessment to measure the need for any aid and/or device that can be used to increase, maintain, or improve functional capabilities of a student with a disability.

District County NPA Other

CAREER AND VOCATIONAL DEVELOPMENT: These tests allow a student to identify interest areas and aptitudes that assist in setting vocational goals and making career choices.

District County NPA Other

COGNITIVE/INTELLECTUAL DEVELOPMENT AND LEARNING ABILITY: These tests measure how well a student thinks, remembers, and solves problems, and evaluates a student's general learning aptitude and/or state of intellectual maturation by measuring performance across a variety of verbal, numerical, and visual-spatial tasks.

District County NPA Other

FUNCTIONAL BEHAVIORAL ASSESSMENT (FBA): An assessment to measure and/or identify circumstances and consequences associated with a certain behavior and methods/interventions recommended to address them.

District County NPA Other

HEALTH/DEVELOPMENTAL/MEDICAL: These tests measure vision, hearing, current health status, and early childhood development.

District County NPA Other

OBSERVATIONS/INTERVIEWS: Includes observations of a student's academic and behavioral functioning in the school and/or natural setting.

District County NPA Other

PERCEPTUAL/MOTOR DEVELOPMENT: These tests measure coordination, body movements, and small and large muscle activities. Physical fitness, visual, and perceptual skills may also be measured.

District County NPA Other

POST-SECONDARY TRANSITION: Age appropriate transition assessments related to training, education, employment and where appropriate independent living skills.

District County NPA Other

SELF-HELP/ADAPTIVE: This assessment measures how the student takes care of personal needs at home, school and in the community and will help determine the level of personal development in activities of daily living, socialization, and communication skills.

District County NPA Other

SOCIAL/EMOTIONAL/BEHAVIORAL DEVELOPMENT: This assessment measures how the student feels about him/herself, gets along with others, and will help determine adjustment in social, emotional, and behavioral areas.

District County NPA Other

SPEECH/LANGUAGE/COMMUNICATION DEVELOPMENT: This assessment measures a student's ability to use and understand language. Areas that may be assessed are articulation, receptive and expressive language, fluency, voice, and/or social/pragmatic use of language.

District County NPA Other

REVIEW OF ANY RECENT ASSESSMENT(S): _____

OTHER: (If using alternative means of assessment, explain why and what will be utilized for this assessment.) _____

FOR QUESTIONS PLEASE CONTACT THE LEA OFFICE:

Name: _____

Contact Phone: _____

PARENT/GUARDIAN/ADULT STUDENT AUTHORIZATION

ASSESSMENT CANNOT BEGIN UNTIL A COPY OF THIS FORM HAS BEEN SIGNED AND DATED BY THE PARENT/GUARDIAN/ADULT STUDENT AND RETURNED TO THE LEA. AT THAT TIME, THE ASSESSMENT TIMELINE WILL BEGIN.

INITIAL HERE

Please initial each applicable statement below.

I understand that no educational placement will result from this evaluation without my written permission.

I have additional assessments or information that I wish to have considered in determining a free appropriate public education (FAPE).

I prefer to discuss the assessment plan before I give approval.

I **DO NOT** approve of this assessment plan.

By signing this form below, I acknowledge that I am the educational rights holder for this child **OR that I am an adult student holding my own educational rights** and hereby authorize/consent to the assessments listed above. I understand that the results of the assessments will be kept confidential and will be reviewed with me. My signature also acknowledges receipt of a copy of special education procedural safeguards (attach SELPA form D/M 77).

Date: _____ Parent/Guardian/Adult Student Signature: _____

Date: _____ Interpreter Signature: _____

LEA USE ONLY - MIS DATA

Date of Referral: _____

Date Sent to Parent: _____

Date Signed Assessment Plan Received: _____

IEP Meeting Date: _____



Revised Desert/Mountain SELPA Policies & Procedures

Section	Proposed Revision(s)	Rev. Date
<p>Chapter 1: Identification & Referral</p>	<ul style="list-style-type: none"> • Language to Section D – Interim Placement (Transfer IEP) updated to Interim Placement (Students Transferring into LEA) and section updated to include new forms/processes to meet the California Longitudinal Pupil Achievement Data System (CALPADS) requirements for students with IEPs who transfer: <ul style="list-style-type: none"> ❖ Between D/M SELPA LEAs; ❖ From an LEA in California which is outside of D/M SELPA; and ❖ From an LEA outside of California. 	<p>7/31/2021</p>



Chapter 1: Identification & Referral

SECTION A	CHILD FIND
SECTION B	PARENT REFERRALS
SECTION C	STUDENT STUDY TEAM (SST)
SECTION D	INTERIM PLACEMENT (TRANSFER IEP) (STUDENTS TRANSFERRING INTO LEA)
SECTION E	EARLY IDENTIFICATION OF LEARNING DISABILITIES
SECTION F	OVERIDENTIFICATION & DISPROPORTIONALITY

Introduction

The referral for special education assessment is the first step taken when it is suspected that a child will require special education supports and services to be successful in the educational system. Parents, guardians, teachers, agencies, appropriate professionals, and other members of the public can make referrals. Once submitted, the referral initiates timelines that are specified in the California Education Code. The purpose of the referral process is to afford the assessment team the opportunity to review the referring party's identified areas of concern, previous attempts in program modification, relevant educational history, and other pertinent information regarding the child to determine areas in need of assessment.

The California Association of Health and Education Linked Professions, Joint Powers Authority (CAHELP JPA) Governance Council of the Desert/Mountain Special Education Local Plan Area (SELPA) assures an ongoing effort to identify all individuals with disabilities including infants, children for whom English is not a primary language, children with low incidence disabilities, children attending private schools, children from families that are highly mobile, and children who are suspected of having a disability and in need of special education even though they are advancing from grade to grade.

The SELPA works closely with public agencies such as Inland Regional Center (IRC), Head Start, California Children's Services (CCS), Department of Behavioral Health (DBH), and others as appropriate in the identification of individuals with disabilities. Materials are distributed to pediatricians, health care professionals, and other agencies within the SELPA.

Each Local Education Agency (LEA) within the SELPA has established procedures for the identification, location, and evaluation of children who may require special education services. Information regarding Child Find activities is included in the annual notice that is distributed to parents of all children.

Section D - Interim Placement (~~Transfer-IEP~~) (Students Transferring into LEA)

California Education Code § 56325(a)(1). *As required by subclause (I) of clause (i) of subparagraph (C) of paragraph (2) of subsection (d) of Section 1414 of Title 20 of the United States Code, the following shall apply to special education programs for individuals with exceptional needs who transfer from district to district within the state. In the case of an individual with exceptional needs who has an individualized education program and transfers into a district from a district not operating programs under the same local plan in which he or she was last enrolled in a special education program within the same academic year, the local educational agency shall provide the pupil with a free appropriate public education, including services comparable to those described in the previously approved individualized education program, in consultation with the parents, for a period not to exceed 30 days, by which time the local educational agency shall adopt the previously approved individualized education program or shall develop, adopt, and implement a new individualized education program that is consistent with federal and state law.*

California Education Code § 56325(a)(2). *In the case of an individual with exceptional needs who has an individualized education program and transfers into a district from a district operating programs under the same special education local plan area of the district in which he or she was last enrolled in a special education program within the same academic year, the new district shall continue, without delay, to provide services comparable to those described in the existing approved individualized education program, unless the parent and the local educational agency agree to develop, adopt, and implement a new individualized education program that is consistent with federal and state law.*

California Education Code § 56325(a)(3). *As required by subclause (II) of clause (i) of subparagraph (C) of paragraph (2) of subsection (d) of Section 1414 of Title 20 of the United States Code, the following shall apply to special education programs for individuals with exceptional needs who transfer from an educational agency located outside the State of California to a district within California. In the case of an individual with exceptional needs who transfers from district to district within the same academic year, the local educational agency shall provide the pupil with a free appropriate public education, including services comparable to those described in the previously approved individualized education program, in consultation with the parents, until the local educational agency conducts an assessment pursuant to paragraph (1) of subsection (a) of Section 1414 of Title 20 of the United States Code, if determined to be necessary by the local educational agency, and develops a new individualized education program, if appropriate, that is consistent with federal and state law.*

California Education Code § 56325(b)(1). *To facilitate the transition for an individual with exceptional needs described in subdivision (a), the new school in which the individual with exceptional needs enrolls shall take reasonable steps to promptly obtain the pupil's records, including the individualized education program and supporting documents and any other records relating to the provision of special education and related services to the pupil, from the previous school in which the pupil was enrolled, pursuant to paragraph (2) of subsection (a) of Section 99.31 of Title 34 of the Code of Federal Regulations.*

Whenever a child with an existing individualized education program (IEP) transfers into a district, the local educational agency (LEA) shall provide a free appropriate public education, including services comparable to those described in the last consented-to IEP. To facilitate the transition from one LEA to another, the new LEA in which the student enrolls shall take reasonable steps to promptly obtain the pupil's records, including his/her IEP and the supporting documents related to the provision of special education and related services to the pupil, from the previous school in which the pupil was enrolled (Title 34 of the Code of Federal Regulations § 300.323; Education Code § 56325).

In order to meet the California Longitudinal Pupil Achievement Data System (CALPADS) requirements for **ALL** students with an IEP transferring into an LEA pursuant to Education Code § 56325, the receiving LEA, in consultation with the parent/guardian, shall complete the Interim Placement (IP) packet within the Web IEP System. The Interim Placement packet includes:

- the demographics page documenting all relevant information concerning the child,
- the offer of FAPE page documenting their educational program,
- the final page documenting any Special Factors listed on the current IEP from the previous LEA, and
- a signature by a school or district administrator acknowledging the Interim Placement.

A copy of the Interim Placement packet is given to the parent/guardian and forwarded to all related service providers and relevant staff members for implementation of the child's special education program. A copy of the previously approved IEP should be given to the teacher(s), uploaded into the Web IEP system, and placed in the special education pupil file.

If a child with a disability transfers to the LEA during the school year from a LEA within the Desert/Mountain SELPA, the LEA shall continue, without delay, to provide services comparable to those described in the existing IEP, unless the child's parent and LEA agree to develop, adopt, and implement a new IEP that is consistent with state and federal laws (Title 34 of the Code of Federal Regulations § 300.323; Education Code § 56325).

If a child with a disability transfers to the LEA during the school year from a California LEA outside of Desert/Mountain SELPA, the LEA shall provide the child with FAPE, including services comparable to those described in the previous LEA's IEP. Within 30 days, the LEA shall, in consultation with the parents, adopt the other LEA's IEP or shall develop, adopt, and implement a new IEP that is consistent with state and federal laws (Title 34 of the Code of Federal Regulations § 300.323; Education Code § 56325).

If a child with a disability transfers to the LEA within the Desert/Mountain SELPA during the school year from an out-of-state LEA, the LEA shall provide the child with FAPE, including services comparable to the out-of-state LEA's IEP, in consultation with the parent, until such time as the LEA conducts an assessment, if the LEA determines that such an assessment is necessary, and develops, adopts, and implements a new IEP, if appropriate (Title 34 of the Code of Federal Regulations § 300.323; Education Code § 56325).

The law allows an LEA to address the IEP within the LEA's existing programs and services to the greatest extent possible for a period not to exceed the 30-day placement; therefore, it is not necessary for the parent/guardian to sign the proposed Interim Placement (IP) form. When programs or services that were provided in the former district are not in place in the new LEA at the time of enrollment, an alternative program within the LEA, a referral to a program operated by another agency, or placement in a nonpublic school may be necessary. The parent must give consent for placement in a program that is not in conformity with the current IEP.

When the IEP team meets for the 30-day review, the IEP team shall review all aspects of the IEP through the IEP process. Whether the LEA adopts the previously approved individualized education program or develops, adopts, and implements a new individualized education program, the next annual review date must align with the previous goal review date.

~~Children moving from a LEA outside the SELPA with an existing IEP shall be served for a timeline not to exceed 30 days. The child's program shall be based on the previous LEA's current goals and objectives with the appropriate supports and services. Within 30 days, an IEP meeting will be held to review the child's progress and make adjustments to the current IEP.~~

~~Immediately upon placement of the child, the case carrier is responsible for completing page one of the IEP (D/M 68A), documenting all relevant information concerning the child, and their educational program. A signature page (D/M 68G) with the following signatures shall be included in the interim IEP:~~

- ~~• Parent signature, as well as initials agreeing to a 30-day interim placement;~~
- ~~• Administrator or designee signature; and~~
- ~~• Case carrier signature.~~

~~A copy of the interim IEP is forwarded to the LEA office in order for the child's pertinent information to be entered into the SELPA Management Information System (MIS).~~

~~At the 30-day review meeting, all aspects of the IEP need to be reviewed. New goals and objectives can be developed or the previous ones continued if those goals continue to be in accordance with the child's needs. If the previous goals and objectives are accepted, the next annual review date must align with the previous goal review date.~~

Section E - Early Identification of Learning Disabilities

Student Record Review

Review the child's records with attention to the following:

- Amount and quality of classwork and homework, with work samples provided at the meeting;
- Test data. Also, curriculum-based data, math, reading, language, spelling levels;
- Indicators of resiliency, ability to handle stress, emotional intelligence;
- Attendance;
- Hearing and vision screening results, health issues;
- Behaviors observed in class or on the playground that are of concern;



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Introduction

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The California Association of Health and Education Linked Professions, Joint Powers Authority (CAHELP JPA) Governance Council of the Desert/Mountain Special Education Local Plan Area (SELPA) assures an ongoing effort to identify all individuals with disabilities including infants, children for whom English is not a primary language, children with low incidence disabilities, children attending private schools, children from families that are highly mobile, and children who are suspected of having a disability and in need of special education even though they are advancing from grade to grade.

The SELPA works closely with public agencies such as Inland Regional Center (IRC), Head Start, California Children's Services (CCS), Department of Behavioral Health (DBH), and others as appropriate in the identification of individuals with disabilities. Materials are distributed to pediatricians, health care professionals, and other agencies within the SELPA.

Each Local Education Agency (LEA) within the SELPA has established procedures for the identification, location, and evaluation of children who may require special education services. Information regarding Child Find activities is included in the annual notice that is distributed to parents of all children.

Section A - Child Find

California Education Code § 56300. A local educational agency shall actively and systematically seek out all individuals with exceptional needs, from birth to 21 years of age, inclusive, including children not enrolled in public school programs, who reside in a school district or are under the jurisdiction of a special education local plan area or a county office of education.

California Education Code § 56301(a). All children with disabilities residing in the state, including children with disabilities who are homeless children or are wards of the state and children with disabilities attending private, including religious, elementary and secondary schools, regardless of the severity of their disabilities, and who are in need of special education and related services, shall be identified, located, and assessed and a practical method is developed and implemented to determine which children with disabilities are currently receiving needed special education and related services as required by Section 1412(a)(3) and (10)(A)(ii) of Title 20 of the United States Code. A child is not required to be classified by his or her disability so long as each child who has a disability listed in Section 1401(3) of Title 20 of the United States Code and who, by reason of that disability, needs special education and related services as an individual with exceptional needs defined in Section 56026.

It is the policy of the SELPA that children with disabilities ages birth through 21, be actively sought and identified by public schools. The Child Find process includes a section of the LEA's annual notice to all parents that references the referral of children with disabilities. In cooperation with the Local Interagency Coordination Area, Early Start, ages birth to three, information is distributed to hospitals, doctors' offices, and pertinent agencies. All individuals with disabilities and their parents are guaranteed their procedural safeguards with regard to identification, assessment, and placement in special education programs.

School personnel, parents, outside agencies working with the child, guardians and/or surrogate parents who show legal documentation of educational rights may all serve as sources of referral for a child for possible identification as a child with a disability. Such identification procedures shall be coordinated with school site and LEA procedures for referral of children with disabilities that cannot be met with modification of the general education instructional program.

Infants, birth to three years, are referred directly by the LEA, parent, doctor, or agency to the Early Start Program at IRC. Intake information precedes the assignment of staff for assessment and the coordination with other agencies. If an infant has a solely low incidence disability, such as hearing loss, vision loss, or orthopedic disability, the infant should be referred directly to San Bernardino County operated programs. An Early Start Program Referral Form is completed, which begins the assessment process timeline.

Section B - Parent Referrals

California Education Code § 56301(d)(1). Each special education local plan area shall establish written policies and procedures pursuant to Section 56205 for use by its constituent local agencies for a continuous child find system that addresses the relationships among identification, screening, referral, assessment, planning, implementation, review, and the triennial assessment. The policies and procedures shall include, but need not be limited to, written notification of all parents of their rights under

this chapter, and the procedure for initiating a referral for assessment to identify individuals with exceptional needs.

All referrals for special education and related services shall initiate the process to determine if an assessment is warranted and shall be documented. When a verbal referral is made, staff of the LEA shall offer assistance to the parent or any other individual to make a request in writing. The SELPA shall annually distribute information regarding Child Find activities to private schools for dissemination to parents.

Parents whose primary language is not English shall be informed of the need to file a written request when a verbal request is made. They shall be informed both verbally and in writing in their primary language, unless to do so is clearly not feasible. Assistance in providing a written request will be provided as needed. Written referrals in languages other than English will be accepted.

If a parent requests, in writing, an assessment for possible special education services, the LEA will develop an Assessment Plan (D/M 66) and present it to the parent within 15 days. A copy of the Parental Rights and Procedural Safeguards (D/M 77) are reviewed and given to the parents at the time the assessment plan is presented. The parent has at least 15 days from receipt of the assessment plan to provide permission to complete the assessment process. Assessments will begin upon receipt of the signed assessment plan by the LEA.

Infant: Birth to Three Years

If a parent refers an infant, birth to three years, to a LEA for possible special education services, they are referred directly to the Early Start Program at Inland Regional Center. If it is clearly evident that the infant has a solely low incidence disability, such as hearing loss, vision loss, or orthopedic disability, the parent is referred directly to San Bernardino County operated programs. Once an Early Start Program Referral Form is completed, timelines for the referral process begin.

Section 504

Children may be referred for assessment under Section 504 of the Rehabilitation Act of 1973 by parents, guardians, school staff, or agencies. Each LEA has defined written Section 504 procedures to assess and meet the educational needs of general education students who are otherwise disabled due to a physical or mental impairment, which substantially limits one or more major life activities.

Procedures for Processing Referrals

All referrals for special education and related services shall initiate the assessment process and shall be documented. When a verbal referral is made, staff of the LEA, SELPA, or county office shall offer assistance to the individual to make a request in writing and shall assist the individual if the individual requests such assistance (*Title 5 of the Code of California Regulations § 3021*).

SELPA forms are available on the website for member LEAs to use upon receipt of a referral for special education assessment (*SELPA forms, 51, 56, 57, 58, 59, 63, and 79*).

All initial referrals resulting from Child Find of children ages 3-5, shall be processed through the LEA special education office. The Informed Parental Consent for Assessment (D/M 66) shall be completed by the person interacting with the parent and forwarded to the appropriate member of the LEA preschool assessment team (i.e., psychologist, nurse, speech-language pathologist).

For a preschool-aged child, a member of the LEA preschool assessment team will contact the parent to discuss concerns, or arrange a home visit for observation.

For a school-aged child, the referral for special education assessment may include a referral to the Student Study Team (SST) and/or the scheduling of a parent conference to discuss the concerns and possible interventions.

If the parent specifically requests, in writing, that their child be assessed to determine eligibility for special education program services, a proposed Assessment Plan (D/M 66) and a copy of the Parental Rights and Procedural Safeguards (D/M 77) shall be presented to the parent within 15 days of their request for assessment. The proposed assessment may include a classroom observation, review of records, informal screening, and/or a referral for a formal evaluation in suspected areas of disability, such as, but not limited to, vision/hearing, speech-language, academic skills, cognition, adaptive behavior, psychological processing skills, or social-emotional-behavioral status. Parents have at least 15 days from receipt of the plan to give consent to assess. The timelines for assessment begin when the LEA receives the signed assessment plan.

Section C - Student Study Team (SST)

California Education Code § 56303. A pupil shall be referred for special educational instruction and services only after the resources of the regular education program have been considered and, where appropriate, utilized.

Procedures have been developed in individual LEAs for the receipt and processing of referrals for special education assessment. In all LEAs, the school site SST meets regarding children for whom there are concerns. The team addresses the implementation and level of success of the general education classroom program modifications and available general education resources and programs, including categorical programs. When the SST determines that all possible modifications have been exhausted or the modifications available are not appropriate, the SST or classroom teacher refers the child for an assessment for possible special education services. The parent is informed and encouraged to be a part of the SST process. Parents are notified if a referral for a special education assessment is made by the team.

The SST is a regularly scheduled, structured meeting of general educators, supported by special education and other staff as appropriate. Their purpose is to provide an effective support system in general education that will generate effective interventions for children who are experiencing challenges in learning or behavior difficulties at school. The SST process is designed to meet the needs of all children and results in a team action plan to ensure student success. The structure of the SST may be designed to fit the needs of individual school sites. Team membership varies according to the needs of the child, but should include the people that can best support the child and the classroom teacher. The majority of the team membership must be composed of general education teachers and should include the following team members: the child's classroom teacher, an administrator, the parent, the child, an upper grade teacher, and a lower grade teacher. The SST should also serve as a peer support system, so the more teacher participation the greater the benefits. Specialists should be included based on the potential needs of the child, the classroom teacher, and any others providing support to the child.

The following describes the flow of the **SST Process**:

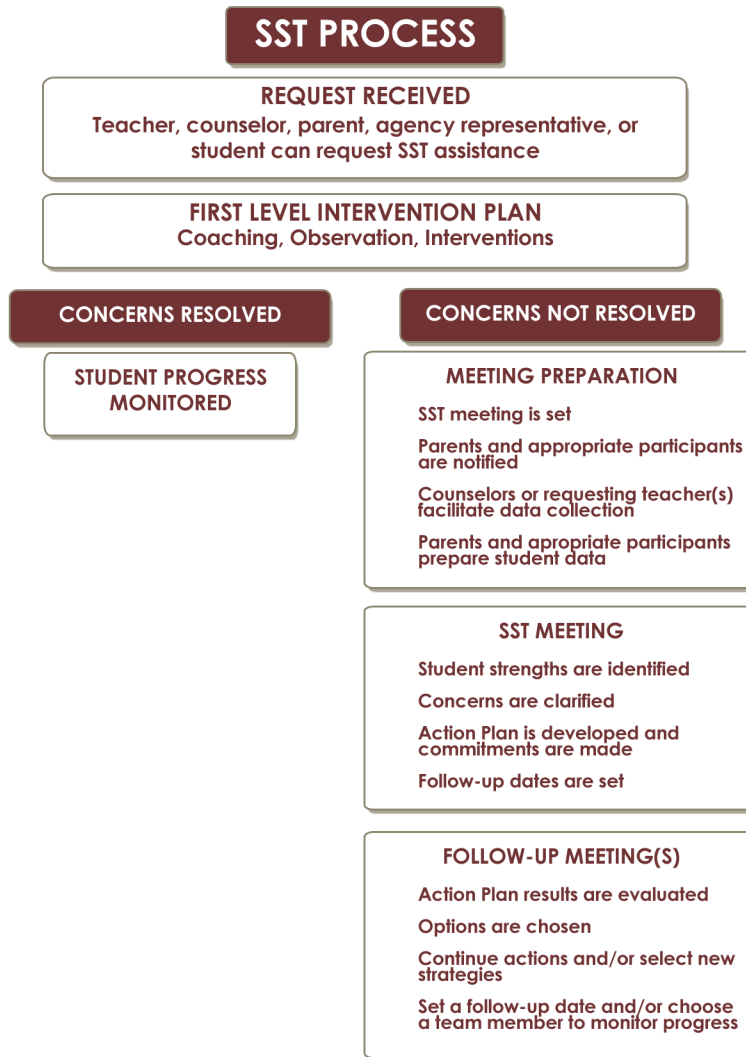


Figure 1 - Student Study Team (SST) Flow Chart

The process begins with a request from a teacher, counselor, parent, agency representative, or student that a concern has been identified. Once the request is made, the school’s first-level intervention plan is implemented. It is important to note that a request does not automatically initiate a SST meeting. If the concerns can be resolved without an SST meeting, then the child is monitored for successful progress. If the concerns are not resolved, SST meeting preparation is started. For the team to have optimum information to work with, the child’s teacher should provide essential information about the child to the team. In Section E of this chapter the information provided under Student Record Review offers a format for teachers/counselors to prepare information that would be beneficial to the SST. During the meeting, an effective practice to utilize is a group memory format to assist the team in efficient documentation of ideas generated during the meeting. On the action plan that is developed, a follow-up date should be set to review the progress of the child for whom there are concerns. The action plan should be evaluated at this meeting and determination made if any further follow-up is necessary.

Section D - Interim Placement (Students Transferring into LEA)

California Education Code § 56325(a)(1). *As required by subclause (I) of clause (i) of subparagraph (C) of paragraph (2) of subsection (d) of Section 1414 of Title 20 of the United States Code, the following shall apply to special education programs for individuals with exceptional needs who transfer from district to district within the state. In the case of an individual with exceptional needs who has an individualized education program and transfers into a district from a district not operating programs under the same local plan in which he or she was last enrolled in a special education program within the same academic year, the local educational agency shall provide the pupil with a free appropriate public education, including services comparable to those described in the previously approved individualized education program, in consultation with the parents, for a period not to exceed 30 days, by which time the local educational agency shall adopt the previously approved individualized education program or shall develop, adopt, and implement a new individualized education program that is consistent with federal and state law.*

California Education Code § 56325(a)(2). *In the case of an individual with exceptional needs who has an individualized education program and transfers into a district from a district operating programs under the same special education local plan area of the district in which he or she was last enrolled in a special education program within the same academic year, the new district shall continue, without delay, to provide services comparable to those described in the existing approved individualized education program, unless the parent and the local educational agency agree to develop, adopt, and implement a new individualized education program that is consistent with federal and state law.*

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California Education Code § 56325(b)(1). *To facilitate the transition for an individual with exceptional needs described in subdivision (a), the new school in which the individual with exceptional needs enrolls shall take reasonable steps to promptly obtain the pupil's records, including the individualized education program and supporting documents and any other records relating to the provision of special education and related services to the pupil, from the previous school in which the pupil was enrolled, pursuant to paragraph (2) of subsection (a) of Section 99.31 of Title 34 of the Code of Federal Regulations.*

Whenever a child with an existing individualized education program (IEP) transfers into a district, the local educational agency (LEA) shall provide a free appropriate public education, including services comparable to those described in the last consented-to IEP. To facilitate the transition from one LEA to another, the new LEA in which the student enrolls shall take reasonable steps to promptly obtain the pupil's records, including his/her IEP and the supporting documents related to the provision of special education and related services to the pupil, from the previous school in which the pupil was enrolled (Title 34 of the Code of Federal Regulations § 300.323; Education Code § 56325).

In order to meet the California Longitudinal Pupil Achievement Data System (CALPADS) requirements for **ALL** students with an IEP transferring into an LEA pursuant to Education Code § 56325, the receiving LEA, in consultation with the parent/guardian, shall complete the Interim Placement (IP) packet within the Web IEP System. The Interim Placement packet includes:

- the demographics page documenting all relevant information concerning the child,
- the offer of FAPE page documenting their educational program,
- the final page documenting any Special Factors listed on the current IEP from the previous LEA, and
- a signature by a school or district administrator acknowledging the Interim Placement.

A copy of the Interim Placement packet is given to the parent/guardian and forwarded to all related service providers and relevant staff members for implementation of the child's special education program. A copy of the previously approved IEP should be given to the teacher(s), uploaded into the Web IEP system, and placed in the special education pupil file.

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If a child with a disability transfers to the LEA during the school year from a California LEA outside of Desert/Mountain SELPA, the LEA shall provide the child with FAPE, including services comparable to those described in the previous LEA's IEP. Within 30 days, the LEA shall, in consultation with the parents, adopt the other LEA's IEP or shall develop, adopt, and implement a new IEP that is consistent with state and federal laws (Title 34 of the Code of Federal Regulations § 300.323; Education Code § 56325).

If a child with a disability transfers to the LEA within the Desert/Mountain SELPA during the school year from an out-of-state LEA, the LEA shall provide the child with FAPE, including services comparable to the out-of-state LEA's IEP, in consultation with the parent, until such time as the LEA conducts an assessment, if the LEA determines that such an assessment is necessary, and develops, adopts, and implements a new IEP, if appropriate (Title 34 of the Code of Federal Regulations § 300.323; Education Code § 56325).

The law allows an LEA to address the IEP within the LEA's existing programs and services to the greatest extent possible for a period not to exceed the 30-day placement; therefore, it is not necessary for the parent/guardian to sign the proposed Interim Placement (IP) form. When programs or services that were provided in the former district are not in place in the new LEA at the time of enrollment, an alternative program within the LEA, a referral to a program operated by another agency, or placement in a nonpublic school may be necessary. The parent must give consent for placement in a program that is not in conformity with the current IEP.

When the IEP team meets for the 30-day review, the IEP team shall review all aspects of the IEP through the IEP process. Whether the LEA adopts the previously approved individualized education program or develops, adopts, and implements a new individualized education program, the next annual review date must align with the previous goal review date.

Section E - Early Identification of Learning Disabilities

Student Record Review

Review the child's records with attention to the following:

- Amount and quality of classwork and homework, with work samples provided at the meeting;
- Test data. Also, curriculum-based data, math, reading, language, spelling levels;
- Indicators of resiliency, ability to handle stress, emotional intelligence;
- Attendance;
- Hearing and vision screening results, health issues;
- Behaviors observed in class or on the playground that are of concern;
- Retention or referral to other programs; and
- Contacts with the family.

Be prepared to present specific background information about the child, including strengths, interests, and career potential. The strengths and specific interests that motivate the child are the building blocks for the Student Success Plan. Building on them will help the team be more creative while brainstorming strategies and designing the action plan. Examples of strengths are: good in math, likes to read, enjoys art and music, loves to sing, works well on a computer, writes creatively, did an exceptional science project, wants to please adults, and chosen by classmates as a friend and/or leader.

Identify basic concerns, the behaviors that need intervention, and the desired outcomes. Examples of concerns are: reading or math is below grade level, handwriting is difficult to read, completes only 25% of classwork, does not return homework, distracts others during lessons, does not participate in group discussions, and pushes students during recess. Examples of desired outcomes are: better attendance, increase in reading or math skills, passing competency tests, working well with peer tutor, and ability to follow specific playground rules.

See Chapter 3, Section C, Specific Learning Disability Eligibility for further information regarding procedures to document the presence of a Specific Learning Disability.

Use the Modifications Checklist to indicate the general education modifications that have been tried.

Section F - Overidentification and Disproportionality

It shall be the policy of the and member LEAs to prevent inappropriate disproportionate representation by race and ethnicity of children with disabilities.

Title 34 of the Code of Federal Regulations § 300.173. Overidentification and disproportionality. The State must have in effect, consistent with the purposes of this part and with section 618(d) of the Act, policies and procedures designed to prevent the inappropriate overidentification or disproportionate representation by race and ethnicity of children as children with disabilities, including children with disabilities with a particular impairment described in § 300.8.

The SELPA member LEAs shall, with SELPA assistance, monitor student trends with the intent of averting inappropriate, disproportionate representation of racially, ethnically, linguistically, and culturally diverse students (by race and ethnicity of children with disabilities). The SELPA shall provide the following assistance:

- Student trend data pertinent to the disproportionate calculation as reported through the California Special Education Management Information System (CASEMIS) to the California Department of Education (CDE).
- Provide up-to-date training and information provided to the SELPA by the CDE.
- Continue to inform member LEAs concerning responsibilities related to the potential transfer of local assistance funds to reduce disproportionality under the Early Intervening requirement of IDEA.

The state has in effect, consistent with the purposes of IDEA and with § 618(d), policies and procedures designed to prevent the inappropriate overidentification or disproportionate representation by race and ethnicity of children as children with disabilities, including children with disabilities with a particular impairment described in § 602(3).

Legal References:

- California Education Code Sections: 56300; 56301; 56301(d)(1); 56303; 56325(a)(1)-(3); 56325(b)(1)
- Title 34 of the Code of Federal Regulations (CFR) Section 300.173
- Title 5 of the California Code of Regulations (CCR) Section 3021
- Individuals with Disabilities Education Act (IDEA) Sections: 602(3); 613(f); 618(d)(1); 618(d)(2)



Table 1: Chapter 1 Executive Summary

Section	Proposed Revision(s)	Rev. Date
Chapter 1: Identification and Referral of Individuals for Special Education	<ul style="list-style-type: none">• Language to Section E – Interim Placement (Transfer IEP) updated to Interim Placement (Students Transferring into Charter LEA) and section updated to include new forms/processes to meet the California Longitudinal Pupil Achievement Data System (CALPADS) requirements for students with IEPs who transfer:<ul style="list-style-type: none">❖ Between D/M SELPA LEAs;❖ From an LEA in California which is outside of D/M SELPA; and❖ From an LEA outside of California	07/31/2021



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Chapter 1: Identification and Referral of Individuals for Special Education

SECTION A: CHILD FIND

SECTION B: REFERRAL FOR EVALUATION FOR SPECIAL EDUCATION
SERVICE

SECTION C: STUDENT STUDY TEAM (SST)

SECTION D: INDIVIDUALIZED EDUCATION PROGRAM (IEP);
PROVISION OF FAPE AND LEAST RESTRICTIVE ENVIRONMENT (LRE)

SECTION E: ~~TRANSFER STUDENTS~~ INTERIM PLACEMENT (STUDENTS
TRANSFERRING INTO CHARTER LEA)

SECTION F: EARLY IDENTIFICATION OF LEARNING DISABILITIES

SECTION G: OVERIDENTIFICATION AND DISPROPORTIONALITY

SECTION H: STUDENTS WHO ARE CULTURALLY AND
LINGUISTICALLY DIVERSE

SECTION I: TEACHING AND ASSESSING CALIFORNIA'S ENGLISH
LANGUAGE DEVELOPMENT (ELD) AND ENGLISH LANGUAGE ARTS
(ELA) STANDARDS FOR ENGLISH LEARNERS

Introduction

The Desert/Mountain Charter Special Education Local Plan Area (SELPA) recognizes the need to actively seek out and evaluate school-age Charter Local Educational Agency (LEA) residents who have disabilities in order to provide them with appropriate educational opportunities in accordance with state and federal laws.

Charter schools are currently authorized to serve school-age students (Grades 1-12; *Education Code § 47610(c)*). If at any time the authorization changes, the Charter school would follow all state and federal laws regarding children birth to two and Child Find requirements. Charter schools will assist families and make appropriate referrals for any child they find who would be outside the age or area of responsibility of the Charter schools.

team to have optimum information to work with, the child's teacher should provide essential information about the child to the team. In Section F of this chapter the information provided under Student Record Review offers a format for teachers/counselors to prepare information that would be beneficial to the SST. During the meeting, an effective practice to utilize is a group memory format to assist the team in efficient documentation of ideas generated during the meeting. On the action plan that is developed, a follow-up date should be set to review the progress of the child for whom there are concerns. The action plan should be evaluated at this meeting and determination made if any further follow-up is necessary.

Section D – Individualized Education Program (IEP); Provision of Free Appropriate Public Education (FAPE) and Least Restrictive Environment (LRE)

The Charter LEA shall provide educational alternatives that afford children with disabilities full educational opportunities. Children with disabilities shall receive FAPE and be placed in the least restrictive environment that meets their needs to the extent provided by law.

The Charter LEA CEO or designee shall implement the Charter SELPA approved procedural guide that outlines the appointment of the IEP team; the contents of the IEP; and the development, review, and revision of the IEP.

Note: Education Code § 56055 provides that a foster parent, to the extent permitted by federal law, shall have the same rights relative to his/her foster child's education as a parent. Education Code § 56055 clarifies that this right applies only when the juvenile court has limited the right of a parent to make educational decisions on behalf of his/her child and the child has been placed in a planned permanent living arrangement. Education Code § 56055 defines "foster parent" as a licensed person, relative caretaker, or non-relative extended family member.

To the extent permitted by federal law, a foster parent shall have the same rights relative to his/her foster child's IEP as a parent (*Education Code § 56055*).

Section E – ~~Transfer Students~~ Interim Placement (Students Transferring into Charter LEA)

Whenever a child with an existing individualized education program (IEP) transfers into a Charter LEA, the Charter LEA shall provide a free appropriate public education (FAPE), including services comparable to those described in the last consented-to IEP. To facilitate a transfer student's the transition from one LEA to another, the Charter LEA shall take reasonable steps to promptly obtain the records of a child with a disability transferring into the Charter LEA, including his/her IEP and the supporting documents related to the provision of special education and related services from the previous school in which the student was enrolled (Title 34 of the Code of Federal Regulations § 300.323; Education Code § 56325).

In order to meet the California Longitudinal Pupil Achievement Data System (CALPADS) requirements for ALL students with an IEP transferring into an LEA pursuant to Education Code

§ 56325, the receiving LEA, in consultation with the parent/guardian, shall complete the Interim Placement (IP) packet within the Web IEP System. The Interim Placement packet includes:

- the demographics page documenting all relevant information concerning the child,
- the offer of FAPE page documenting their educational program,
- the final page documenting any Special Factors listed on the current IEP from the previous LEA, and
- a signature by a school or district administrator acknowledging the Interim Placement.

A copy of the Interim Placement packet is given to the parent/guardian and forwarded to all related service providers and relevant staff members for implementation of the child's special education program. A copy of the previously approved IEP should be given to the teacher(s), uploaded into the Web IEP system, and placed in the special education pupil file.

If a child with a disability transfers to the Charter LEA during the school year from a Charter LEA within the Desert/Mountain Charter SELPA, the Charter LEA shall continue, without delay, to provide services comparable to those described in the existing IEP, unless the child's parent and Charter LEA agree to develop, adopt, and implement a new IEP that is consistent with state and federal laws (Title 34 of the Code of Federal Regulations § 300.323; Education Code § 56325).

If a child with a disability transfers to the Charter LEA during the school year from a California LEA outside of the Desert/Mountain Charter SELPA, the Charter LEA shall provide the child with FAPE, including services comparable to those described in the previous LEA's IEP. Within 30 days, the Charter LEA shall, in consultation with the parents, adopt the other LEA's IEP or shall develop, adopt, and implement a new IEP that is consistent with state and federal laws (*Title 34 of the Code of Federal Regulations § 300.323; Education Code § 56325*). ~~Immediately upon placement of the child, the case carrier shall be responsible for completing page one of the IEP form (D/M 68A), documenting all relevant information concerning the child and his/her educational program. A signature page (D/M 68K) with the following signatures shall be included on the interim IEP:~~

- ~~• Parent signature, as well as initials agreeing to a 30-day interim placement;~~
- ~~• Administrator or designee signature;~~
- ~~• Case carrier signature.~~

~~A copy of the interim IEP is forwarded to the Charter LEA office in order for the child's pertinent information to be entered into the special education database management information system (MIS).~~

~~At the 30-day review meeting, all aspects of the IEP need to be reviewed. New goals and objectives can be developed or the previous ones continued if those goals continue to be in accordance with the child's needs. If the previous goals and objectives are accepted, the next annual review date must align with the previous goal review date.~~

If a child with a disability transfers to the Charter LEA within the Desert/Mountain Charter SELPA during the school year from an out-of-state LEA, the Charter LEA shall provide the child with

FAPE, including services comparable to the out-of-state LEA's IEP, in consultation with the parent, until such time as the Charter LEA conducts an assessment, if the Charter LEA determines that such an assessment is necessary, and develops, adopts, and implements a new IEP, if appropriate (*Title 34 of the Code of Federal Regulations § 300.323; Education Code § 56325*).

The law allows an LEA to address the IEP within the LEA's existing programs and services to the greatest extent possible for a period not to exceed the 30-day placement; therefore, it is not necessary for the parent/guardian to sign the proposed Interim Placement (IP) form. When programs or services that were provided in the former district are not in place in the new LEA at the time of enrollment, an alternative program within the LEA, a referral to a program operated by another agency, or placement in a nonpublic school may be necessary. The parent must give consent for placement in a program that is not in conformity with the current IEP.

When the IEP team meets for the 30-day review, the IEP team shall review all aspects of the IEP through the IEP process. Whether the LEA adopts the previously approved individualized education program or develops, adopts, and implements a new individualized education program, the next annual review date must align with the previous goal review date.

Section F - Early Identification of Learning Disabilities

California Education Code § 49580. The California Department of Education shall develop the testing programs to be utilized at the kindergarten grade level to determine which pupils have a potential for developing learning disability problems. The testing procedure shall include an overall screening test for learning disabilities and testing for dyslexia. To the extent feasible, the department shall use existing tests and screening instruments in developing the early diagnosis of the learning disabilities testing program. In developing the program, the department shall consult with experts in the areas of learning and reading difficulties, including, but not limited to, neurologists, psychologists, persons working in these areas in postsecondary educational institutions, teachers, school nurses, education consultants, school psychologists, and other persons with appropriate knowledge and experience in the detection and treatment of learning problems and reading difficulties in early grades.

California Education Code § 49582. The California Department of Education shall prescribe guidelines for the early diagnosis of the learning disabilities testing program and pilot project.

Student Record Review

Review the child's educational records with attention to the following:

- Amount and quality of classwork and homework, with work samples provided at the meeting;



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Introduction

The Desert/Mountain Charter Special Education Local Plan Area (SELPA) recognizes the need to actively seek out and evaluate school-age Charter Local Educational Agency (LEA) residents who have disabilities in order to provide them with appropriate educational opportunities in accordance with state and federal laws.

Charter schools are currently authorized to serve school-age students (Grades 1-12; *Education Code § 47610(c)*). If at any time the authorization changes, the Charter school would follow all state and federal laws regarding children birth to two and Child Find requirements. Charter schools will assist families and make appropriate referrals for any child they find who would be outside the age or area of responsibility of the Charter schools.

The Charter LEA Chief Executive Officer (CEO) or designee shall implement the designated Charter SELPA process to determine when an individual is eligible for special education services and shall implement the Charter SELPA procedures for special education program identification, screening, referral, assessment, planning, implementation, review, and triennial assessment (*Education Code § 56301*). The Charter LEA's process shall prevent the inappropriate disproportionate representation by race and ethnicity of children with disabilities. Note: *The Individuals with Disabilities Education Act (IDEA), Title 20 of the United States Code § 1412(a)(3), requires that the Charter LEA's "child find" identification system include identification of children with disabilities resident in the Charter LEA including highly mobile children with disabilities, such as migrant and homeless children.*

Services for a private school student, in accordance with an Individualized Education Program (IEP), must be provided by the Charter LEA at no cost to the parent, unless the Charter LEA makes a Free Appropriate Public Education (FAPE) available to the child and the parent chooses to enroll the child in that private school. If the public school is providing services to the child, these services may be provided on the premises of the private school, including a parochial school, to the extent consistent with other provisions of law. Title 34 of the Code of Federal Regulations § 300.451 requires the Charter LEA to consult with appropriate representatives for private school students on how to carry out the "child find" requirement.

The Charter LEA CEO or designee shall implement the designated Charter SELPA's method whereby parents, teachers, appropriate professionals, and others may refer an individual for assessment for special education services. Identification procedures shall be coordinated with school site procedures for referral of children with needs that cannot be met with modifications to the general instructional program (*Education Code § 56302*).

For assessment purposes, staff shall use appropriate tests to identify specific information about the child's abilities in accordance with Education Code § 56320.

The Charter LEA CEO or designee shall notify parents in writing of their rights related to identification, referral, assessment, instructional planning, implementation, and review, including the Charter SELPA's procedures for initiating a referral for assessment to identify individuals who need special education services (*Education Code § 56301*).

The referral for special education assessment is the first step taken when it is suspected that a child will require special education supports and services to be successful in the educational system. Parents, teachers, agencies, appropriate professionals, and other members of the public can make referrals. Once submitted, the referral initiates timelines that are specified in the Education Code. The purpose of the referral process is to afford the assessment team the opportunity to review the referring party's identified areas of concern, previous attempts in program modification, relevant educational history, and other pertinent information about the child to determine areas in need of assessment.

Section A – Child Find

It is the policy of the Charter SELPA that children with disabilities age six through 21 be actively sought and identified by the public schools. The child find process includes a section of the Charter

LEA's annual notice to all parents that references the referral of children with disabilities. All children with disabilities and their parents are guaranteed their procedural safeguards with regard to identification, assessment, and placement in special education programs.

School personnel, parents, outside agencies working with the child, guardians and/or surrogate parents who show legal documentation of educational rights may all serve as sources of referral for a child for possible identification as a child with a disability. Such identification procedures shall be coordinated with school site and Charter LEA procedures for referral of children with needs that cannot be met with modification of the general education instructional program.

California Education Code § 47640. For the purposes of this article, "local educational agency" means a school district as defined in Section 41302.5 or a charter that is deemed a local educational agency pursuant to Section 47641. As used in this article, "local educational agency" also means a charter school that is responsible for complying with all provisions of the Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and implementing regulations as they relate to local educational agencies.

California Education Code § 47641. (a) A charter school that includes in its petition for establishment or renewal, or that otherwise provides, verifiable, written assurances that the charter school will participate as a local educational agency in a special education plan approved by the State Board of Education shall be deemed a local educational agency for the purposes of compliance with federal law (Individuals with Disabilities Education Act; 20 U.S.C. Sec. 1400 et seq.) and for eligibility for federal and state special education funds. A charter school that is deemed a local educational agency for the purposes of special education pursuant to this article shall be permitted to participate in an approved special education local plan that is consistent with subdivision (a), (b), or (c) of Section 56195.1.

California Education Code § 56300. A local educational agency shall actively and systematically seek out all individuals with exceptional needs, from birth to 21 years of age, inclusive, including children not enrolled in public school programs, who reside in a school district or are under the jurisdiction of a special education local plan area or a county office of education.

California Education Code § 56301(a). All children with disabilities residing in the state, including children with disabilities who are homeless children or are wards of the state and children with disabilities attending private, including religious, elementary and secondary schools, regardless of the severity of their disabilities, and who are in need of special education and related services, shall be identified, located, and assessed and a practical method is developed and implemented to determine which children with disabilities are currently receiving needed special education and related services.

Identification and Evaluation of Children Younger than Three

Identification, evaluation, assessment, and instructional planning procedures for children younger than three must conform to Education Code §§ 56425-56432, and the California Early Intervention Services Act Government Code §§ 95000-95029. The California Department of Education (CDE) and LEAs are responsible for providing early intervention services to infants and toddlers who have visual, hearing, or severe orthopedic impairment; the Department of Developmental Services (DDS) and its regional centers must provide services to all other eligible children in this age group. The law also requires regional centers and LEAs to coordinate family service plans for infants and toddlers and their families. Education Code § 56441.11 sets forth eligibility criteria for preschool children age three to five.

A child age three through five enrolled by his/her parents in a private school or facility that does not meet the state's definition of "elementary school" would not be eligible to be considered for equitable services. However, the state's obligation to make FAPE available to such a child remains. IDEA requires that states make FAPE available to eligible children with disabilities age three through 21 in the state's mandated age range (Title 34 of the Code of Federal Regulations § 300.101). Because many LEAs do not offer public preschool programs, particularly for three and four year-olds, LEAs often make FAPE available to eligible preschool children with disabilities in private schools or facilities in accordance with Title 34 of the Code of Federal Regulations §§ 300-145 through 300.147. In these circumstances, there is no requirement that the private school or facility be an "elementary school" under state law.

Title 34 of the Code of Federal Regulations § 300.13. Elementary school means a nonprofit institutional day or residential school, including a public elementary charter school that provides elementary education, as determined under State law.

Section B – Referral for Evaluation for Special Education Services

A child shall be referred for special education instruction and services only after the resources of the general education program have been considered and used where appropriate (Education Code § 56303).

Education Code § 56329, provides that, when making a determination of eligibility for special education and related services, Charter LEAs shall not determine that a child is a child with a disability if the primary factor for such determination is a lack of appropriate instruction in reading, including the essential components of reading instruction pursuant to Title 20 of the United States Code § 6368 of the No Child Left Behind Act, lack of instruction in math, or limited English proficiency (LEP).

California Education Code § 56301(d)(1). Each special education local plan area shall establish written policies and procedures pursuant to Section 56205 for use by its constituent local agencies for a continuous child find system that addresses the relationships among identification, screening, referral, assessment, planning, implementation, review, and the triennial assessment. The policies and procedures shall include, but need not be limited to, written notification of all parents of their

rights under this chapter, and the procedure for initiating a referral for assessment to identify individuals with exceptional needs.

All referrals for special education and related services from school staff shall include a brief reason for the referral and description of the general education program resources that were considered and/or modified for use with the child, and their effect (Title 5 of the California Code of Regulations § 3021).

Referrals for special education and related services initiate the process to determine if an assessment is warranted and shall be documented. When a verbal referral is made, staff of the Charter LEA shall offer assistance to the parent or any other individual to make a request in writing. The Charter SELPA shall annually distribute information regarding child find activities to private schools for dissemination to parents.

Parents whose primary language is not English shall be informed of the need to file a written request when a verbal request is made. They shall be informed both verbally and in writing in their primary language, unless to do so is clearly not feasible. Assistance in providing a written request will be provided as needed. Written referrals in languages other than English will be accepted.

If a parent requests, in writing, an assessment for possible special education services, the Charter LEA will develop an Assessment Plan (D/M 66) and present it to the parent within 15 days. The proposed assessment may include a classroom observation, review of records, informal screening, and/or a referral for a formal evaluation in suspected areas of disability, such as, but not limited to, vision/hearing, speech-language, academic skills, cognition, adaptive behavior, psychological processing skills, or social-emotional-behavioral status. A copy of the Procedural Safeguards/Parents' Rights (D/M 77) are reviewed and given to the parents at the time the assessment plan is presented. The 15-day period does not include days between the child's regular school session or term or days of school vacation in excess of five school days from the date of receipt of the referral. Charter SELPA forms are available on the website at www.cahelp.org for member Charter LEAs to use upon receipt of a referral for special education assessment (D/M 51 - Identification, Referral, Assessment Log for the IEP Process; D/M 56 - Family Information; D/M 57 - Referral for Special Education; D/M 58 - Educational History and Social Achievement; D/M 59 - Checklist for Student Observation; D/M 63 - Authorization for Use and/or Disclosure of Information; and D/M 79 - Utilized Interventions).

However, an IEP required as a result of an assessment of a child shall be developed within 30 days after the commencement of the subsequent regular school year as determined by each Charter LEA's school calendar for each child for whom a referral has been made 30 days or less prior to the end of the regular school year. In the case of school vacations, the 60-day time shall recommence on the date that school days reconvene. A meeting to develop an initial IEP for the child shall be conducted within 30 days of a determination that the child needs special education and related services pursuant to Title 34 of the Code of Federal Regulations § 300.343(2)(b); Education Code § 56344.

The proposed assessment plan shall meet all of the following requirements (Education Code § 56321):

- Be in a language easily understood by the general public;
- Be provided in the native language of the parent or other mode of communication used by the parent unless it is clearly not feasible;
- Explain the types of assessment to be conducted;
- State that no IEP will result from the assessment without parental consent.

All initial referrals resulting from child find of children ages three to five shall be processed through the Charter LEA. The informed parental consent for assessment (D/M 66) shall be completed by the person interacting with the parent and forwarded to the appropriate member of the Charter LEA preschool assessment team (i.e., psychologist, nurse, speech-language pathologist).

For a preschool-age child, a member of the Charter LEA preschool assessment team will contact the parent to discuss concerns, or arrange a home visit for observation.

For a school-age child, the referral for special education assessment may include a referral to the Student Study Team (SST) and/or the scheduling of a parent conference to discuss the concerns and possible interventions.

Upon receiving the proposed assessment plan, the parent shall have at least 15 days to decide whether or not to consent to the initial assessment. The assessment may begin as soon as informed parental consent is received by the respective Charter LEA. The Charter LEA shall not interpret parental consent for initial assessment as consent for initial placement or initial provision of special education services (*Education Code § 56321; Title 34 of the Code of Federal Regulations § 300.505*). *Note: Education Code § 56321 provides that, if a parent refuses to consent to the initial evaluation, the Charter LEA may pursue an evaluation by utilizing the mediation and due process procedures pursuant to Title 20 of the United States Code § 1415. In the event that an evaluation is not authorized, Title 20 of the United States Code § 1414(a)(1) specifies that the Charter LEA shall not provide special education services and shall not be considered in violation of the requirement to provide FAPE for failure to provide such services. In addition, the Charter LEA is not required to convene an IEP team meeting or to develop an IEP for that child.*

Informed parental consent means that the parent (Title 34 of the Code of Federal Regulations § 300.500):

- Has been fully informed of all information relevant to the activity for which consent is sought, in his/her native language or other mode of communication;
- Understands and agrees, in writing, to the assessment;
- Understands that the granting of consent is voluntary on his/her part and may be revoked at any time.

If the child is a ward of the state and is not residing with his/her parents, Charter LEAs shall make reasonable efforts to obtain informed consent from the parent as defined in Title 20 of the United

States Code § 1401 for an initial evaluation to determine whether the child is a child with a disability (*Title 20 of the United States Code § 1414(a)(1)*).

The Charter LEA shall not be required to obtain informed consent from the parent for an initial evaluation to determine whether the child is a child with a disability if any of the following situations exist (Education Code § 56301; Title 20 of the United States Code § 1414(a)(1)):

1. Despite reasonable efforts to do so, the Charter LEA cannot discover the whereabouts of the parent of the child;
2. The rights of the parent of the child have been terminated in accordance with California law;
3. The rights of the parent to make educational decisions have been subrogated by a judge in accordance with California law and consent for an initial evaluation has been given by an individual appointed by the judge to represent the child.

As part of the assessment plan, the parent shall receive written notice that (*Education Code § 56329; Title 34 of the Code of Federal Regulations § 300.502*):

1. Upon completion of the administration of tests and other assessment materials, an IEP team meeting that includes the parent or his/her representative shall determine whether or not the child is a child with a disability as defined in Education Code § 56026 and shall discuss the assessment, the educational recommendations, and the reasons for these recommendations. A copy of the assessment report and the documentation of determination of eligibility shall be given to the parent.
2. If the parent disagrees with an assessment obtained by the Charter LEA, the parent has the right to obtain, at public expense, an independent educational assessment of the child from qualified specialists, in accordance with Title 34 of the Code of Federal Regulations § 300.502.

If the Charter LEA observed the child in conducting its assessment, or if its assessment procedures make it permissible to have in-class observation of a child, an equivalent opportunity shall apply to the independent educational assessment. This equivalent opportunity shall apply to the child's current placement and setting as well as observation of the Charter LEA's proposed placement and setting, regardless of whether the independent educational assessment is initiated before or after the filing of a due process hearing proceeding.

3. The Charter LEA may initiate a due process hearing pursuant to Education Code §§ 56500-56508 to show the assessment is appropriate. If the final decision resulting from the due process hearing is that the assessment is appropriate, the parent maintains the right for an independent educational assessment but not at public expense.

If the parent obtains an independent educational assessment at private expense, the results of the assessment shall be considered by the Charter LEA with respect to the provision of FAPE, and may be presented as evidence at a due process hearing regarding the child. If the Charter LEA observed the child in conducting its assessment, or if its assessment procedures make it permissible to have in-class observation of a child, an equivalent opportunity shall apply to an independent educational assessment of the child in the child's

current educational placement and setting, if any, proposed by the Charter LEA, regardless of whether the independent educational assessment is initiated before or after the filing of a due process hearing.

4. If a parent proposes a publicly financed placement of the child in a nonpublic school, the Charter LEA shall have an opportunity to observe the proposed placement and, if the child has already been unilaterally placed in the nonpublic school by the parent, the child in the proposed placement. Any such observation shall only be of the child who is the subject of the observation and may not include the observation or assessment of any other student in the proposed placement unless that student's parent consents to the observation or assessment. The results of any observation or assessment of another student in violation of Education Code § 56329(d) shall be inadmissible in any due process or judicial proceeding regarding the FAPE of that other student.

An IEP required as a result of an assessment shall be developed within a total time not to exceed 60 days, not counting days between the child's regular school sessions, terms, or days of school vacation in excess of five school days, from the date of the receipt of the parent's consent for assessment, unless the parent agrees, in writing, to an extension (Education Code § 56043).

Before entering kindergarten or first grade, children with disabilities who are in a preschool program shall be reassessed to determine if they still need special education and services. IEP teams shall identify a means of monitoring the continued success of children who are determined to be eligible for less intensive special education programs to ensure that gains made are not lost by a rapid removal of individualized programs and supports for these individuals (Education Code § 56445).

Section 504

Children may be referred for assessment under Section 504 of the Rehabilitation Act of 1973 by parents, school staff, or agencies. Each Charter LEA has defined written Section 504 procedures to assess and meet the educational needs of general education students who are otherwise disabled due to a physical or mental impairment which substantially limits one or more major life activities.

Section C – Student Study Team (SST)

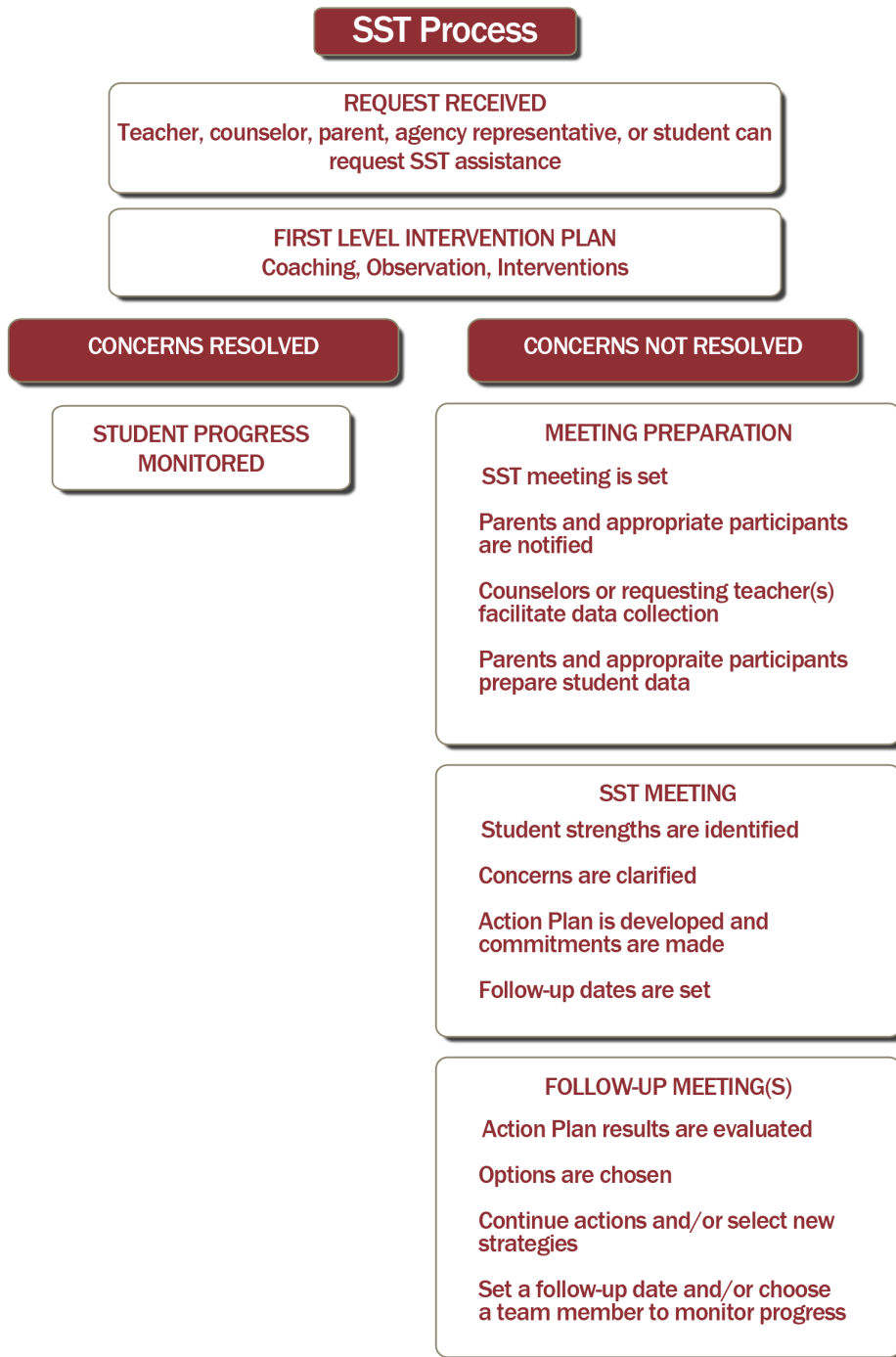
California Education Code § 56303. A pupil shall be referred for special educational instruction and services only after the resources of the regular education program have been considered and, where appropriate, utilized.

Procedures have been developed in each Charter LEA for the receipt and processing of referrals for special education assessment. In all LEAs, the school site Student Study Team (SST) meets regarding children for whom there are concerns. The team addresses the implementation and level of success of the general education classroom program modifications and available general education resources and programs, including categorical programs. When the SST determines that all possible modifications have been exhausted or the modifications available are not appropriate, the SST or classroom teacher refers the child for an assessment for possible special education

services. The parent is informed and encouraged to be a part of the SST process. Parents are notified if a referral for a special education assessment is made by the team.

The SST is a regularly scheduled, structured meeting of general educators, supported by special educators and other staff as appropriate. Their purpose is to provide an effective support system in general education that will generate effective interventions for children who are experiencing challenges in learning or behavior difficulties at school. The SST process is designed to meet the needs of all children and result in a team action plan to ensure student success. The structure of the SST may be designed to fit the needs of individual school sites. Team membership varies according to the needs of the child, but should include the people that can best support the child and the classroom teacher. The majority of the team membership must be composed of general education teachers and should include the following team members: the child's classroom teacher, an administrator, the parent, the child, an upper grade teacher, and a lower grade teacher. The SST should also serve as a peer support system, so the more teacher participation the greater the benefits. Specialists should be included based on the potential needs of the child, the classroom teacher, and any others providing support to the child.

The following describes the **SST Process**:



The process begins with a request from a teacher, counselor, parent, agency representative, or child that a concern has been identified. Once the request is made, the school’s first-level intervention plan is implemented. It is important to note that a request does not automatically initiate a SST meeting. If the concerns can be resolved without a SST meeting, then the child is monitored for successful progress. If the concerns are not resolved, SST meeting preparation is started. For the

team to have optimum information to work with, the child's teacher should provide essential information about the child to the team. In Section F of this chapter the information provided under Student Record Review offers a format for teachers/counselors to prepare information that would be beneficial to the SST. During the meeting, an effective practice to utilize is a group memory format to assist the team in efficient documentation of ideas generated during the meeting. On the action plan that is developed, a follow-up date should be set to review the progress of the child for whom there are concerns. The action plan should be evaluated at this meeting and determination made if any further follow-up is necessary.

Section D – Individualized Education Program (IEP); Provision of Free Appropriate Public Education (FAPE) and Least Restrictive Environment (LRE)

The Charter LEA shall provide educational alternatives that afford children with disabilities full educational opportunities. Children with disabilities shall receive FAPE and be placed in the least restrictive environment that meets their needs to the extent provided by law.

The Charter LEA CEO or designee shall implement the Charter SELPA approved procedural guide that outlines the appointment of the IEP team; the contents of the IEP; and the development, review, and revision of the IEP.

Note: Education Code § 56055 provides that a foster parent, to the extent permitted by federal law, shall have the same rights relative to his/her foster child's education as a parent. Education Code § 56055 clarifies that this right applies only when the juvenile court has limited the right of a parent to make educational decisions on behalf of his/her child and the child has been placed in a planned permanent living arrangement. Education Code § 56055 defines "foster parent" as a licensed person, relative caretaker, or non-relative extended family member.

To the extent permitted by federal law, a foster parent shall have the same rights relative to his/her foster child's IEP as a parent (*Education Code § 56055*).

Section E – Interim Placement (Students Transferring into Charter LEA)

Whenever a child with an existing individualized education program (IEP) transfers into a Charter LEA, the Charter LEA shall provide a free appropriate public education (FAPE), including services comparable to those described in the last consented-to IEP. To facilitate the transition from one LEA to another, the Charter LEA shall take reasonable steps to promptly obtain the records of a child with a disability transferring into the Charter LEA, including his/her IEP and the supporting documents related to the provision of special education and related services from the previous school in which the student was enrolled (Title 34 of the Code of Federal Regulations § 300.323; Education Code § 56325).

In order to meet the California Longitudinal Pupil Achievement Data System (CALPADS) requirements for ALL students with an IEP transferring into an LEA pursuant to Education Code

§ 56325, the receiving LEA, in consultation with the parent/guardian, shall complete the Interim Placement (IP) packet within the Web IEP System. The Interim Placement packet includes:

- the demographics page documenting all relevant information concerning the child,
- the offer of FAPE page documenting their educational program,
- the final page documenting any Special Factors listed on the current IEP from the previous LEA, and
- a signature by a school or district administrator acknowledging the Interim Placement.

A copy of the Interim Placement packet is given to the parent/guardian and forwarded to all related service providers and relevant staff members for implementation of the child's special education program. A copy of the previously approved IEP should be given to the teacher(s), uploaded into the Web IEP system, and placed in the special education pupil file.

If a child with a disability transfers to the Charter LEA during the school year from a Charter LEA within the Desert/Mountain Charter SELPA, the Charter LEA shall continue, without delay, to provide services comparable to those described in the existing IEP, unless the child's parent and Charter LEA agree to develop, adopt, and implement a new IEP that is consistent with state and federal laws (Title 34 of the Code of Federal Regulations § 300.323; Education Code § 56325).

If a child with a disability transfers to the Charter LEA during the school year from a California LEA outside of the Desert/Mountain Charter SELPA, the Charter LEA shall provide the child with FAPE, including services comparable to those described in the previous LEA's IEP. Within 30 days, the Charter LEA shall, in consultation with the parents, adopt the other LEA's IEP or shall develop, adopt, and implement a new IEP that is consistent with state and federal laws (*Title 34 of the Code of Federal Regulations § 300.323; Education Code § 56325*).

If a child with a disability transfers to the Charter LEA within the Desert/Mountain Charter SELPA during the school year from an out-of-state LEA, the Charter LEA shall provide the child with FAPE, including services comparable to the out-of-state LEA's IEP, in consultation with the parent, until such time as the Charter LEA conducts an assessment, if the Charter LEA determines that such an assessment is necessary, and develops, adopts, and implements a new IEP, if appropriate (*Title 34 of the Code of Federal Regulations § 300.323; Education Code § 56325*).

The law allows an LEA to address the IEP within the LEA's existing programs and services to the greatest extent possible for a period not to exceed the 30-day placement; therefore, it is not necessary for the parent/guardian to sign the proposed Interim Placement (IP) form. When programs or services that were provided in the former district are not in place in the new LEA at the time of enrollment, an alternative program within the LEA, a referral to a program operated by another agency, or placement in a nonpublic school may be necessary. The parent must give consent for placement in a program that is not in conformity with the current IEP.

When the IEP team meets for the 30-day review, the IEP team shall review all aspects of the IEP through the IEP process. Whether the LEA adopts the previously approved individualized education program or develops, adopts, and implements a new individualized education program, the next annual review date must align with the previous goal review date.

Section F - Early Identification of Learning Disabilities

California Education Code § 49580. The California Department of Education shall develop the testing programs to be utilized at the kindergarten grade level to determine which pupils have a potential for developing learning disability problems. The testing procedure shall include an overall screening test for learning disabilities and testing for dyslexia. To the extent feasible, the department shall use existing tests and screening instruments in developing the early diagnosis of the learning disabilities testing program. In developing the program, the department shall consult with experts in the areas of learning and reading difficulties, including, but not limited to, neurologists, psychologists, persons working in these areas in postsecondary educational institutions, teachers, school nurses, education consultants, school psychologists, and other persons with appropriate knowledge and experience in the detection and treatment of learning problems and reading difficulties in early grades.

California Education Code § 49582. The California Department of Education shall prescribe guidelines for the early diagnosis of the learning disabilities testing program and pilot project.

Student Record Review

Review the child's educational records with attention to the following:

- Amount and quality of classwork and homework, with work samples provided at the meeting;
- Test data, curriculum-based data, math, reading, language, and spelling levels;
- Indicators of resiliency, ability to handle stress, and emotional intelligence;
- Attendance;
- Hearing and vision screening results, and health issues;
- Behaviors observed in class or on the playground that are of concern;
- Retention or referral to other programs; and
- Contacts with the family.

Be prepared to present specific background information about the child, including strengths, interests, and career potential. The strengths and specific interests that motivate the child are the building blocks for the student success plan. Building on them will help the team be more creative while brainstorming strategies and designing the action plan. Examples of strengths are: good in math; likes to read; enjoys art and music; loves to sing; works well on a computer; writes creatively; did an exceptional science project; wants to please adults; and chosen by classmates as a friend and/or leader.

Identify basic concerns, the behaviors that need intervention, and the desired outcomes. Examples of concerns are: reading or math is below grade level; handwriting is difficult to read; completes only 25% of classwork; does not return homework; distracts others during lessons; does not participate in group discussions; and pushes students during recess. Examples of desired outcomes are: better attendance; increase in reading or math skills; passing competency tests; working well with peer tutor; and ability to follow specific playground rules.

Use the Modifications Checklist to indicate the general education modifications that have been tried.

Section G – Overidentification and Disproportionality

It shall be the policy of the Desert/Mountain Charter SELPA and its member LEAs to prevent inappropriate disproportionate representation by race and ethnicity of students with disabilities.

Title 34 of the Code of Federal Regulations § 300.173. Overidentification and disproportionality. The State must have in effect, consistent with the purposes of this part and with section 618(d) of the Act, policies and procedures designed to prevent the inappropriate overidentification or disproportionate representation by race and ethnicity of children as children with disabilities, including children with disabilities with a particular impairment described in section 300.8.

The Charter LEA shall, with Charter SELPA assistance, monitor student trends with the intent of averting inappropriate, disproportionate representation of racially, ethnically, linguistically, and culturally diverse students (by race and ethnicity of children with disabilities). The Charter SELPA shall provide the following assistance:

- Student trend data pertinent to the disproportionate calculation as reported through the California Special Education Management Information System (CASEMIS) to the California Department of Education (CDE);
- Provide up-to-date training and information provided to the Charter SELPA by the CDE;
- Continue to inform Charter LEAs concerning responsibilities related to the potential transfer of local assistance funds to reduce disproportionality under the Early Intervening requirement of IDEA.

The CDE has in effect, consistent with the purposes of IDEA and with Section 618(d), policies and procedures designed to prevent the inappropriate overidentification or disproportionate representation by race and ethnicity of children as children with disabilities, including children with disabilities with a particular impairment described in Section 602(3).

Section H – Students who are Culturally and Linguistically Diverse

Children who are culturally and linguistically diverse have four initial areas of consideration for their school program. First, the language of instruction is considered. According to the IDEA 2004,

some children will need special education, which could include related speech and language services. While language diversity may be one of the most frequently discussed topics concerning academic achievement, it is important for an IEP team to consider and document the effect of a child being a second-language learner on his or her ability to make progress in the general education curriculum.

To choose the language of instruction, the IEP team must consider where on the continuum of language acquisition the child assesses for both the primary language and English. The Speech-Language Pathologist (SLP) is consulted to interpret the child's pragmatic and socialization aspects of language, which include eye contact, facial expression, nonverbal messages, and tone. These assessment data are used to determine if errors are made because of a lack of exposure to the curriculum and if exposure has been adequate to master the primary language. A determination is made as to whether the child is struggling with second-language learning or has one or more disabilities that impact learning progress.

Questions developed by Ortiz and Garcia (1988) guide the IEP team through this decision process:

1. What is the child's dominant language in various settings?
2. What is the child's level of proficiency in both the primary language and English for social and academic language?
3. What are the styles of verbal interaction used in the primary language and English?
4. How much exposure has the child had to verbal interactions in English?
5. What is the source of exposure to each language (family, peers, TV, book reading, etc.)?
6. Are the child's language behaviors characteristic of other second-language learners?
7. What types of language intervention has the child already had and what is the duration and outcome of those interventions?

For further information, refer to Education Code §§ 313 and 420 - 421.

The second area of consideration for English Learners (ELs) is for authorization of the teacher to provide instruction. The Bilingual, Cross-cultural, Language and Academic Development (BCLAD) and Cross-cultural, Language and Academic Development (CLAD) certification is required for teaching English language development. The Specially Designed Academic Instruction in English (SDAIE) authorization is required to teach English language development and content for the core subjects in the primary language. Contact your Charter LEA office to verify appropriate certification for teachers of children who are English Learners and who are receiving the core curriculum in English and for those children who are English Learners, but are learning core curriculum in their primary language.

Another consideration is the use of interpreters and translators. It is noted that *interpretation* is for oral language, while *translation* refers to written language. Using an interpreter or translator is a method of choice when the pathologist who is assigned to provide therapy is not fluent enough to provide therapy in both languages. Guidance is provided for service delivery in a resource titled Working Successfully with Interpreters and Translators in Speech-Language Pathology and Audiology, written by Langdon and Cheng.

Children with accents and dialects may be referred for special education services, speech services, or viewed as low achievers. Current efforts by the American Speech and Hearing Association (ASHA), consider these referrals misguided. The organization is attempting to avoid these potential discriminatory actions. An accent is defined as a phonetic trait from a primary language that is carried over to the way a second language is spoken. The level of pronouncement of an accent on the second language depends upon the age and circumstances under which the second language was acquired. A dialect is defined as differences that make one English speaker's speech different from another. Dialects have distinguishing characteristics, which may include: phonology, morphology, semantics, syntax, or pragmatics.

Dialects and accents are considered language variations that are accepted differences in speech (Cole, 1983). A determination by the IEP team to provide special education services must be grounded on what children who are culturally and linguistically diverse need to be successful based on academic standards, not on accent or dialect differences.

The fourth and final consideration, working with families, is one that shows respect and increases the possibility of carry-over from school interventions to the home setting. In addition to cohesive planning during the IEP process, family literacy programs supported by the Charter LEA have been especially meaningful for those who are culturally and linguistically diverse.

The information for this section is attributed to Barbara J. Moore-Brown and Judy K. Montgomery. Their book, Making a Difference for America's Children, Speech-Language Pathologists in Public Schools, 2001, is available from Thinking Publications.

In referring culturally and linguistically diverse children for special education services, care must be taken to determine whether learning, language-speech, and/or behavior problems demonstrated by the child indicate a disability or, instead, manifest cultural, experiential, and/or socio-linguistic differences.

A. All English Learners (ELs) in special education programs must,

- Receive an English Language Development (ELD) curriculum approved by the Charter LEA;
- All academic IEP goals for ELs must be linguistically/culturally appropriate;
- ELD standards are aligned with the Common Core standards and should be used when writing goals for ELs.

Please refer to the following documents posted on the Desert/Mountain Charter SELPA website for in-depth information regarding special education assessment, IEP development, and re-classification criteria: English Language Proficiency Assessments for California (ELPAC) on the CDE website at <https://www.cde.ca.gov/ta/tg/ep/>

B. In General: Child Find/Pre-Referral Activities

It is especially important for the SST to determine whether accommodations and supports in the general education curriculum or in the manner in which instruction is provided may assist the child in overcoming their learning, language-speech, and/or behavioral problems. The

child's teacher and SST should gather the following information about the child to help make this determination:

- Background;
- Culture and language;
- Acculturation level;
- Socio-linguistic development; and
- Data showing the child's response to the school and classroom environment when accommodations and supports are provided.

C. Cultural and Linguistic Interventions

Interventions to help resolve difficulties that arise from differences in cultural and linguistic background or from difficulties with the schooling process might include:

- Cross-cultural counseling and
- Peer support groups.

D. Socio-Linguistic Interventions

Interventions to help resolve difficulties that arise from differences in socio-linguistic development might include:

- Instruction in English language development;
- Bilingual assistance;
- Native language development; and
- Assistance in developing basic interpersonal communication skills.

E. In General: English Learners Receiving Special Education Services

(1) IEP Team Membership

- (a) At least one of the Charter LEA IEP team members must have a credential or certification to teach ELs. That person must indicate, next to their signature on the IEP, which credential or certification they possess (e.g., Bilingual Cross-cultural Language and Academic Development (BCLAD) or Cross-cultural Language and Academic Development (CLAD), etc.).
- (b) If the parent has limited English skills, an interpreter must be present at the IEP meeting.

The interpreter must sign the IEP; however, the interpreter is not a participating member of the team. The interpreter's role is only to interpret.

(2) Present Levels of Performance

In addition to previously discussed information:

- (a) Identify the language proficiency assessment instruments(s) used and interpret the results (English Language Proficiency Assessments or California (ELPAC));
- (b) Use the assessment results to indicate the child's instructional program (Biliteracy, Sheltered, Mainstream English Immersion, ELD, etc.) and language of instruction; and
- (c) Identify who will provide the ELD instruction guideline: If the child is removed from English instruction for special education services, that teacher/specialist is the ELD teacher.

(3) Goals/Objectives

The following rubric should be considered for each goal and objective to ensure that it meets the definition of being culturally and linguistically appropriate:

- (a) States specifically in what language the particular goal and objective will be accomplished;
- (b) Is appropriate to the child's level of linguistic development and proficiency in that language;
- (c) Consistent with the known developmental structure of that language; and
- (d) Provides cultural relevance in the curricular framework.

Refer to the document English Language Proficiency Assessments for CA – CalEdFacts on the CDE website at <https://www.cde.ca.gov/ta/tg/ep/cefelpac.asp> for more information.

F. Instructional Program Options

The following is a list of the instructional programs that are offered for students who are EL:

(1) Biliteracy

- (a) For Spanish speaking children at the emerging, early expanding, and bridging level;
- (b) Children who are grouped for instruction in full classroom configuration. The focus is in developing proficiency in both English and Spanish. The instructional emphasis is on ELD and initial access to core curriculum. There is an increase of English as the language of instruction over time; and
- (c) Classes must be taught by a teacher with a BCLAD credential or equivalent certification.

(2) Structured English Immersion with Spanish Instructional Support

- (a) For Spanish speaking children at the emerging, early expanding, and bridging level;

- (b) Children are grouped for instruction in full classroom configuration. The focus is on developing proficiency in English through ELD and Specially Designed Academic Instruction delivered in English (SDAIE), using Spanish as an instructional support; and
 - (c) Classes must be taught by a teacher with a BCLAD credential or equivalent certification.
- (3) Structured English Immersion – Sheltered
- (a) For children at the emerging, early expanding, and bridging level;
 - (b) Classes may be comprised of speakers of many languages. Children are grouped for instruction in full classroom configuration. Children may also be grouped in clusters (about 1/3 English Learners) by English language proficiency. The focus is on developing proficiency in English through ELD and SDAIE strategies; and
 - (c) Classes must be taught by a teacher with a CLAD credential or equivalent certification.
- (4) Mainstream English Cluster
- (a) For children in the early advanced to advanced proficiency level;
 - (b) Classes are designed for children who have a good working knowledge of English. The children are clustered, approximately 1/3 English Learners within a grade level classroom. Instructional emphasis is on high level ELD and grade-level core curriculum using SDAIE strategies; and
 - (c) Classes must be taught by a teacher with a CLAD credential or equivalent certification.

Section I – Teaching and Assessing California’s English Language Development (ELD) and English Language Arts (ELA) Standards for English Learners

A document provided by West Ed, Northern California Comprehensive Assistance Center, 2000, reformats the State of California’s English Language Arts (ELA) standards with those for English Language Development (ELD). The intent is for English Language students to acquire the standards established for language development to become proficient with the English Language Arts skills for reading, writing, listening and speaking. It is further proposed that one document could be provided to cluster standards from both ELA and ELD requirements with a single assessment. The assessment instrument would be helpful to identify students who are English learners, to provide information for instructional decisions, and to determine when reclassification is appropriate.

This paradigm shift promotes current thinking for competent language proficiency for all students. Rather than using language arts standards from an earlier grade level, the ELD standards follow a research-based progression from beginning to advanced language skills, and provide intermediate skills that ELD students need. Additionally the shift for future development is away from isolated use of ELD instruments toward the use of assessments representative of ELA standards.

English Language Proficiency Assessments for California (ELPAC)

School districts in California are required under federal and state laws to administer the ELPAC to determine English proficiency to students in kindergarten through grade twelve, whose primary language is not English. Students with exceptional needs who cannot take the entire ELPAC or a section of the test may be tested with special assistance and/or take alternate tests. All assistance or alternate tests must be documented in the student’s IEP or Section 504 plan. The purpose of the ELPAC is to determine how well each student tested can listen, speak, read, and write English. ELPAC scores should be used annually in developing educational needs and appropriate goals in order to determine the level of assistance needed and to ensure the student’s placement in an appropriate program.

A Map for Teaching and Assessing ELD and ELA Standards for English Learners

A map developed by West Ed, Northern California Comprehensive Assistance Center matches the standards for English Learner Development and for Language Arts Development in seven strands. Additionally it is divided into the academic areas of reading, writing, listening and speaking. They are available by grade span, (K-2, 3-5, 6-8, 9-10, and 11-12). A model that is generic for all grade level follows:

ELD Standards Alignment with ELA Standards

Reading

<u>ELD Reading</u>	<u>ELA Reading</u>
Word Analysis, Fluency and Systematic Vocabulary Development	Word Analysis, Fluency and Systematic Vocabulary Development
Reading Comprehension	Reading Comprehension, Expository Critique (grade 5 and up)
Literacy Response and Analysis	Literary Response and Analysis

Writing

<u>ELD Writing</u>	<u>ELA Writing</u>
Strategies and Applications	Strategies, Applications
Conventions	Written (and Oral) English Language Conventions

Listening and Speaking

<u><i>ELD Listening and Speaking</i></u>	<u><i>ELA Listening and Speaking</i></u>
Strategies and Applications	(Written and) Oral English Language Conventions

Interim Placement

STUDENT INFORMATION:

Last: _____ First: _____ Mid. Initial: _____ Suffix: _____
 DOB: _____ Age: _____ Student No: _____ Gender: M F Non-Binary Grade: _____
 Ethnicity: Select one only YES, Hispanic or Latino **OR** NO, not Hispanic or Latino Indicate one or more race(s) below:
 (1) _____ (2) _____ (3) _____
 Medi-Cal Eligible: Yes No Medi-Cal No.: _____ SSID No.: _____
 Parent/Guardian/Surrogate: _____ Home Phone: _____
 Address: _____ Work Phone: _____
 Mailing Address: _____ Emg. Phone: _____
 Contact Person (if student address different): _____ Contact Phone: _____
 Student's Address (if different): _____ Residency Code: _____
 LEA of Residence (**Accountability**): _____ School of Residence: _____
 LEA of Service: _____ Attending School: _____
 School Type Code: _____ Weekly % of Time the Student is in the General Education Setting: _____
 Infant Setting (Ages 0-2): _____ Preschool Setting (Ages 3-5): _____ School Age Setting (Ages 6-22): _____

DISABILITY:

PRIMARY DISABILITY: _____

SECONDARY DISABILITY: _____

Check all that apply below and indicate the Primary and Secondary Disability Codes in the space provided above: (*Low Incidence)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Intellectual Disability (210) | <input type="checkbox"/> Hard of Hearing (220)* | <input type="checkbox"/> Deafness (230)* | <input type="checkbox"/> Speech / Lang. Imp. (240) |
| <input type="checkbox"/> Visual Impairment (250)* | <input type="checkbox"/> Emotional Disturbance (260) | <input type="checkbox"/> Orthopedic Impairment (270)* | <input type="checkbox"/> Other Health Imp. (280) |
| <input type="checkbox"/> Est. Med. Disability (281) | <input type="checkbox"/> Spec. Learning Disability (290) | <input type="checkbox"/> Deaf / Blindness (300)* | <input type="checkbox"/> Multiple Disabilities (310) |
| <input type="checkbox"/> Autism (320) | <input type="checkbox"/> Traumatic Brain Injury (330) | | |

DATE: _____

TIMELINE INFORMATION (DATES)

Please mark the appropriate box and complete all information as they relate to the child.

CHECK HERE IF INFANT (AGE 0-2) CHECK HERE IF CHILD IS AGE 3-22

Pre-referral Intervention w/in last 2 Years: Yes No

Referred by for Initial Assessment: _____

Date LEA Received **Initial** Signed AP: _____

Initial Referral Date: _____ Initial IEP Meeting Date: _____

If assessment not completed prior to student's 3rd birthday, specify Code No.: _____

If assessment not completed within 60-day timeline, specify Code No.: _____

Low Incidence Disability: Yes No Disability Code: 220 230 250 270 300

Original S.E. Entry Date: _____ S.E. Re-entry Date: _____

Exit S.E. Date: _____ Exit S.E. Code: _____

Current Annual Date: _____ Next Annual Review Date: _____

Annual Delay Date: _____ Reason for Delay: _____

Current Triennial Date: _____ Next Triennial Date: _____

Triennial Delay Date: _____ Reason for Delay: _____

Early Start Transition Plan Meeting Date: _____ Home Language Code: _____

English Language Learner: Yes No **Reclassified:**

Migrant: Yes No Extended School Year: Yes No No. of Days: _____

Agency Services: CCS Rehab CARE Reg. Ctr. Other: _____

Severe Disability Non-severe Disability Solely Low Incidence Disability (0-2 Years Only)

GRADUATION INFORMATION

Participate in High School Curriculum to Graduate with a Diploma Yes No

High School Program Leading to a Certificate of Completion Yes No

SPECIAL TRANSPORTATION INFORMATION

Check if student requires special transportation arrangements to participate in special education services.

Eligible (indicate type and provider) Eligible – Parent Declined Not Eligible

Type: _____

Provider: _____

REASON FOR DECISION / ELIGIBILITY STATEMENT:

Student Name: _____ DOB: _____ Date: _____

SPECIAL EDUCATION AND RELATED SERVICES / OFFER OF FAPE

SPECIAL EDUCATION AND RELATED SERVICES							
	SERVICE (CODE NO.)**	CLASS NO.	PROVIDER	LOCATION OF SERVICE (CODE NO.)	PROJECTED START DATE	FREQUENCY (CODE NO.)	DURATION (MINUTES PER FREQUENCY)
Primary	<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
2	<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
3	<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
4	<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
5	<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
6	<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
7	<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
8	<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
9	<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
10	<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
11	<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
12	<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
13	<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
14	<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
15	<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
16	<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
17	<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
18	<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						

** NOTE: Programs and services will be provided according to where the student is in attendance and consistent with the LEA of service calendar and scheduled services, excluding holidays, vacations, and non-instructional days unless otherwise specified.

COMMENTS:

OFFER OF FREE APPROPRIATE PUBLIC EDUCATION (FAPE)

OFFER OF FAPE:

Student Name: _____ DOB: _____ Date: _____

INTERIM PLACEMENT

INDIVIDUALIZED EDUCATION PROGRAM INCLUDES:

- | | | |
|---|--|---|
| <input type="checkbox"/> Assistive Technology (AT) | <input type="checkbox"/> Health Care Plan | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Assistive Technology (AT) for Low Incidence Disability | <input type="checkbox"/> Transition Plan (Age 15+) | <input type="checkbox"/> Extended School Year |
| <input type="checkbox"/> Behavior Intervention Plan (BIP) | <input type="checkbox"/> Other: _____ | |

Whenever a pupil transfers into a district from a district not operating programs under the same local plan in which he or she was last enrolled in a special education program within the same academic year, the local educational agency shall provide the pupil with a free appropriate public education, including services comparable to those described in the previously approved individualized education program, in consultation with the parents to the extent possible within existing resources, for a period not to exceed 30 days, by which time the local education agency shall adopt the previously approved individualized education program or shall develop, adopt, and implement a new individualized education program that is consistent with federal and state law. EC 56325

- | | |
|--|----------------------------------|
| <input type="checkbox"/> New to LEA from within the Desert/Mountain SELPA/Charter SELPA | 30 Day Review Date: _____ |
| <input type="checkbox"/> New to LEA from outside of the Desert/Mountain SELPA/Charter SELPA LEA Name: _____ | 30 Day Review Date: _____ |
| <input type="checkbox"/> New to LEA from outside the State of California | 30 Day Review Date: _____ |

COUNTY OPERATED PROGRAMS

When a student moves into a LEA and has an IEP requiring supports and services that are unable to be provided by the LEA, the LEA can make an interim placement into a county program operated by Desert/Mountain Operations.

- Referral to Desert/Mountain Operations (The LEA special education administrator/designee must complete the SELPA Interim Placement Form and Form D/M 85)

RESIDENTIAL NONPUBLIC SERVICES

Residential nonpublic school provision applies to this student: Yes No

***Note:** For a pupil placed and residing in a residential NPS prior to transferring to a school district in another special education local plan area, and this placement is not eligible for funding pursuant to Section 56836.16, the special education local plan area that contains the district that made the residential NPS placement shall continue to be responsible for the funding of the placement, including related services, for the remainder of the school year. An extended year session is included in the school year in which the session ends. EC 56325 (c)*

ADOPTION OF PREVIOUS INDIVIDUALIZED EDUCATION PROGRAM

Adopt current IEP:

- Yes No (Schedule an Addendum)

COMMENTS/NOTES:

METHODS OF CONSULT WITH PARENT/GUARDIAN/SURROGATE:

- IN PERSON PHONE CONFERENCE VIRTUAL EMAIL WRITTEN CORRESPONDENCE Date of Consultation: _____

Administrator/Case Manager Name: _____ Title/Position: _____

Introduction

In 1996, the United States Congress enacted the Health Insurance Portability and Accountability Act (HIPAA). HIPAA was designed to accomplish a number of objectives, one of which is to protect the privacy of individually identifiable health information. Protection standards exist for protected health information (PHI) in all forms, including electronic formats (ePHI).

The standards set forth by HIPAA apply to “covered entities,” including health care providers and the agencies they work within. The Desert/Mountain Children’s Center (DMCC) is a covered entity and is thus required to comply with the regulations specified by HIPAA. This manual details the policies and procedures established for the DMCC to ensure HIPAA compliance.

HIPAA Privacy and Security Plan

The HIPAA Act of 1996 and its implementing regulations restrict DMCC’s abilities to use and disclose protected health information (PHI).

Protected Health Information. Protected health information is information that is created or received by the DMCC and relates to the past, present, or future physical or mental health condition of a Patient/Client (“Participant”); the provision of health care to a participant; or the past, present, or future payment for the provision of health care to a participant; and that identifies the participant or for which there is a reasonable basis to believe the information can be used to identify the participant. Protected health information includes information of persons living or deceased.

Some examples of PHI are:

- Participant’s chart record number
- Participant’s demographic information (i.e., address, telephone number)
- Information clinicians, psychologists, and other health care providers put in a participant’s clinical record
- Images of the participant
- Conversations a provider has about a participant’s care or treatment with other staff
- Information about a participant in a provider’s computer system or a health insurer’s computer system
- Billing information about a participant at a clinic
- Any health information that can lead to the identity of an individual or the contents of the information can be used to make a reasonable assumption as to the identity of the individual

It is DMCC’s policy to comply fully with HIPAA’s requirements. To that end, all staff members who have access to PHI must comply with HIPAA Policies and Procedures (See Appendix A). For purposes of this plan and DMCC’s use and disclosure procedures, the workforce includes individuals who would be considered part of the workforce under HIPAA such as employees, volunteers, student interns, board members, and other persons whose work performance is under the direct control of DMCC, whether or not they are paid by DMCC. The term “employee” or “staff member” includes all of these types of workers.

No third party rights (including but not limited to rights of participants, beneficiaries, covered dependents, or business associates) are intended to be created by this Plan. DMCC reserves the right to amend or change this plan at any time without notice.

All staff members must comply with all applicable HIPAA privacy and information security policies. If after an investigation a staff member is found to have violated the organization's HIPAA privacy and information security policies, then the staff member will be subject to disciplinary action up to termination or legal ramifications if the infraction requires it.

E-PHI

The federal HIPAA's Security Regulation requires mental health and other small health care practices to meet administrative, physical, and technical standards to protect the confidentiality, integrity, and accessibility of their Protected Health Information (ePHI). The Regulation is in large part intended to prevent computer hacking, identity theft-related crime, and similar issues posed by the use of electronic information technology in health care practices and to create a general "culture of security" in those practices.

The federal Health Information Technology for Economic and Clinical Health (HITECH) Act was passed as part of the American Recovery and Reinvestment Act of 2009 (ARRA) and it broadens the privacy and security protections under HIPAA. Specifically, HITECH requires covered entities to notify affected individuals and the Secretary of Health and Human Services (HHS) in the event of a breach of their "unsecured PHI". Many state laws impose similar or overlapping obligations on businesses.

Another significant change brought about by HITECH is that a covered entity's "business associates" (and their subcontractors) are now directly subject to HIPAA's Security Regulation. HITECH also broadened, (and in some cases, narrowed) the definition of "business associate". Thus, a practice's security program should require the practice to keep a closer eye on its business associate relationships, as discussed in greater detail below.

The HIPAA Final Rule released on January 17, 2013, amended HIPAA's privacy and security rules to implement the foregoing HITECH requirements. The definition of what constitutes a "breach" of PHI was also broadened by the Final Rule, which now requires a practice to "presume" that any non-permitted acquisition, access, use or disclosure of PHI is a breach under HIPAA requiring notification to affected individuals and HHS in accordance with HIPAA regulations. In determining whether a covered entity can overcome the presumption of a breach, the Final Rule requires covered entities to undergo a "risk assessment" based on several factors to determine whether there was a low probability that the PHI was compromised by the non-permitted acquisition, access, use or disclosure. The Final Rule also increased civil money penalties payable to HHS for uncorrected violations and willful neglect of HIPAA requirements.

HITECH and the Final Rule made few changes to the technical standards of the Security Regulation and a full analysis of HITECH and the Final Rule is therefore beyond the scope of this Manual. Nevertheless, in implementing and maintaining a security program, practices should be aware of the changes summarized above. Now more than ever, HHS is bringing enforcement

actions against providers and business associates for breaches of unsecured PHI. Given this heightened enforcement environment and the broadening of the privacy and security rules under HITECH and the Final Rule, practices are well advised to increase their focus and involvement in maintaining a strong security program consistent with the Security Regulation.

The Security Regulation applies only to electronic data used, transmitted, or maintained by the practice (unlike the HIPAA Privacy Regulation which covers health information on paper or in any other form). However, practitioners should remember that the Regulation's definition of electronic Protected Health Information includes demographic, health and financial information which might include name, address, social security number, credit card numbers, insurance plan numbers, or other identifiers.

The HIPAA Security Regulation is not highly specific. The Regulation essentially requires health care practices to take *reasonable and appropriate* measures to protect against *reasonably anticipatable* threats to the practice's ePHI. The Regulation sets a series of 18 standards for the protection of electronic health information and a total of 36 implementation specifications to help health care providers address what needs to be done to meet those standards. The HIPAA Security Regulation is outlined in the following pages with standards and implementation specifications.

Compliance with *all* standards is *required*. In most cases, compliance with the implementation specifications under a standard will constitute compliance with the standard. Implementation specifications are divided into *required* specifications that must be implemented exactly as indicated and *addressable* specifications which can be adapted in a manner reasonable and appropriate to the practice so as to address reasonably anticipatable risks to ePHI. However, the Centers for Medicare and Medicaid Services (CMS), the enforcement agency for the Regulation, emphasizes that "addressable" does not mean "optional". Should a practice not implement an addressable measure exactly as indicated, the practice must document alternative measures and the reason they were taken. **Compliance with all the standards and specifications must be documented.**

Section I: Descriptions and Definitions

Administrative Safeguards: Administrative safeguards refer to these policies and procedures used by the Desert/Mountain Children’s Center (DMCC) to comply with HIPAA standards.

I. Security/Privacy Officer

The Director of the DMCC is the designated Security/Privacy Officer and is responsible for knowing HIPAA regulations, training the DMCC staff which includes, clinical staff (student interns, Intervention Specialists, Behavioral Health Counselor I, Behavioral Health Counselor II, Clinical Counselors and Behavioral Health Counselor Supervisors), administrative staff, and support staff (business, clerical, and student workers) in HIPAA compliance, and assuring that HIPAA related policies and procedures are instituted and followed. The Security/Privacy Officer will:

- Update HIPAA policies and procedures
- Oversee the implementation of the policies and procedures contained in this Manual
- Ensure that all clinic personnel are trained regarding HIPAA and the policies and procedures of the clinic on an annual basis
- Review activity that takes place in the clinic to detect security risks
- Investigate and respond to security incidents and take appropriate action in the event of a breach in security, and eliminate or mitigate any damaging effects.

II. Training Program

All clinic personnel are required to participate in a formal HIPAA training program. The training program was instituted at DMCC in the fall of 2007, and all existing personnel were required to complete the training. All new employees receive the training within 30 days of their employment with DMCC.

The training involves attending the HIPAA Training for covered Entities, and signing the Employee Agreement for both HIPAA and the Omnibus rules. Additionally, this Manual is available to all DMCC personnel through the web-based Live Binder. It is also available as a hard copy in the clinic office.

III. Documentation of Training

Training of DMCC personnel will be recorded in an electronic HIPAA Training Log.

IV. HIPAA Notification

All clients who receive DMCC services are given a *HIPAA Notice of Privacy Practices (NOPP)* document before their first session. They sign a document indicating they

have received the Notification. Additionally, a HIPAA Notification document is posted in the waiting room of the clinic.

V. Release of Information

Client PHI is only released to another party when the release is requested, in writing, by the client or the client's legal guardian. The *Release of Health Information* form is completed when a request is made.

The exceptions to the release of PHI without a signed release of information occurs only in accordance with strict policies (i.e., harm to self and/or others).

Ensuring Disclosures are the Minimum Necessary

When a request is received to disclose PHI, the request is reviewed by a DMCC program manager. The document will clearly state what is to be released and the minimum will be disclosed. The principle guiding the release of PHI is to limit disclosure of information not reasonably necessary to accomplish the purpose for which the request is made.

Accounting for Disclosures

The DMCC support staff will identify in its database, per child any disclosures to external agencies whenever a release of information is requested by a client.

Request for File Review and Copy

Clients and/or legal guardians of clients, who have records with the DMCC may request to inspect and obtain a copy of their PHI in the "designated record set," defined as the medical and billing records maintained by the clinic and used to make decisions about the client. The request must be made in writing, and will be fulfilled within 30 days of receipt. HIPAA does not allow clients to have access to their therapist's psychotherapy notes.

Requests to Amend a Record

Clients and/or legal guardians of clients, have the right to amend their record if they believe the record is incomplete or not accurate. The amendment will become part of their ongoing file. Requests for record amendments must be made in writing. Clients may not expunge any prior information or part of the Record.

VI. Security Assessment and Reporting

The DMCC Director will engage in a yearly assessment of the clinic's adherence to the policies detailed in this manual. As part of the annual facility assessment, teams

consisting of administrative staff and clinicians will be asked to conduct an assessment of any potential security problems and to recommend additional security measures.

Reporting of Security Violations

DMCC personnel are required to report any violations of HIPAA standards to the Security/Privacy Officer.

Responding to Violations and Preventing Further Violations

When security incidents or deficiencies are reported or discovered, the Security/Privacy Officer will investigate the situation and complete the *HITECH Act Breach Notification Risk Assessment Tool* (see Appendix B). The breach tool will contain any corrective measures as needed. Corrective measure may include personnel re-education, policy revision, building modification, and/or equipment alterations.

VII. Policies and Procedures to Access Protected Health Information

Access to PHI is limited to DMCC personnel and business associates and further restricted to the information needed by personnel to complete a job function and/or clinical training.

VIII. Business Associates

“Business associates” are defined by HIPAA as third parties who provide services to DMCC and may have access to electronic patient health information. The DMCC currently has business associate agreements. In the event DMCC enters into an additional arrangement with a business associate, a Business Associate Agreement will be adopted and utilized.

IX. Research Activities

Client information may not be used for research or marketing purposes unless the client has agreed to allow his/her PHI to be used in this manner. All research projects must also be approved by the CAHELP Institutional Review Board.

X. Clinic Visitors

Occasionally visitors tour the DMCC facility as they are learning to create their own programs. All visitors must be escorted by DMCC personnel who ensure PHI is not disclosed or visible.

Section II: Physical Safeguards

Physical safeguards refer to the processes in place in which DMCC controls physical access to protected information.

Building Access

Access to the DMCC, with the exception of the lobby is limited to DMCC personnel who are given a key(s) to the building and are required to wear their identification badge to enter into the treatment rooms and/or administrative staff area. Keys are dispersed by the Operations Officer of the CAHELP who maintains a record of key distribution and a signed document from the employee of receipt of the key(s). Upon termination, DMCC administrative staff will collect the key(s) from the employee and return it to the Operations Officer of CAHELP.

Mailboxes

Written communication pertaining to DMCC and clinical work is distributed via personnel mailboxes housed within DMCC offices. These mailboxes are kept behind locked doors.

Session Recordings

Recordings are made of certain sessions with the permission of the client and/or guardian of the client depending on the type of treatment they are receiving (i.e., Parent-Child Interaction Therapy – PCIT, Theraplay, etc.). Recordings are digitized and maintained in a locked file. The recordings are not allowed to leave the premises. Recordings are only to be utilized for the purpose as clearly identified on the permission to record document.

Documentation

Session notes are recorded in Athena Software (Penelope) and Netsmart myEvolv, both secure electronic medical records system. Report copies may also be kept in the client files.

Document Retention

Electronic medical records on Penelope and myEvolv are maintained indefinitely in this secure medium. Any client paper files are maintained in a file cabinet that is open during business hours and locked thereafter. The room holding client files is locked after hours as well. Any files maintained are housed in locked cabinets behind two sets of locked doors when DMCC is not open for business. Paper files of terminated clients are scanned in Penelope and/or myEvolv and stored at a secured facility.

Section III: Technical Safeguards

Technical safeguards refer to the procedures in place to control access and/or interception to computer systems and to protect all communications containing PHI transmitted electronically.

Electronic Medical Records System (Penelope)

DMCC uses both Penelope and myEvolv software, electronic medical records systems designed specifically for counseling centers and psychology training clinics. Penelope and myEvolv may only be accessed by DMCC personnel, each of which has a unique user name and password. Access is restricted by safety measures in the system that restrict users from being able to view records of clients who are not their own. Once files are saved they cannot be changed or erased without a clear electronic tracking of any activity and clear identification of who accessed records. Full access to Penelope is granted only to limited staff including the administrative staff, support staff and technology personnel to maintain the program.

Computer Workstations

All computer access is secure from clients, parents and/or visitors to the DMCC. The reception area computer (which is behind glass and locked doors) is turned off each day after business hours. All DMCC personnel log off of Penelope and documents before leaving them unattended. Documents are kept, completed and maintained in Penelope through the network server and/or client hard files.

Mobile Devices

All organizationally purchased mobile devices used by the DMCC staff have a Mobile Device Management (MDM) application installed on them that allows for remote management and wiping of the device if it is lost or stolen.

Computer Flash Drive

The use of flash drives or portable electronic media to store ePHI data is prohibited.

Cloud Storage

The use of cloud storage to store ePHI is allowed when it is a DMCC approved HIPAA compliant cloud storage.

Faxing

The fax machine at DMCC is housed in a locked area of the clinic. The fax machine is checked throughout the day to ensure faxed documents are not left unattended.

If faxing, only the PHI needed is sent, and a cover letter with a confidentiality statement accompanies the information to help prevent casual reading. Additionally, frequently used fax numbers are programmed into the machine to ensure accuracy in dialing. New fax numbers are verified before PHI is transmitted. The machine does not have the capacity to save copies of faxed information.

Email

DMCC uses an encrypted email solution when emailing client PHI information to entities outside of the network. The encryption process is accomplished with software on our email gateway server. All DMCC personnel have been trained to use “Encrypt” on the subject line to ensure proper encryption. Client level information is attached with a privacy statement in the body of the email. Privacy notices on all emails is appended as part of the sending process and is enforced from the system.

Telephone

Phone calls are made to clients and/or guardians from the office area for routine appointment reminders and appointment clarification. The office area is behind locked doors and a glass partition. All information occurs away from all clients, guardians, and visitors.

Electronic Health Records Policy and Procedures

Electronic Health Records (EHR) complies with HIPAA, and all state and federal laws related to protection of personal health information. EHRs can be encrypted (making the document(s) unreadable to anyone other than an authorized user) and security access parameters set to only authorized individuals can view them. EHRs also offer the added security of an electronic tracking system that provides an accounting of the history of when records have been accessed and by whom.

General Information

System users who send, receive, store and access ePHI must comply with DMCC's Electronic Health Records Policy and Procedures.

I. Policy

DMCC provides physical attributes required to protect information systems and related infrastructure from unauthorized access in accordance with HIPAA Security Rules to protect the availability, confidentiality, and integrity of client and departmental confidential information.

DMCC personnel are responsible for maintaining the physical security of DMCC's computer resources under their control. They are also responsible for protecting the integrity and privacy of the data maintained on the computer by using appropriate lockdown devices, password controlled access, data encryption, virus protection software, and routine backup procedures.

DMCC is under the umbrella of the California Association of Health and Education Linked Professions (CAHELP), which is a department of San Bernardino County Superintendent of Schools (SBCSS). SBCSS, CAHELP, and DMCC reserve the right to inspect all data and to monitor the use of all its computer systems.

All computer users have no right to privacy with regard to information on organizationally supplied computers. Personnel are not allowed to place any client information (ePHI) on personally owned technology devices. The organization reserves the right to remotely access, monitor, control, and configure organizationally-supplied computers and any software residing on said device. Non-compliance with this policy is subject to management review and action up to and including termination of employment, vendor contract, and/or legal action.

- All computers are equipped with updated software for detecting the presence of malicious software (i.e., computer viruses). All computing devices have current versions of anti-virus software enabled. Operating systems have all critical updates installed.
- All computers are positioned or located in a manner that minimizes the exposure of displayed patient and/or sensitive business information.

- DMCC personnel accessing the DMCC network or information from remote locations are trained to utilize appropriate security safeguards.
- DMCC through the CAHELP and with SBCSS's direction and approval shall have the in ability to recommend and implement hardware, operating systems, and connectivity solutions to be supported. System support of any proposed solutions will need to be included in the purchasing decision.
- DMCC personnel may not independently install hardware or software solutions that allow remote access to organizationally-purchased devices.
- DMCC personnel must comply with DMCC's policies and state and federal laws and regulations regarding the proper acquisition, use and copying of copyrighted software and commercial software licenses.

II. PURPOSE

The DMCC is committed and required to provide security to protect its computerized clinical and business information systems. DMCC computer system hardware and software as well as the information and data carried by the system are the property of the CAHELP/SBCSS. Any misuse of DMCC computers may result in denial of access to the system network and systems, DMCC information, and data. The intent of this policy is to:

- Ensure each system containing ePHI has the necessary access controls to restrict unauthorized users and programs from accessing patient health or sensitive business information.
- Ensure software on each computer on the network is internally compatible and will not lead to degradation of the system.
- Ensure users are oriented and trained on computer use and maintenance of information integrity, privacy, and resource security.
- Establish security requirements for the appropriate use of mobile computing resources including laptops and mobile computing devices that access DMCC information or interface with the DMCC network.

III. SCOPE

This policy applies to all DMCC personnel, vendors, contractors, and business associates who have access to DMCC client information, either clinical and/or business related, stored on DMCC computers or have access to its computer resources or network. The scope of this policy includes the usage of all and any device that directly or remotely accesses the DMCC network.

IV. DEFINITION

Portable-Computer Device: A portable-computing device is a computer that is easily transported by hand and has the ability to store DMCC client and/or business information. "Portable computing device" generally refers to laptop computers, smart clipboards, and mobile computing devices but can include other emerging technologies

that allow storage of and access to information, and are capable of connection (physical or wireless) to the computer network, including connection to any server or computer on the computer network.

V. PROCEDURES

General

1. Users are required to log-off of applications containing client health and/or sensitive business information before leaving their computers.
2. Users must save work that contains ePHI in accordance with approved data storage policies.
3. All laptops and any other portable computer equipment must be secured (protected) when not in use.
4. Storing ePHI information on ANY Device that is not encrypted is prohibited.
5. Storing of PHI information on a personal device is prohibited.
6. Employees are responsible for breaches of security related to devices in their possession.
7. All computers require a complex-level password protection with the computer system. In order to access any client health and/or business information, a second level of authentication protection is required to access information.
8. There are no circumstances when security provisions are allowed to be disabled.
9. DMCC personnel are required to have appropriate clearance prior to access to computers and the Penelope network.
10. Upon termination or change of job position, users will have network access removed or modified as deemed appropriate by administration.
11. All computer devices shall be tagged and tracked by administration in accordance with SBCSS's asset management policies and procedures.

Desktop Computers

DMCC has established standard configurations for desktop technologies deployed throughout the organization. All computers, computer peripherals, and software as well as printers, faxes, and other miscellaneous hardware purchased with DMCC funds or attached to any component of the DMCC network must meet these standards.

Installation of any personal software, whether purchased or downloaded, by employees is prohibited. Software required for end user productivity must be approved by the Director and installed by CAHELP/SBCSS helpdesk staff.

Desktop computers are located in areas that are physically separate and face away from the public.

Computer access and password training provided by the DMCC administrative staff must be completed prior to granting access privileges to ensure adequate training has occurred.

Desktop computers are equipped with security hardware and/or software. Computers **must** comply with all software updates for detecting the presence of malicious software. All devices will have current versions of anti-virus software enabled. Operating systems will have all critical updates installed.

Mobile devices that store ePHI will be secured using compliant measures.

Organizationally-Supplied Portable/Mobile Computer Devices

The loss or theft of any portable computer device storing DMCC client and/or sensitive business information shall be immediately reported to the employee's supervisor. The supervisor will contact the DMCC Security/Privacy Officer.

Startup authentication and authorization passwords (user name and password) are required on all computers. Storing or caching username and passwords on any device is prohibited.

Organizationally-supplied portable computer devices storing data belonging to the DMCC may not be shared with others, especially non-employees, who are not authorized to access the information unless the information is stored as encrypted password protected files.

DMCC reserves the right to identify sensitive information and initiate methods to secure this information.

Personally-Supplied Portable/Mobile Computer Devices

The use of personally-supplied devices by DMCC/CAHELP personnel in support of the organization's mission or work is strictly prohibited.

Remote Access

Access to DMCC's internal remote location will be done through appropriate Virtual Private Network (VPN) services and must be approved by the Security/Privacy Officer.

Access to DMCC's internal network from outside of its defined network perimeter will be controlled by VPN access controls that may only be established by technical staff.

Users are not authorized to install hardware or software solutions that would allow remote access to their organizationally-supplied computing devices.

VPN connections will be strictly controlled, implemented, and maintained by SBCSS technical staff.

VI. Staff Use of System and Privileges

Monitoring of computer use

Personnel utilizing DMCC systems should have no expectation of privacy. The DMCC will log, review, or monitor any data stored or transmitted on its information systems to manage those assets to ensure compliance with the agency's policies.

Removal of staff privileges

The DMCC may remove or deactivate any employee's network privileges, including but not limited to, user access accounts and access to secured areas, when necessary to preserve the integrity, confidentiality and availability of its facilities, user services, and data.

System Security

Each computing device used to access, transmit, receive, or store ePHI must comply with DMCC policies. If any policy requirement is not supported by the workstation operating system or system architecture, one of the following steps must be taken:

- The system must be upgraded to support all of the following security measures
- An alternative security measure must be implemented and documented
- The computer must not be used to send, receive, or store ePHI

VII. Data Maintenance and Emergency Procedures

Server

Since 2007, private health information at the DMCC that is ePHI is maintained by an Electronic Medical Records System (Penelope). Penelope is a cloud-based system that provides for redundancy and disaster recovery solutions. The data sheet for Penelope can be found at:

http://www.athenasoftware.net/resources/Penelope_PRIVACY_AND_SECURITY_Whitepaper_2014.pdf

Since March 2020, private health information at the DMCC that is ePHI is maintained by an Electronic Medical Records System (Netsmart myEvolv). myEvolv is a cloud-based system that provides for redundancy and disaster recovery solutions. The data sheet for myEvolv can be found in Appendix D.

Technical staff are responsible to ensure all servers used to access, transmit, receive or store ePHI are appropriately secured with this policy.

1. Server Location

DMCC in-house (non-cloud) servers currently reside at a secure facility. All data not stored in the cloud solution is stored on these systems.

- Servers are located in a physically-secure environment
- The system administrator account is password protected
- A user identification and password authentication mechanism is implemented to control user access to the system
- A security patch and update procedure is established and implemented to ensure all relevant security patches and updates are promptly applied based on the severity of the vulnerability corrected
- Servers are located on a secure network with firewall protection
- All unused or unnecessary services are disabled

2. Computer Security

Technical staff are responsible to ensure each computer system used to access, transmit, receive, or store ePHI is appropriately secured in accordance with this policy. A user identification and password authentication mechanism is implemented to control user access to the system.

- All users must be issued a unique user name for accessing PII
- Username must be promptly disabled, deleted, or the password changed upon the transfer or termination of an employee with knowledge of the password, within 24 hours
- Passwords are not to be shared
- Passwords must be at least eight characters and complex
- Passwords must not be cached
- Passwords must be changed every 180 days.
- Passwords must be changed if revealed or compromised.
- Passwords must be composed of characters from at least three of the following four groups from the standard keyboard:
 - Upper case letters (A-Z)
 - Lower case letters (a-z)
 - Arabic numerals (0-9)
 - Non-alphanumeric characters (punctuation symbols)
- A security patch and update procedure is established and implemented to ensure all relevant security patches and updates are promptly applied based on the severity of the vulnerability corrected: All computers and devices that process and/or store PII must have critical security patches applied including those patches that require a system reboot. The patch management process determines installation timeframe based on risk assessment and vendor recommendations. All applicable patches deemed as high risk must be installed as soon as practical. Applications and systems unable to be patched within this time frame, due to significant operational reasons, must have compensatory controls implemented to minimize risk.

- A malware detection system is implemented including a procedure to ensure the detection software is maintained and up-to-date
- All unused or unnecessary services are disabled
- An automatic logoff or inactivity timeout mechanism is implemented
- The computer screen or display must be situated in a manner that prohibits unauthorized viewing. The use of a screen guard or privacy screen may be used
- Laptop devices will have hardware level disk encryption
- **Data Destruction:** When an electronic storage device that contains PII is sent for destruction, it is erased using the US Department of Defense clearing and sanitizing standard DoD 5220.22-M or equivalent
- **System Timeout:** The system providing access to PII must provide an automatic timeout, requiring re-authentication of the user session after no more than 30 minutes of activity
- **System Logging:** The system maintains an automated audit trail that can identify the user or system process, initiates a request for PII, or alters PII. The audit trail must be date and time stamped, must log both successful and failed accesses, must be read only, and must be restricted to authorized users. If PII is stored in a database, database logging functionality must be enabled. Audit trail data must be archived for at least three years after occurrence
- **Access Controls:** The system providing access to PII must use role based access controls for all user authentications, enforcing the principle of least privilege
- **Transmission Encryption:** All data transmission of PII outside the secure internal network must be encrypted using a FIPS 140-2 certified algorithm that is 128bit or higher, such as AES. Encryption can be end to end at the network level, or the data files containing PII can be encrypted. This requirement pertains to any type of PII in motion such as website access, file transfer, and email
- **Intrusion Detection:** All systems involved in accessing, holding, transporting, and protecting PII, which are accessible through the Internet, must be protected by a comprehensive intrusion detection and prevention solution

3. Logoff Procedures

To ensure security to all servers and computers accessing, transmitting, receiving, and/or ePHI, the following procedures must be followed:

Automatic Logoff Procedures

- Servers, computers and other electronic devices containing ePHI must employ inactivity timers or automatic logoff mechanisms
- Servers, computers and other electronic devices containing ePHI must terminate a user session after a maximum of, but not limited to, 30 minutes of inactivity

- When a system requires the use of an inactivity timer or automatic logoff mechanism but does not support an inactivity timer or automatic logoff mechanism, one of the following procedures must be implemented:
 - The system must be upgraded to support the minimum HIPAA Security
 - The system must be moved into a secure environment
 - ePHI must be removed and relocated to a system supporting the minimum requirements

Logging off the System

When a server, computer, or other electronic device is unattended users must lock or activate the systems Automatic Logoff Mechanism (e.g., CTRL, ALT, DELETE and Lock computer), or logout of all applications and database systems containing confidential information.

Network and Privacy Settings

Schedule for Backups

Backups are scheduled nightly and are encrypted to offsite, encrypted storage. Backups are maintained for a two-week period.

Recovery Plan for Data

On premises servers are backed up regularly using VM-level backups. Servers and data can restore all data necessary to the version from the night before. There is also a database-level backup of Penelope data that is performed daily. Details for back and recovery for clouds servers can be found in (See Appendix C).

Security Protocols for Access to Data

Password resets are in effect every 180 days for all users.

Encryption security level

- Computers and server storage is encrypted where necessary
- Intra site communication is direct and secure so no special encryption is necessary.

Firewalls

The DMCC has firewalls installed at internet connection points at the primary datacenter and disaster recovery datacenter. Firewalls are maintained and patched by a firewall vendor. Inbound access is analyzed using an IPS/IDS, Intrusion Prevention Systems and Intrusion Detection system, device which scans all inbound and outbound traffic for malicious attacks. Both datacenters are secured

and access is controlled with the use of a key card access system. Only authorized personnel are permitted to access our datacenters. The primary data center power is protected using a natural gas generator and halon fire suppression system.

Remote Access

Access from outside of DMCC is available only through approved VPN secured connections with encrypted and physical security checks.

VIII. Electronically-Signed Records

For the purpose of this policy an electronically signed record is a financial, program, or medical record that (1) is required to be signed under California or Federal law, California or Federal regulation, or organizational policy or procedure, and (2) may be requested during an audit.

Standards for Electronic Signatures in Electronically Signed Records

Electronic signatures in electronically-signed records will be viewed as equivalent to a manual signature affixed by hand for financial, program, and medical records for audit purposes as defined under the California Code of Regulations, Title 9.

DMCC's policy for electronic signature meets the following requirements:

1. DMCC's computer system (Penelope and myEvolv) utilizes electronic signatures that comply with the following Certification Commission for Healthcare Information Technology (CCHIT) certification criteria or equivalent: *Security: Access Control, Security: Audit, and Security: Authentication.*
2. The electronic signature mechanism is (a) unique to the signer, (b) under the signer's sole control, (c) capable of being verified, and (d) linked to the data so that, if the data are changed, the signature is invalidated. Additionally, DMCC will maintain physical signatures for all clinical staff on file as backup.
3. DMCC will maintain an Electronic Signature Agreement for the terms of use of an electronic signature signed by both the individual requesting electronic signature authorization and the county mental health director or his/her designee.
4. DMCC will request and maintain an Electronic Signature Certification from entities where contracts are held through the Department of Behavioral Health where such is required.
5. The signed *Electronic Signature Certification* and signed *Electronic Signature Agreements* forms will be available to the auditor at the time of an audit.

Information Security Considerations

DMCC's standard encryption of data is also employed in the electronically-signed record.

Obtaining Consumer Signatures

In many situations, the mental health consumer, or his/her representative, must acknowledge his/her willingness to participate in and accept the treatment plan. In paper-based systems, the consumer, or his/her representative, physically signs a document to that effect. As an alternative to paper, it is DMCC's policy the following approaches will be utilized: (1) scanning paper consent documents, treatment plans, or other medical record documents containing consumer signatures or (2) capturing signature images from a signature pad.

DMCC will maintain all information and will be in full compliance with all applicable HIPAA electronic signature standards. Upon future publication of HIPAA electronic signature regulations, the DMCC will be in full compliance within the timelines and all requirements established by state and federal government.

Requirements for Electronically-Signed Records

The DMCC will utilize electronic records and electronically-signed records to replace all paper-based records for purposes of an audit. When an audit is conducted, the DMCC shall make available the following upon arrival of the auditor at the audit site:

- Physical access to electronic health record systems
- Adequate computer access to the electronic health records needed for the audit review
- System or network access to electronic records such as user IDs and passwords
- Access to printers and capability to print necessary documents
- Technical assistance as requested
- Scanned documents, if needed, which are readable and complete

PHI – Personal Health Information

PHI and PII Use and Disclosure

PHI Definition and Data Elements

Below is an excerpt from the U.S. Department of Health & Human Services defining PHI and PHI data elements:

Protected Health Information: The Privacy Rule protects all “individually identifiable health information” held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information *protected health information* (PHI).

Individually identifiable health information is information, including demographic data, that relates to:

- The individual’s past, present or future physical or mental health or condition,
- The provision of health care to the individual, or
- The past, present, or future payment for the provision of health care to the individual,
- The individual’s identity or for which there is a reasonable basis to believe it can be used to identify the individual

Individually identifiable health information includes many common identifiers (i.e., name, address, birth date, Social Security Number) and generally encompasses all PII (see below). All PHI is protected by both HIPAA and ethical standards.

PII Definition and Data Elements

Per the Executive Office of the President, Office of Management and Budget (OMB) and the U.S. Department of Commerce, Office of the Chief Information Officer, The term *personally identifiable information* refers to information that can be used to distinguish or trace an individual’s identity, such as their name, social security number, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother’s maiden name, etc.” Any information that is personal is protected by privacy laws.

California Senate Bill SB 1386: *personal information* means an individual’s first name or first initial and last name in combination with any one or more of the following data elements, when either the name or the data elements are not encrypted:

1. Social Security Number
2. Driver’s license number or California Identification Care number
3. Account number, credit or debit card number, in combination with any required security code, access code, or password that would permit access to an individual’s financial account

Use and Disclosure Defined

The DMCC will use and disclose PHI only as permitted under HIPAA. The terms “use” and “disclosure” are defined as follows:

- *Use* – The sharing, employment, application, utilization, examination, or analysis of individually identifiable health information by any person working for or within the company, or by a business associate of the company
- *Disclosure* – for information that is protected health information, disclosure means any release, transfer, provision of access to, or divulging in any other manner of individually identifiable health information to persons not employed by or working within DMCC with a business “need to know” PHI

Access to PHI is Limited to Certain Employees

All personnel who perform Participant functions directly on behalf of the DMCC or on behalf of group health plans will have access to PHI as determined by their supervisor, job description, and as granted by IT. These employees with access may use and disclose PHI as required under HIPAA but the PHI disclosed is limited to the minimum amount necessary to perform the job function. Employees with access may not disclose PHI unless an approved compliant authorization is in place or the disclosure otherwise is in compliance with this Plan and the use and disclosure procedures of HIPAA.

Personnel may not access either through the information systems or the participant’s medical record the medical and/or demographic information for themselves, family members, friends, staff members, or other individuals for personal or other non-work-related purposes, even if written or oral participant authorization has been given. If the employee is a participant in DMCC’s plans, the employee must go through their provider in order to request their own PHI.

In the very rare circumstance when an employee’s job requires him/her to access and/or copy the medical information of a family member, a staff member, or other personally known individual, then he/she will immediately report the situation to his/her supervisor who will assign a different staff member to complete the task involving the specific participant.

Personal access to your own PHI is based on the same procedures available to other participants not based on job-related access to our information systems. For example, if you are waiting for a lab result or want to view a clinic note or operative report, you must either contact your provider for the information or make a written request to the Security/Privacy Officer. Employees may not access their own information; they must go through all the appropriate channels as participants are required to do.

Disclosure of PHI Pursuant to an Authorization

PHI may be disclosed for any purpose if an authorization satisfying HIPAA requirements for a valid authorization is provided by the participant. All uses and disclosures made pursuant to a signed authorization must be consistent with the terms and conditions of the authorization.

Permissive Disclosures of PHI: For Legal and Public Policy Purposes

PHI may be disclosed in the following situations without a participant's authorization, when specific requirements are satisfied. DMCC's use and disclosure procedures describe specific requirements that must be met before these types of disclosures may be made. Permitted are disclosures:

- About victims-of-abuse, neglect or domestic violence;
- For judicial and administrative proceedings – with appropriate subpoenas;
- For law enforcement purposes;
- For certain limited research purposes;
- To avert a serious threat to health or safety;
- For specialized government functions; and
- That relate to workers' compensation programs.

Complying with the “Minimum-Necessary” Standard

HIPAA requires when PHI is used or disclosed, the amount disclosed generally must be limited to the “minimum-necessary” to accomplish the purpose of the use or disclosure. The “minimum-necessary” standard does not apply to any of the following:

- Uses or disclosures made to the individual;
- Uses or disclosures made pursuant to a valid authorization;
- Disclosures made to the Department of Labor;
- Uses or disclosures required by law; and
- Uses or disclosures required to comply with HIPAA.

Minimum-Necessary When Disclosing PHI

For making disclosures of PHI to any business associate or providers, or internal/external auditing purposes, only the minimum-necessary amount of information will be disclosed. All other disclosures must be reviewed on an individual basis with the Security/Privacy Officer to ensure the amount of information disclosed is the minimum necessary to accomplish the purpose of the disclosure.

Minimum-Necessary When Requesting PHI

For making request for disclosure of PHI from business associates, providers, or participants for the purposes of claims payment/adjudication or internal/external auditing purposes, only the minimum necessary amount of information will be requested.

All other requests must be reviewed on an individual basis with the Security/Privacy Officer to ensure the amount of information requested is the minimum necessary to accomplish the purpose of the disclosure.

Protected Health Information (PHI): Patient information, including demographic information, that:

- Is created or received by a health care provider, health plan, employer, or health care clearinghouse;
- Relates to the past, present, or future physical or mental health condition of a patient; the provision of health care to a patient; or the past, present, or future payment for the provision of health care to a patient; and
- Identifies the patient or can be used to identify a patient.

Lobby Interactions

DMCC personnel are not to reveal PHI in the lobby with clients. DMCC personnel will ask clients and/or parents to step into a confidential, private office to conduct conversations related to PHI.

Consequences of Violations

Personnel violations of DMCC systems as described above will be subject to disciplinary action that may include termination of employment.

Disclosure of PHI to Business Associates

Based on the approval of the Security/Privacy Officer and in compliance with HIPAA, employees may disclose PHI to the company's business associates and allow the DMCC's business associates to create or receive PHI on its behalf. However, prior to doing so, the DMCC must obtain assurances from the business associate agreeing to appropriately safeguard the information. Before sharing PHI with outside consultants or contractors who meet the definition of "business associate" employees must contact the Security/Privacy Officer and verify that a business associate contract is in place.

"Business associate" is an entity that:

- Performs or assists in performing a company function or activity involving the use and disclosure of protected health information (including claims processing or administration, data analysis, underwriting, etc.); or
- Provides legal, accounting, actuarial, consulting, data aggregation, management, accreditation, or financial services, where the performance of such services involves giving the service provider access to PHI.

Disclosures of D-Identified Information

The DMCC may freely use and disclose de-identified information. De-identified information is health information that does not identify an individual. Respect is given to the fact that there is no reasonable basis to believe the information can be used to identify an individual. There are two ways a covered entity can determine when information is de-identified: either by professional statistical analysis, or by removing 18 specific identifiers listed below – relating to the participant, employee, relatives, or employer, and being certain there is no other available information that could be used alone or in combination to identify an individual.

1. Names
2. Geographic subdivision smaller than a state
3. All elements of dates (except year) related to an individual – including dates of admission, discharge, birth, death – and for persons >89 years old, the year of birth cannot be used
4. Telephone numbers
5. FAX numbers
6. Electronic mail addresses
7. Social security number
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers including license plates
13. Device identifiers and serial numbers
14. Web URLs
15. Internet protocol addresses
16. Biometric identifiers, including finger and voice prints
17. Full face photos and comparable images
18. Any unique identifying number, characteristic or code

A person with appropriate expertise must determine that the risk is very small regarding the information that could be used alone or in combination with other reasonably available information by an anticipated recipient to identify the individual. This person is required to document the methods and justification for this determination.

Disclosure to Family, Friends or Others – Participant Location

There are instances when a participant's friend or family member contacts the DMCC to ask about the location of a client or whether the client has been seen at the DMCC. Following is guidance provided to assist staff in providing appropriate responses for specific situations that commonly occur. In rare cases of emergency, and at the discretion of the Director of the DMCC, a minimum amount of information may be released in order to assist in resolving an emergency situation.

Guidance

Situation: Friends or family are concerned about the whereabouts of a person. They contact the DMCC and ask if a person is at the DMCC or has been seen as a client recently.

Response

For any inquiry regarding a current or past client, DMCC clinic staff should take the name of the caller, purpose for calling and state the caller will receive a return call from DMCC. DMCC staff should check if releases of information are on file. If they are on file, DMCC should make contact with the parent/client to inform them of the nature of the release of information. If parent/client agrees, DMCC will return the call and provide only the minimum information required.

If releases of information are not on file, DMCC must inform the caller that DMCC cannot confirm or deny the person is a client. If the friends and/or family are concerned about the person's whereabouts, DMCC can recommend they call other relatives of the person and/or contact the local police department to inquire about safety.

Situation: An individual comes to DMCC and tells the receptionist they have arrived to pick up a client.

Response

The DMCC serves children birth to 22 years old. Parents, guardians, or a responsible adult bringing the child to treatment is expected to remain on the premises throughout the child's treatment service. In the event, the parent, guardian, or responsible adult leaves the premises, the child will contact the parent by phone. Any individual requesting information about a client will only be given information if a Release of Information is on file allowing the DMCC to share information with that specific individual.

Removing PHI from Company Premises

PHI is not allowed to leave the organization's premises at any time.

Introduction

In 1996, the United States Congress enacted the Health Insurance Portability and Accountability Act (HIPAA). HIPAA was designed to accomplish a number of objectives, one of which is to protect the privacy of individually identifiable health information. Protection standards exist for protected health information (PHI) in all forms, including electronic formats (ePHI).

The standards set forth by HIPAA apply to “covered entities,” including health care providers and the agencies they work within. The Desert/Mountain Children’s Center (DMCC) is a covered entity and is thus required to comply with the regulations specified by HIPAA. This manual details the policies and procedures established for the DMCC to ensure HIPAA compliance.

HIPAA Privacy and Security Plan

The HIPAA Act of 1996 and its implementing regulations restrict DMCC’s abilities to use and disclose protected health information (PHI).

Protected Health Information. Protected health information is information that is created or received by the DMCC and relates to the past, present, or future physical or mental health condition of a Patient/Client (“Participant”); the provision of health care to a participant; or the past, present, or future payment for the provision of health care to a participant; and that identifies the participant or for which there is a reasonable basis to believe the information can be used to identify the participant. Protected health information includes information of persons living or deceased.

Some examples of PHI are:

- Participant’s chart record number
- Participant’s demographic information (i.e., address, telephone number)
- Information clinicians, psychologists, and other health care providers put in a participant’s clinical record
- Images of the participant
- Conversations a provider has about a participant’s care or treatment with other staff
- Information about a participant in a provider’s computer system or a health insurer’s computer system
- Billing information about a participant at a clinic
- Any health information that can lead to the identity of an individual or the contents of the information can be used to make a reasonable assumption as to the identity of the individual

It is DMCC’s policy to comply fully with HIPAA’s requirements. To that end, all staff members who have access to PHI must comply with HIPAA Policies and Procedures (See Appendix A). For purposes of this plan and DMCC’s use and disclosure procedures, the workforce includes individuals who would be considered part of the workforce under HIPAA such as employees, volunteers, student interns, board members, and other persons whose work performance is under the direct control of DMCC, whether or not they are paid by DMCC. The term “employee” or “staff member” includes all these types of workers.

No third-party rights (including but not limited to rights of participants, beneficiaries, covered dependents, or business associates) are intended to be created by this Plan. DMCC reserves the right to amend or change this plan at any time without notice.

All staff members must comply with all applicable HIPAA privacy and information security policies. If after an investigation a staff member is found to have violated the organization's HIPAA privacy and information security policies, then the staff member will be subject to disciplinary action up to termination or legal ramifications if the infraction requires it.

E-PHI

The federal HIPAA's Security Regulation requires mental health and other small health care practices to meet administrative, physical, and technical standards to protect the confidentiality, integrity, and accessibility of their Protected Health Information (ePHI). The Regulation is in large part intended to prevent computer hacking, identity theft-related crime, and similar issues posed by the use of electronic information technology in health care practices and to create a general "culture of security" in those practices.

The federal Health Information Technology for Economic and Clinical Health (HITECH) Act was passed as part of the American Recovery and Reinvestment Act of 2009 (ARRA) and it broadens the privacy and security protections under HIPAA. Specifically, HITECH requires covered entities to notify affected individuals and the Secretary of Health and Human Services (HHS) in the event of a breach of their "unsecured PHI". Many state laws impose similar or overlapping obligations on businesses.

Another significant change brought about by HITECH is that a covered entity's "business associates" (and their subcontractors) are now directly subject to HIPAA's Security Regulation. HITECH also broadened, (and in some cases, narrowed) the definition of "business associate". Thus, a practice's security program should require the practice to keep a closer eye on its business associate relationships, as discussed in greater detail below.

The HIPAA Final Rule released on January 17, 2013, amended HIPAA's privacy and security rules to implement the foregoing HITECH requirements. The definition of what constitutes a "breach" of PHI was also broadened by the Final Rule, which now requires a practice to "presume" that any non-permitted acquisition, access, use or disclosure of PHI is a breach under HIPAA requiring notification to affected individuals and HHS in accordance with HIPAA regulations. In determining whether a covered entity can overcome the presumption of a breach, the Final Rule requires covered entities to undergo a "risk assessment" based on several factors to determine whether there was a low probability that the PHI was compromised by the non-permitted acquisition, access, use or disclosure. The Final Rule also increased civil money penalties payable to HHS for uncorrected violations and willful neglect of HIPAA requirements.

HITECH and the Final Rule made few changes to the technical standards of the Security Regulation and a full analysis of HITECH and the Final Rule is therefore beyond the scope of this Manual. Nevertheless, in implementing and maintaining a security program, practices should be aware of the changes summarized above. Now more than ever, HHS is bringing enforcement

actions against providers and business associates for breaches of unsecured PHI. Given this heightened enforcement environment and the broadening of the privacy and security rules under HITECH and the Final Rule, practices are well advised to increase their focus and involvement in maintaining a strong security program consistent with the Security Regulation.

The Security Regulation applies only to electronic data used, transmitted, or maintained by the practice (unlike the HIPAA Privacy Regulation which covers health information on paper or in any other form). However, practitioners should remember that the Regulation's definition of electronic Protected Health Information includes demographic, health and financial information which might include name, address, social security number, credit card numbers, insurance plan numbers, or other identifiers.

The HIPAA Security Regulation is not highly specific. The Regulation essentially requires health care practices to take *reasonable and appropriate* measures to protect against *reasonably anticipatable* threats to the practice's ePHI. The Regulation sets a series of 18 standards for the protection of electronic health information and a total of 36 implementation specifications to help health care providers address what needs to be done to meet those standards. The HIPAA Security Regulation is outlined in the following pages with standards and implementation specifications.

Compliance with *all* standards is *required*. In most cases, compliance with the implementation specifications under a standard will constitute compliance with the standard. Implementation specifications are divided into *required* specifications that must be implemented exactly as indicated and *addressable* specifications which can be adapted in a manner reasonable and appropriate to the practice so as to address reasonably anticipatable risks to ePHI. However, the Centers for Medicare and Medicaid Services (CMS), the enforcement agency for the Regulation, emphasizes that "addressable" does not mean "optional". Should a practice not implement an addressable measure exactly as indicated, the practice must document alternative measures and the reason they were taken. **Compliance with all the standards and specifications must be documented.**

Section I: Descriptions and Definitions

Administrative Safeguards: Administrative safeguards refer to these policies and procedures used by the Desert/Mountain Children’s Center (DMCC) to comply with HIPAA standards.

I. Security/Privacy Officer

The Director of the DMCC is the designated Security/Privacy Officer and is responsible for knowing HIPAA regulations, training the DMCC staff which includes, clinical staff (student interns, Intervention Specialists, Behavioral Health Counselor I, Behavioral Health Counselor II, Clinical Counselors and Behavioral Health Counselor Supervisors), administrative staff, and support staff (business, clerical, and student workers) in HIPAA compliance, and assuring that HIPAA related policies and procedures are instituted and followed. The Security/Privacy Officer will:

- Update HIPAA policies and procedures
- Oversee the implementation of the policies and procedures contained in this Manual
- Ensure that all clinic personnel are trained regarding HIPAA and the policies and procedures of the clinic on an annual basis
- Review activity that takes place in the clinic to detect security risks
- Investigate and respond to security incidents and take appropriate action in the event of a breach in security and eliminate or mitigate any damaging effects.

II. Training Program

All clinic personnel are required to participate in a formal HIPAA training program. The training program was instituted at DMCC in the fall of 2007, and all existing personnel were required to complete the training. All new employees receive the training within 30 days of their employment with DMCC.

The training involves attending the HIPAA Training for covered Entities and signing the Employee Agreement for both HIPAA and the Omnibus rules. Additionally, this Manual is available to all DMCC personnel through the web-based Live Binder. It is also available as a hard copy in the clinic office.

III. Documentation of Training

Training of DMCC personnel will be recorded in an electronic HIPAA Training Log.

IV. HIPAA Notification

All clients who receive DMCC services are given a *HIPAA Notice of Privacy Practices (NOPP)* document before their first session. They sign a document indicating they

have received the Notification. Additionally, a HIPAA Notification document is posted in the waiting room of the clinic.

V. Release of Information

Client PHI is only released to another party when the release is requested, in writing, by the client or the client's legal guardian. The *Release of Health Information* form is completed when a request is made.

The exceptions to the release of PHI without a signed release of information occurs only in accordance with strict policies (i.e., harm to self and/or others).

Ensuring Disclosures are the Minimum Necessary

When a request is received to disclose PHI, the request is reviewed by a DMCC program manager. The document will clearly state what is to be released and the minimum will be disclosed. The principle guiding the release of PHI is to limit disclosure of information not reasonably necessary to accomplish the purpose for which the request is made.

Accounting for Disclosures

The DMCC support staff will identify in its database, per child any disclosures to external agencies whenever a release of information is requested by a client.

Request for File Review and Copy

Clients and/or legal guardians of clients, who have records with the DMCC may request to inspect and obtain a copy of their PHI in the "designated record set," defined as the medical and billing records maintained by the clinic and used to make decisions about the client. The request must be made in writing and will be fulfilled within 30 days of receipt. HIPAA generally gives providers discretion to disclose the individual's own protected health information (including psychotherapy notes) directly to the individual or the individual's personal representative.

Deleted: HIPAA does not allow clients to have access to their therapist's psychotherapy notes.

Requests to Amend a Record

Clients and/or legal guardians of clients, have the right to amend their record if they believe the record is incomplete or not accurate. The amendment will become part of their ongoing file. Requests for record amendments must be made in writing. Clients may not expunge any prior information or part of the Record.

VI. Security Assessment and Reporting

The DMCC Director will engage in a yearly assessment of the clinic's adherence to the policies detailed in this manual. As part of the annual facility assessment, teams

consisting of administrative staff and clinicians will be asked to assess any potential security problems and to recommend additional security measures.

Reporting of Security Violations

DMCC personnel are required to report any violations of HIPAA standards to the Security/Privacy Officer.

Responding to Violations and Preventing Further Violations

When security incidents or deficiencies are reported or discovered, the Security/Privacy Officer will investigate the situation and complete the *HITECH Act Breach Notification Risk Assessment Tool* (see Appendix B). The breach tool will contain any corrective measures as needed. Corrective measure may include personnel re-education, policy revision, building modification, and/or equipment alterations.

VII. Policies and Procedures to Access Protected Health Information

Access to PHI is limited to DMCC personnel and business associates and further restricted to the information needed by personnel to complete a job function and/or clinical training.

VIII. Business Associates

“Business associates” are defined by HIPAA as third parties who provide services to DMCC and involve the use or disclosure of protected health information. The DMCC currently has business associate agreements. In the event DMCC enters into an additional arrangement with a business associate, a Business Associate Agreement will be adopted and utilized.

Deleted: may have access to electronic patient health information...

IX. Research Activities

Client information may not be used for research or marketing purposes unless the client has agreed to allow his/her PHI to be used in this manner. All research projects must also be approved by the CAHELP Institutional Review Board.

X. Clinic Visitors

Occasionally visitors tour the DMCC facility as they are learning to create their own programs. All visitors must be escorted by DMCC personnel who ensure PHI is not disclosed or visible.

Section II: Physical Safeguards

Physical safeguards refer to the processes in place in which DMCC controls physical access to protected information.

Building Access

Access to the DMCC, except for the lobby is limited to DMCC personnel who are given a key(s) to the building and are required to wear their identification badge to enter the treatment rooms and/or administrative staff area. Keys are dispersed by the Operations Officer of the CAHELP who maintains a record of key distribution and a signed document from the employee of receipt of the key(s). Upon termination, DMCC administrative staff will collect the key(s) from the employee and return it to the Operations Officer of CAHELP.

Mailboxes

Written communication pertaining to DMCC and clinical work is distributed via personnel mailboxes housed within DMCC offices. These mailboxes are kept behind locked doors.

Session Recordings

Recordings are made of certain sessions with the permission of the client and/or guardian of the client depending on the type of treatment they are receiving (i.e., Parent-Child Interaction Therapy – PCIT, Theraplay, etc.). Recordings are digitized and maintained in a locked file. The recordings are not allowed to leave the premises. Recordings are only to be utilized for the purpose as clearly identified on the permission to record document.

Documentation

Session notes are recorded in Athena Software (Penelope) and Netsmart myEvolv, both secure electronic medical records systems. Report copies may also be kept in the client files.

Document Retention

Electronic medical records in Penelope and myEvolv are maintained indefinitely in this secure medium. Any client paper files are maintained behind a locked chart room in a file cabinet. The room holding client files is locked after hours as well. Any files maintained are housed in locked cabinets behind two sets of locked doors when DMCC is not open for business. Paper files of terminated clients are scanned in Penelope and/or myEvolv and stored at a secured facility.

Deleted: on

Deleted: in

Deleted: that is open during business hours and locked thereafter

Section III: Technical Safeguards

Technical safeguards refer to the procedures in place to control access and/or interception to computer systems and to protect all communications containing PHI transmitted electronically.

Electronic Medical Records System (Penelope)

DMCC uses both Penelope and myEvolv software, electronic medical records systems designed specifically for counseling centers and psychology training clinics. Penelope and myEvolv may only be accessed by DMCC personnel, each of which has a unique username and password. Access is restricted by safety measures in the system that restrict users from being able to view records of clients who are not their own. Once files are saved, they cannot be changed or erased without a clear electronic tracking of any activity and clear identification of who accessed records. Full access to Penelope is granted only to limited staff including the administrative staff, support staff and technology personnel to maintain the program.

Computer Workstations

All computer access is secure from clients, parents and/or visitors to the DMCC. The reception area computer (which is behind glass and locked doors) is turned off each day after business hours. All DMCC personnel log off of Penelope and myEvolv before leaving them unattended. Documents are kept, completed and maintained in Penelope through the network server and/or client hard files.

Mobile Devices

All organizationally purchased mobile devices used by the DMCC staff have a Mobile Device Management (MDM) application installed on them that allows for remote management and wiping of the device if it is lost or stolen.

Computer Flash Drive

The use of flash drives or portable electronic media to store ePHI data is prohibited.

Cloud Storage

The use of cloud storage to store ePHI is allowed when it is a DMCC approved HIPAA compliant cloud storage.

Faxing

The fax machine at DMCC is housed in a locked area of the clinic. The fax machine is checked throughout the day to ensure faxed documents are not left unattended. If faxing, only the PHI needed is sent, and a cover letter with a confidentiality statement accompanies the information to help prevent casual reading. Additionally, frequently used fax numbers are programmed into the machine to ensure accuracy in dialing. New fax numbers are verified before PHI is transmitted. The machine does not have the capacity to save copies of faxed information.

Email

DMCC uses an encrypted email solution when emailing client PHI information to entities outside of the network. The encryption process is accomplished with software on our email gateway server. All DMCC personnel have been trained to use “Encrypt” on the subject line to ensure proper encryption. Client level information is attached with a privacy statement in the body of the email. Privacy notices on all emails is appended as part of the sending process and is enforced from the system.

Telephone

Phone calls are made to clients and/or guardians from the office area for routine appointment reminders and appointment clarification. The office area is behind locked doors and a glass partition. All information occurs away from all clients, guardians, and visitors.

Electronic Health Records Policy and Procedures

Electronic Health Records (EHR) complies with HIPAA, and all state and federal laws related to protection of personal health information. EHRs can be encrypted (making the document(s) unreadable to anyone other than an authorized user) and security access parameters set to only authorized individuals can view them. EHRs also offer the added security of an electronic tracking system that provides an accounting of the history of when records have been accessed and by whom.

General Information

System users who send, receive, store and access ePHI must comply with DMCC's Electronic Health Records Policy and Procedures.

I. Policy

DMCC provides physical attributes required to protect information systems and related infrastructure from unauthorized access in accordance with HIPAA Security Rules to protect the availability, confidentiality, and integrity of client and departmental confidential information.

DMCC personnel are responsible for maintaining the physical security of DMCC's computer resources under their control. They are also responsible for protecting the integrity and privacy of the data maintained on the computer by using appropriate lockdown devices, password-controlled access, data encryption, virus protection software, and routine backup procedures.

DMCC is under the umbrella of the California Association of Health and Education Linked Professions (CAHELP), which is a department of San Bernardino County Superintendent of Schools (SBCSS). SBCSS, CAHELP, and DMCC reserve the right to inspect all data and to monitor the use of all its computer systems.

All computer users have no right to privacy regarding information on organizationally supplied computers. Personnel are not allowed to place any client information (ePHI) on personally owned technology devices. The organization reserves the right to remotely access, monitor, control, and configure organizationally supplied computers and any software residing on said device. Non-compliance with this policy is subject to management review and action up to and including termination of employment, vendor contract, and/or legal action.

- All computers are equipped with updated software for detecting the presence of malicious software (i.e., computer viruses). All computing devices have current versions of anti-virus software enabled. Operating systems have all critical updates installed.
- All computers are positioned or located in a manner that minimizes the exposure of displayed patient and/or sensitive business information.

- DMCC personnel accessing the DMCC network or information from remote locations are trained to utilize appropriate security safeguards.
- DMCC through the CAHELP and with SBCSS's direction and approval shall have the ability to recommend and implement hardware, operating systems, and connectivity solutions to be supported. System support of any proposed solutions will need to be included in the purchasing decision.
- DMCC personnel may not independently install hardware or software solutions that allow remote access to organizationally purchased devices.
- DMCC personnel must comply with DMCC's policies and state and federal laws and regulations regarding the proper acquisition, use and copying of copyrighted software and commercial software licenses.

II. PURPOSE

The DMCC is committed and required to provide security to protect its computerized clinical and business information systems. DMCC computer system hardware and software as well as the information and data carried by the system are the property of the CAHELP/SBCSS. Any misuse of DMCC computers may result in denial of access to the system network and systems, DMCC information, and data. The intent of this policy is to:

- Ensure each system containing ePHI has the necessary access controls to restrict unauthorized users and programs from accessing patient health or sensitive business information.
- Ensure software on each computer on the network is internally compatible and will not lead to degradation of the system.
- Ensure users are oriented and trained on computer use and maintenance of information integrity, privacy, and resource security.
- Establish security requirements for the appropriate use of mobile computing resources including laptops and mobile computing devices that access DMCC information or interface with the DMCC network.

III. SCOPE

This policy applies to all DMCC personnel, vendors, contractors, and business associates who have access to DMCC client information, either clinical and/or business related, stored on DMCC computers or have access to its computer resources or network. The scope of this policy includes the usage of all and any device that directly or remotely accesses the DMCC network.

IV. DEFINITION

Portable-Computer Device: A portable-computing device is a computer that is easily transported by hand and could store DMCC client and/or business information. "Portable computing device" generally refers to laptop computers, smart clipboards, and mobile computing devices but can include other emerging technologies that allow

storage of and access to information and are capable of connection (physical or wireless) to the computer network, including connection to any server or computer on the computer network.

V. PROCEDURES

General

1. Users are required to log-off of applications containing client health and/or sensitive business information before leaving their computers.
2. Users must save work that contains ePHI in accordance with approved data storage policies.
3. All laptops and any other portable computer equipment must be secured (protected) when not in use.
4. Storing ePHI information on ANY Device that is not encrypted is prohibited.
5. Storing of PHI information on a personal device is prohibited.
6. Employees are responsible for breaches of security related to devices in their possession.
7. All computers require a complex-level password protection with the computer system. In order to access any client health and/or business information, a second level of authentication protection is required to access information.
8. There are no circumstances when security provisions are allowed to be disabled.
9. DMCC personnel are required to have appropriate clearance prior to access to computers and the Penelope network.
10. Upon termination or change of job position, users will have network access removed or modified as deemed appropriate by administration.
11. All computer devices shall be tagged and tracked by administration in accordance with SBCSS's asset management policies and procedures.

Desktop Computers

DMCC has established standard configurations for desktop technologies deployed throughout the organization. All computers, computer peripherals, and software as well as printers, faxes, and other miscellaneous hardware purchased with DMCC funds or attached to any component of the DMCC network must meet these standards.

Installation of any personal software, whether purchased or downloaded, by employees is prohibited. Software required for end user productivity must be approved by the Director and installed by CAHELP/SBCSS helpdesk staff.

Desktop computers are located in areas that are physically separate and face away from the public.

Computer access and password training provided by the DMCC administrative staff must be completed prior to granting access privileges to ensure adequate training has occurred.

Desktop computers are equipped with security hardware and/or software. Computers **must** comply with all software updates for detecting the presence of malicious software. All devices will have current versions of anti-virus software enabled. Operating systems will have all critical updates installed.

Mobile devices that store ePHI will be secured using compliant measures.

Organizationally Supplied Portable/Mobile Computer Devices

The loss or theft of any portable computer device storing DMCC client and/or sensitive business information shall be immediately reported to the employee's supervisor. The supervisor will contact the DMCC Security/Privacy Officer.

Startup authentication and authorization passwords (username and password) are required on all computers. Storing or caching username and passwords on any device is prohibited.

Organizationally supplied portable computer devices storing data belonging to the DMCC may not be shared with others, especially non-employees, who are not authorized to access the information unless the information is stored as encrypted password protected files.

DMCC reserves the right to identify sensitive information and initiate methods to secure this information.

Personally Supplied Portable/Mobile Computer Devices

The use of personally supplied devices by DMCC/CAHELP personnel in support of the organization's mission or work is strictly prohibited.

Remote Access

Access to DMCC's internal remote location will be done through appropriate Virtual Private Network (VPN) services and must be approved by the Security/Privacy Officer.

Access to DMCC's internal network from outside of its defined network perimeter will be controlled by VPN access controls that may only be established by technical staff.

Users are not authorized to install hardware or software solutions that would allow remote access to their organizationally supplied computing devices.

VPN connections will be strictly controlled, implemented, and maintained by SBCSS technical staff.

VI. Staff Use of System and Privileges

Monitoring of computer use

Personnel utilizing DMCC systems should have no expectation of privacy. The DMCC will log, review, or monitor any data stored or transmitted on its information systems to manage those assets to ensure compliance with the agency's policies.

Removal of staff privileges

The DMCC may remove or deactivate any employee's network privileges, including but not limited to, user access accounts and access to secured areas, when necessary to preserve the integrity, confidentiality and availability of its facilities, user services, and data.

System Security

Each computing device used to access, transmit, receive, or store ePHI must comply with DMCC policies. If any policy requirement is not supported by the workstation operating system or system architecture, one of the following steps must be taken:

- The system must be upgraded to support all of the following security measures
- An alternative security measure must be implemented and documented
- The computer must not be used to send, receive, or store ePHI

VII. Data Maintenance and Emergency Procedures

Server

Since 2007, private health information at the DMCC that is ePHI is maintained by an Electronic Medical Records System (Penelope). Penelope is a cloud-based system that provides for redundancy and disaster recovery solutions. The data sheet for Penelope can be found at:

http://www.athenasoftware.net/resources/Penelope_PRIVACY_AND_SECURITY_Whitepaper_2014.pdf

Since March 2020, private health information at the DMCC that is ePHI is maintained by an Electronic Medical Records System (Netsmart myEvolv). myEvolv is a cloud-based system that provides for redundancy and disaster recovery solutions. The data sheet for myEvolv can be found in Appendix D.

Technical staff are responsible to ensure all servers used to access, transmit, receive or store ePHI are appropriately secured with this policy.

1. Server Location

DMCC in-house (non-cloud) servers currently reside at a secure facility. All data not stored in the cloud solution is stored on these systems.

- Servers are located in a physically secure environment
- The system administrator account is password protected
- A user identification and password authentication mechanism is implemented to control user access to the system
- A security patch and update procedure is established and implemented to ensure all relevant security patches and updates are promptly applied based on the severity of the vulnerability corrected
- Servers are located on a secure network with firewall protection
- All unused or unnecessary services are disabled

2. Computer Security

Technical staff are responsible to ensure each computer system used to access, transmit, receive, or store ePHI is appropriately secured in accordance with this policy. A user identification and password authentication mechanism is implemented to control user access to the system.

- All users must be issued a unique username for accessing PII
- Username must be promptly disabled, deleted, or the password changed upon the transfer or termination of an employee with knowledge of the password, within 24 hours
- Passwords are not to be shared
- Passwords must be at least eight characters and complex
- Passwords must not be cached
- Passwords must be changed every 180 days.
- Passwords must be changed if revealed or compromised.
- Passwords must be composed of characters from at least three of the following four groups from the standard keyboard:
 - Upper case letters (A-Z)
 - Lower case letters (a-z)
 - Arabic numerals (0-9)
 - Non-alphanumeric characters (punctuation symbols)
- A security patch and update procedure are established and implemented to ensure all relevant security patches and updates are promptly applied based on the severity of the vulnerability corrected: All computers and devices that process and/or store PII must have critical security patches applied including those patches that require a system reboot. The patch management process determines installation timeframe based on risk assessment and vendor recommendations. All applicable patches deemed as high risk must be installed as soon as practical. Applications and systems unable to be patched within this time frame, due to significant operational reasons, must have compensatory controls implemented to minimize risk.

- A malware detection system is implemented including a procedure to ensure the detection software is maintained and up to date
- All unused or unnecessary services are disabled
- An automatic logoff or inactivity timeout mechanism is implemented
- The computer screen or display must be situated in a manner that prohibits unauthorized viewing. The use of a screen guard or privacy screen may be used
- Laptop devices will have hardware level disk encryption
- **Data Destruction:** When an electronic storage device that contains PII is sent for destruction, it is erased using the US Department of Defense clearing and sanitizing standard DoD 5220.22-M or equivalent
- **System Timeout:** The system providing access to PII must provide an automatic timeout, requiring re-authentication of the user session after no more than 30 minutes of activity
- **System Logging:** The system maintains an automated audit trail that can identify the user or system process, initiates a request for PII, or alters PII. The audit trail must be date and time stamped, must log both successful and failed accesses, must be read only, and must be restricted to authorized users. If PII is stored in a database, database logging functionality must be enabled. Audit trail data must be archived for at least three years after occurrence
- **Access Controls:** The system providing access to PII must use role-based access controls for all user authentications, enforcing the principle of least privilege
- **Transmission Encryption:** All data transmission of PII outside the secure internal network must be encrypted using a FIPS 140-2 certified algorithm that is 128bit or higher, such as AES. Encryption can be end to end at the network level, or the data files containing PII can be encrypted. This requirement pertains to any type of PII in motion such as website access, file transfer, and email
- **Intrusion Detection:** All systems involved in accessing, holding, transporting, and protecting PII, which are accessible through the Internet, must be protected by a comprehensive intrusion detection and prevention solution

3. Logoff Procedures

To ensure security to all servers and computers accessing, transmitting, receiving, and/or ePHI, the following procedures must be followed:

Automatic Logoff Procedures

- Servers, computers, and other electronic devices containing ePHI must employ inactivity timers or automatic logoff mechanisms
- Servers, computers, and other electronic devices containing ePHI must terminate a user session after a maximum of, but not limited to, 30 minutes of inactivity

- When a system requires the use of an inactivity timer or automatic logoff mechanism but does not support an inactivity timer or automatic logoff mechanism, one of the following procedures must be implemented:
 - The system must be upgraded to support the minimum HIPAA Security
 - The system must be moved into a secure environment
 - ePHI must be removed and relocated to a system supporting the minimum requirements

Logging off the System

When a server, computer, or other electronic device is unattended users must lock or activate the systems Automatic Logoff Mechanism (e.g., CTRL, ALT, DELETE and Lock computer), or logout of all applications and database systems containing confidential information.

Network and Privacy Settings

Schedule for Backups

Backups are scheduled nightly and are encrypted to offsite, encrypted storage. Backups are maintained for a two-week period.

Recovery Plan for Data

On premises servers are backed up regularly using VM-level backups. Servers and data can restore all data necessary to the version from the night before. There is also a database-level backup of Penelope data that is performed daily. Details for back and recovery for clouds servers can be found in (See Appendix C).

Security Protocols for Access to Data

Password resets are in effect every 180 days for all users.

Encryption security level

- Computers and server storage is encrypted where necessary
- Intra site communication is direct and secure so no special encryption is necessary.

Firewalls

The DMCC has firewalls installed at internet connection points at the primary datacenter and disaster recovery datacenter. Firewalls are maintained and patched by a firewall vendor. Inbound access is analyzed using an IPS/IDS, Intrusion Prevention Systems and Intrusion Detection system, device which scans all inbound and outbound traffic for malicious attacks. Both datacenters are secured,

and access is controlled with the use of a key card access system. Only authorized personnel are permitted to access our datacenters. The primary data center power is protected using a natural gas generator and halon fire suppression system.

Remote Access

Access from outside of DMCC is available only through approved VPN secured connections with encrypted and physical security checks.

VIII. Electronically Signed Records

For the purpose of this policy an electronically signed record is a financial, program, or medical record that (1) is required to be signed under California or Federal law, California or Federal regulation, or organizational policy or procedure, and (2) may be requested during an audit.

Standards for Electronic Signatures in Electronically Signed Records

Electronic signatures in electronically signed records will be viewed as equivalent to a manual signature affixed by hand for financial, program, and medical records for audit purposes as defined under the California Code of Regulations, Title 9.

DMCC's policy for electronic signature meets the following requirements:

1. DMCC's computer system (Penelope and myEvolv) utilizes electronic signatures that comply with the following Certification Commission for Healthcare Information Technology (CCHIT) certification criteria or equivalent: *Security: Access Control, Security: Audit, and Security: Authentication.*
2. The electronic signature mechanism is (a) unique to the signer, (b) under the signer's sole control, (c) capable of being verified, and (d) linked to the data so that, if the data are changed, the signature is invalidated. Additionally, DMCC will maintain physical signatures for all clinical staff on file as backup.
3. DMCC will maintain an Electronic Signature Agreement for the terms of use of an electronic signature signed by both the individual requesting electronic signature authorization and the county mental health director or his/her designee.
4. DMCC will request and maintain an Electronic Signature Certification from entities where contracts are held through the Department of Behavioral Health where such is required.
5. The signed *Electronic Signature Certification* and signed *Electronic Signature Agreements* forms will be available to the auditor at the time of an audit.

Information Security Considerations

DMCC's standard encryption of data is also employed in the electronically signed record.

Obtaining Consumer Signatures

In many situations, the mental health consumer, or his/her representative, must acknowledge his/her willingness to participate in and accept the treatment plan. In paper-based systems, the consumer, or his/her representative, physically signs a document to that effect. As an alternative to paper, it is DMCC's policy the following approaches will be utilized: (1) scanning paper consent documents, treatment plans, or other medical record documents containing consumer signatures or (2) capturing signature images from a signature pad.

DMCC will maintain all information and will be in full compliance with all applicable HIPAA electronic signature standards. Upon future publication of HIPAA electronic signature regulations, the DMCC will be in full compliance within the timelines and all requirements established by state and federal government.

Requirements for Electronically Signed Records

The DMCC will utilize electronic records and electronically signed records to replace all paper-based records for purposes of an audit. When an audit is conducted, the DMCC shall make available the following upon arrival of the auditor at the audit site:

- Physical access to electronic health record systems
- Adequate computer access to the electronic health records needed for the audit review
- System or network access to electronic records such as user IDs and passwords
- Access to printers and capability to print necessary documents
- Technical assistance as requested
- Scanned documents, if needed, which are readable and complete

PHI – Personal Health Information

PHI and PII Use and Disclosure

PHI Definition and Data Elements

Below is an excerpt from the U.S. Department of Health & Human Services defining PHI and PHI data elements:

Protected Health Information: The Privacy Rule protects all “individually identifiable health information” held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information *protected health information* (PHI).

Individually identifiable health information is information, including demographic data, that relates to:

- The individual’s past, present or future physical or mental health or condition,
- The provision of health care to the individual, or
- The past, present, or future payment for the provision of health care to the individual,
- The individual’s identity or for which there is a reasonable basis to believe it can be used to identify the individual

Individually identifiable health information includes many common identifiers (i.e., name, address, birth date, Social Security Number) and generally encompasses all PII (see below). All PHI is protected by both HIPAA and ethical standards.

PII Definition and Data Elements

Per the Executive Office of the President, Office of Management and Budget (OMB) and the U.S. Department of Commerce, Office of the Chief Information Officer, The term *personally identifiable information* refers to information that can be used to distinguish or trace an individual’s identity, such as their name, social security number, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother’s maiden name, etc.” Any information that is personal is protected by privacy laws.

California Senate Bill SB 1386: *personal information* means an individual’s first name or first initial and last name in combination with any one or more of the following data elements, when either the name or the data elements are not encrypted:

1. Social Security Number
2. Driver’s license number or California Identification Care number
3. Account number, credit or debit card number, in combination with any required security code, access code, or password that would permit access to an individual’s financial account

Use and Disclosure Defined

The DMCC will use and disclose PHI only as permitted under HIPAA. The terms “use” and “disclosure” are defined as follows:

- *Use* – The sharing, employment, application, utilization, examination, or analysis of individually identifiable health information by any person working for or within the company, or by a business associate of the company
- *Disclosure* – for information that is protected health information, disclosure means any release, transfer, provision of access to, or divulging in any other manner of individually identifiable health information to persons not employed by or working within DMCC with a business “need to know” PHI

Access to PHI is Limited to Certain Employees

All personnel who perform Participant functions directly on behalf of the DMCC or on behalf of group health plans will have access to PHI as determined by their supervisor, job description, and as granted by IT. These employees with access may use and disclose PHI as required under HIPAA but the PHI disclosed is limited to the minimum amount necessary to perform the job function. Employees with access may not disclose PHI unless an approved compliant authorization is in place or the disclosure otherwise is in compliance with this Plan and the use and disclosure procedures of HIPAA.

Personnel may not access either through the information systems or the participant’s medical record the medical and/or demographic information for themselves, family members, friends, staff members, or other individuals for personal or other non-work-related purposes, even if written or oral participant authorization has been given. If the employee is a participant in DMCC’s plans, the employee must go through their provider in order to request their own PHI.

In the very rare circumstance when an employee’s job requires him/her to access and/or copy the medical information of a family member, a staff member, or other personally known individual, then he/she will immediately report the situation to his/her supervisor who will assign a different staff member to complete the task involving the specific participant.

Personal access to your own PHI is based on the same procedures available to other participants not based on job-related access to our information systems. For example, if you are waiting for a lab result or want to view a clinic note or operative report, you must either contact your provider for the information or make a written request to the Security/Privacy Officer. Employees may not access their own information; they must go through all the appropriate channels as participants are required to do.

Disclosure of PHI Pursuant to an Authorization

PHI may be disclosed for any purpose if an authorization satisfying HIPAA requirements for a valid authorization is provided by the participant. All uses and disclosures made pursuant to a signed authorization must be consistent with the terms and conditions of the authorization.

Permissive Disclosures of PHI: For Legal and Public Policy Purposes

PHI may be disclosed in the following situations without a participant's authorization, when specific requirements are satisfied. DMCC's use and disclosure procedures describe specific requirements that must be met before these types of disclosures may be made. Permitted are disclosures:

- About victims-of-abuse, neglect or domestic violence;
- For judicial and administrative proceedings – with appropriate subpoenas;
- For law enforcement purposes;
- For certain limited research purposes;
- To avert a serious threat to health or safety;
- For specialized government functions; and
- That relate to workers' compensation programs.

Complying with the “Minimum-Necessary” Standard

HIPAA requires when PHI is used or disclosed, the amount disclosed generally must be limited to the “minimum-necessary” to accomplish the purpose of the use or disclosure. The “minimum-necessary” standard does not apply to any of the following:

- Uses or disclosures made to the individual;
- Uses or disclosures made pursuant to a valid authorization;
- Disclosures made to the Department of Labor;
- Uses or disclosures required by law; and
- Uses or disclosures required to comply with HIPAA.

Minimum-Necessary When Disclosing PHI

For making disclosures of PHI to any business associate or providers, or internal/external auditing purposes, only the minimum-necessary amount of information will be disclosed. All other disclosures must be reviewed on an individual basis with the Security/Privacy Officer to ensure the amount of information disclosed is the minimum necessary to accomplish the purpose of the disclosure.

Minimum-Necessary When Requesting PHI

For making request for disclosure of PHI from business associates, providers, or participants for the purposes of claims payment/adjudication or internal/external auditing purposes, only the minimum necessary amount of information will be requested.

All other requests must be reviewed on an individual basis with the Security/Privacy Officer to ensure the amount of information requested is the minimum necessary to accomplish the purpose of the disclosure.

Protected Health Information (PHI): Patient information, including demographic information, that:

- Is created or received by a health care provider, health plan, employer, or health care clearinghouse;
- Relates to the past, present, or future physical or mental health condition of a patient; the provision of health care to a patient; or the past, present, or future payment for the provision of health care to a patient; and
- Identifies the patient or can be used to identify a patient.

Lobby Interactions

DMCC personnel are not to reveal PHI in the lobby with clients. DMCC personnel will ask clients and/or parents to step into a confidential, private office to conduct conversations related to PHI.

Consequences of Violations

Personnel violations of DMCC systems as described above will be subject to disciplinary action that may include termination of employment.

Disclosure of PHI to Business Associates

Based on the approval of the Security/Privacy Officer and in compliance with HIPAA, employees may disclose PHI to the company's business associates and allow the DMCC's business associates to create or receive PHI on its behalf. However, prior to doing so, the DMCC must obtain assurances from the business associate agreeing to appropriately safeguard the information. Before sharing PHI with outside consultants or contractors who meet the definition of "business associate" employees must contact the Security/Privacy Officer and verify that a business associate contract is in place.

"Business associate" is an entity that:

- Performs or assists in performing a company function or activity involving the use and disclosure of protected health information (including claims processing or administration, data analysis, underwriting, etc.); or
- Provides legal, accounting, actuarial, consulting, data aggregation, management, accreditation, or financial services, where the performance of such services involves giving the service provider access to PHI.

Disclosures of D-Identified Information

The DMCC may freely use and disclose de-identified information. De-identified information is health information that does not identify an individual. Respect is given to the fact that there is no reasonable basis to believe the information can be used to identify an individual. There are two ways a covered entity can determine when information is de-identified: either by professional statistical analysis, or by removing 18 specific identifiers listed below – relating to the participant, employee, relatives, or employer, and being certain there is no other available information that could be used alone or in combination to identify an individual.

1. Names
2. Geographic subdivision smaller than a state
3. All elements of dates (except year) related to an individual – including dates of admission, discharge, birth, death – and for persons >89 years old, the year of birth cannot be used
4. Telephone numbers
5. FAX numbers
6. Electronic mail addresses
7. Social security number
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers including license plates
13. Device identifiers and serial numbers
14. Web URLs
15. Internet protocol addresses
16. Biometric identifiers, including finger and voice prints
17. Full face photos and comparable images
18. Any unique identifying number, characteristic or code

A person with appropriate expertise must determine that the risk is very small regarding the information that could be used alone or in combination with other reasonably available information by an anticipated recipient to identify the individual. This person is required to document the methods and justification for this determination.

Disclosure to Family, Friends or Others – Participant Location

There are instances when a participant's friend or family member contacts the DMCC to ask about the location of a client or whether the client has been seen at the DMCC. Following is guidance provided to assist staff in providing appropriate responses for specific situations that commonly occur. In rare cases of emergency, and at the discretion of the Director of the DMCC, a minimum amount of information may be released in order to assist in resolving an emergency situation.

Guidance

Situation: Friends or family are concerned about the whereabouts of a person. They contact the DMCC and ask if a person is at the DMCC or has been seen as a client recently.

Response

For any inquiry regarding a current or past client, DMCC clinic staff should take the name of the caller, purpose for calling and state the caller will receive a return call from DMCC. DMCC staff should check if releases of information are on file. If they are on file, DMCC should make contact with the parent/client to inform them of the nature of the release of information. If parent/client agrees, DMCC will return the call and provide only the minimum information required.

If releases of information are not on file, DMCC must inform the caller that DMCC cannot confirm or deny the person is a client. If the friends and/or family are concerned about the person's whereabouts, DMCC can recommend they call other relatives of the person and/or contact the local police department to inquire about safety.

Situation: An individual comes to DMCC and tells the receptionist they have arrived to pick up a client.

Response

The DMCC serves children birth to 22 years old. Parents, guardians, or a responsible adult bringing the child to treatment is expected to remain on the premises throughout the child's treatment service. In the event, the parent, guardian, or responsible adult leaves the premises, the child will contact the parent by phone. Any individual requesting information about a client will only be given information if a Release of Information is on file allowing the DMCC to share information with that specific individual.

Removing PHI from Company Premises

PHI is not allowed to leave the organization's premises at any time.

California Association of Health and Education Linked Professions
Joint Powers Authority (CAHELP JPA)
GOVERNANCE COUNCIL MEETING
May 14, 2021 - 10:00 a.m. Virtual Via Teleconference
Desert Mountain Educational Service Center, 17800 Highway 18, Apple Valley, California 92307

MINUTES

GOVERNANCE COUNCIL MEMBERS PRESENT:

Academy for Academic Excellence – Lisa Lamb, Apple Valley USD – Trenae Nelson, Baker Valley USD – Cecil Edwards, Barstow USD – Jeff Malan, Desert Trails Preparatory Academy (DTPA) & LaVerne Elementary Preparatory Academy (LEPA) – Debra Tarver, Helendale SD – Ross Swearingen, Hesperia USD – David Olney, Silver Valley USD – Jesse Najera, Snowline USD – Ryan Holman, and Victor Elementary SD – Jan Gonzales.

OTHERS PRESENT:

Dale Betts – ASA Charter School, Doreen Mulz – Ballington Academy, Mathilde Kirkland – First Team Real Estate, Jennifer Alvarado – San Bernardino County Superintendent of Schools (SBCSS), and Brenda Congo – Taylion High Desert Academy.

CAHELP JPA STAFF PRESENT:

Jamie Adkins, Heidi Chavez, Marina Gallegos, Jenae Holtz, Linda Llamas, Kami Murphy, Kathleen Peters, Daria Raines, Adrienne Shepherd-Myles, and Jennifer Sutton.

1.0 CALL TO ORDER

The regular meeting of the California Association of Health and Education Linked Professions Joint Powers Authority (CAHELP JPA) Governance Council was called to order by Chairperson Jan Gonzales at 10:00 a.m. at the Desert/Mountain Educational Service Center, Apple Valley.

2.0 PUBLIC PARTICIPATION

Dale Betts of ASA Charter School thanked the CAHELP JPA Governance Council members for the opportunity to consider the ASA application to join D/M Charter SELPA. She said it has been a pleasure thus far.

3.0 ADOPTION OF THE AGENDA

3.1 **BE IT RESOLVED** that a motion was made by Jesse Najera, seconded by Trenae Nelson, to approve the May 14, 2021 CAHELP JPA Governance Council Meeting Agenda as presented. The motion was carried on the following vote: 10:0 Ayes: Edwards, Gonzales, Holman, Lamb, Malan, Najera, Nelson, Olney, Swearingen, and Tarver. Nays: None, Abstentions: None.

4.0 PUBLIC HEARINGS

4.1 Desert/Mountain SELPA Annual Service Plan (ACTION)

Jenae Holtz reported California Education Code requires that an Annual Service Plan be approved by the CAHELP JPA Governance Council as part of the Local Plan. The 2021-22 Annual Service Plan describes all special education services currently provided in the Desert/Mountain SELPA broken down by type, location, and level of severity.

MINUTES

4.1.1 **BE IT RESOLVED** that a motion was made by Lisa Lamb, seconded by Debra Tarver, to approve the Desert/Mountain SELPA 2021-22 Annual Service Plan as presented. The motion was carried on the following vote: 10:0 Ayes: Edwards, Gonzales, Holman, Lamb, Malan, Najera, Nelson, Olney, Swearingen, and Tarver. Nays: None, Abstentions: None.

4.2 Desert/Mountain SELPA Annual Budget Plan (**ACTION**)

Jenae Holtz reported California Education Code requires that an Annual Budget Plan be approved by the CAHELP Governance Council as part of the Local Plan. The 2021-22 Annual Budget Plan describes the revenues and expenditures for special education for all local education agencies in the Desert/Mountain SELPA.

4.2.1 **BE IT RESOLVED** that a motion was made by Jesse Najera, seconded by Ross Swearingen, to approve the Desert/Mountain SELPA 2021-22 Annual Budget Plan as presented. The motion was carried on the following vote: 10:0 Ayes: Edwards, Gonzales, Holman, Lamb, Malan, Najera, Nelson, Olney, Swearingen, and Tarver. Nays: None, Abstentions: None.

4.3 Desert/Mountain Charter SELPA Annual Service Plan (**ACTION**)

Jenae Holtz reported California Education Code requires that an Annual Service Plan be approved by the CAHELP JPA Governance Council as part of the Local Plan. The 2021-22 Annual Service Plan describes all special education services currently provided in the Desert/Mountain Charter SELPA broken down by type, location, and level of severity.

4.3.1 **BE IT RESOLVED** that a motion was made by Cecil Edwards, seconded by David Olney, to approve the Desert/Mountain Charter SELPA 2021-22 Annual Service Plan as presented. The motion was carried on the following vote: 10:0 Ayes: Edwards, Gonzales, Holman, Lamb, Malan, Najera, Nelson, Olney, Swearingen, and Tarver. Nays: None, Abstentions: None.

4.4 Desert/Mountain Charter SELPA Annual Budget Plan (**ACTION**)

Jenae Holtz reported California Education Code requires that an Annual Budget Plan be approved by the CAHELP JPA Governance Council as part of the Local Plan. The 2021-22 Annual Budget Plan describes the revenues and expenditures for special education services currently for all local education agencies in the Desert/Mountain Charter SELPA.

4.4.1 **BE IT RESOLVED** that a motion was made by Ross Swearingen, seconded by Debra Tarver, to approve the Desert/Mountain Charter SELPA 2021-22 Annual Budget Plan as presented. The motion was carried on the following vote: 10:0 Ayes: Edwards,

MINUTES

Gonzales, Holman, Lamb, Malan, Najera, Nelson, Olney, Swearingen, and Tarver.
Nays: None, Abstentions: None.

5.0 PRESENTATIONS

5.1 First 50% Local Control Funding Formula (LCFF) Revenue Transfer for District Funded Students Attending County Operated Special Education Programs

Jennifer Alvarado presented the First 50% Local Control Funding Formula (LCFF) Revenue Transfer for District Funded Students Attending County Operated Special Education Programs. She said the LCFF revenue is generated by students attending county operated special education programs in the Desert/Mountain area and the revenue transfer is an offset to the fee-for-service that is used to offset the expense before rates are established. Jennifer said this is done twice a year with the first 50% transfer after P1 certification and the second transfer is at the end of the fiscal year. She continued that based on the 2019-20 hold harmless amounts with slight variations to the adjusted percentage for each district, the total will be \$7.8 million with the first 50% transfer of \$3,900,000.

5.2 2020-21 County Operated Special Education Fee-For-Service Program – 2nd Interim Budget Update

Jennifer Alvarado presented the 2021 County Operated Special Education Fee-For-Service Program – 2nd Interim Budget Update. Jennifer stated the budgets were established pre-Covid so there have been significant changes to operations revenue and expenditures throughout the past year. The estimated revenue is about \$56.6 million which is approximately \$1.9 million increase in revenue primarily attributed to the fee-for-service. There has been significant growth in the number of students being served by Desert Mountain Operations Special Education Programs (DMOPS). Jennifer continued the estimate of expenses is \$50.6 million which is a reduction of just over \$4 million and is associated with a change in operations. There has been a reduction in expenses because of the distance learning environment. Jennifer further stated there have been several vacancies and a large number of mid-year retirements resulting in a decrease in salary and benefits. She concluded the overall projected ending balance of the budget is \$5.9 million which will be returned to districts on proportionate share to what they were billed throughout the year.

5.3 2021-22 County Operated Special Education Fee-For-Service Budget

Jennifer Alvarado presented the 2021-22 County Operated Special Education Fee-For-Service Budget. She stated the budget was developed using agency wide budget assumptions with an estimated 2.5% Cost of Living Adjustment (COLA) on salary step column that is included for all the contracted salaries. Also included is 5% increase on medical, dental, vision, and life insurances and the assumption of no medical opt out. Jennifer said medical opt out is approved through the bargaining units each year and it offers additional savings to the organization which is then passed on to the districts. She continued the employer paid statutory rates are also listed in the budget

MINUTES

and noted there was an error in workers compensation with the correct amount being 3.06%. Jennifer further stated the information technology user fees have increased and stated the indirect cost rate is down from 8% to 7.85%. She said there will be an increase in staffing which has been built into the budget. There is also offsetting revenue of approximately \$10 million in miscellaneous entitlements and grants which helps in determining excess costs. Jennifer highlighted that bus aides will not be an offered service for 2021-22 and that the Related Service Fee now combines the preschool and kindergarten rates. Also, the preschool autism fee-for-service rate has been combined with the preschool service rate. Jennifer reported that DMOPS has reviewed their staffing levels and those have been streamlined in to one rate.

6.0 INFORMATION / ACTION

6.1 Appointment of Officers of the CAHELP JPA Governance Council – FY 2021-22 (ACTION)

Jenae Holtz reported the Governance Council is required to elect a chair and vice-chair from the members annually to be in compliance with Article IV of the CAHELP JPA Bylaws. The bylaws specify that annually the Governance Council shall organize, elect officers including a chair and vice-chair(s) from its members, with the secretary designated pursuant to Article VI. The elected officers will assume their roles and responsibilities as of July 1 of the next fiscal year. Discussion will center on the selection of these two officers. A discussion followed on the selection of these two officers.

6.1.1 **BE IT RESOLVED** that a motion was made by Jesse Najera, seconded by David Olney, to select Ross Swearingen as the chairperson of the CAHELP JPA Governance Council effective July 1, 2021. The motion was carried on the following vote: 10:0 Ayes: Edwards, Gonzales, Holman, Lamb, Malan, Najera, Nelson, Olney, Swearingen, and Tarver. Nays: None, Abstentions: None.

6.1.2 **BE IT RESOLVED** that a motion was made by Jesse Najera, seconded by Jeff Malan, to select Debra Tarver as the vice-chairperson of the CAHELP JPA Governance Council effective July 1, 2021. The motion was carried on the following vote: 10:0 Ayes: Edwards, Gonzales, Holman, Lamb, Malan, Najera, Nelson, Olney, Swearingen, and Tarver. Nays: None, Abstentions: None.

6.2 Comparative Market Analysis for Hesperia Property (ACTION)

Jenae Holtz introduced Mathilde Kirkland as the realtor that prepared the comparative market analysis for Hesperia property Assessor's Parcel Number (APN) 0405-042-60 to assist in the consideration of selling the property. Mathilde shared that there are many active listings but very few sold properties. She continued that many of the active listings have also reduced their asking price as lot sales have decreased. Mathilde shared that there is a 123-acre lot with current plans of building three 1 million square foot buildings not far from the property being discussed. She

MINUTES

added the trend reports reflect the market is currently flat. Mathilde continued that there will come a time that the property can be sold for a profit, but that time is not now.

Jenae said that when selling the property was brought to the CAHELP JPA Governance Council at the previous meeting, there were budget concerns but those concerns have since been resolved. Because of that, Jenae suggested not selling at this time but to continue to follow the market.

After a brief discussion, the decision was made to table Agenda Item 6.2 until further notice.

6.2.1 **BE IT RESOLVED** that the CAHELP JPA Governance Council tabled the sale of Assessor's Parcel Number 0405-042-60 in Hesperia.

6.3 Proposed 2021-22 CAHELP, D/M SELPA, D/M Charter SELPA, and D/M Children's Center Budgets (**ACTION**)

Jenae Holtz presented the proposed 2021-22 CAHELP, D/M SELPA, D/M Charter SELPA, and DMCC budgets. She reported the assumptions shared by Jennifer Alvarado for SBCSS are the same assumptions made for the CAHELP budgets. There were significant savings in nearly every expense category. Jenae said the budget concerns pertaining to Desert/Mountain Children's Center were because of loss of revenue due to students not being in school and the struggles with trying to engage children virtually for therapy sessions. She reported that at the end of January, the state released there would be additional funding for Medi-Cal providers of mental health services which added funds to the 4th quarter of the 2019-2020 fiscal year. The state also agreed to make the Department of Behavioral Health contracts whole which drastically changed the DMCC budgets for the 2020-2021 fiscal year. Jenae stated the budgets look healthy and there is some planned deficit spending but the ending balance is strong enough to handle it. Jenae shared there is a 3.84% increase to X-Pot contribution which is the COLA that was in the Governor's January budget. There was a reduction in expenses without layoffs in reducing one lease in Yucca Valley as well as the cancellation of DMCC contract with Making a Difference Association which was a parent partner organization. This decision was made because there are staff within our agency who can resume those duties.

6.3.1 **BE IT RESOLVED** that a motion was made by Jesse Najera, seconded by Ryan Holman, to approve the Proposed 2021-22 CAHELP, D/M SELPA, D/M Charter SELPA, and D/M Children's Center Budgets as presented. The motion was carried on the following vote: 10:0 Ayes: Edwards, Gonzales, Holman, Lamb, Malan, Najera, Nelson, Olney, Swearingen, and Tarver. Nays: None, Abstentions: None.

6.4 Proposed 2021-22 D/M SELPA and D/M Charter SELPA Fee-for-Service Rates (**ACTION**)

Jenae Holtz presented the Proposed 2021-22 D/M SELPA and D/M Charter SELPA Fee-for-Service Rates. Jenae stated the fee-for-service rates typically apply the governor's COLA to the rates for the following year.

MINUTES

- 6.4.1 **BE IT RESOLVED** that a motion was made by Debra Tarver, seconded by Trenae Nelson, to approve the Proposed 2021-22 D/M SELPA and D/M Charter SELPA Fee-For-Service Rates as presented. The motion was carried on the following vote: 10:0 Ayes: Edwards, Gonzales, Holman, Lamb, Malan, Najera, Nelson, Olney, Swearingen, and Tarver. Nays: None, Abstentions: None.
- 6.5 Allocation of Low Incidence Funds for Low Incidence Itinerant Services for Desert/Mountain Charter SELPA (**ACTION**)
- Jenae Holtz proposed the use of increased low incidence funds to cover costs for LEAs in the Desert/Mountain Charter SELPA for Low Incidence Itinerant Services.
- 6.5.1 **BE IT RESOLVED** that a motion was made by Ross Swearingen, seconded by Debra Tarver, to approve the allocation of low incidence funds for low incidence itinerant services for D/M Charter SELPA as presented. The motion was carried on the following vote: 10:0 Ayes: Edwards, Gonzales, Holman, Lamb, Malan, Najera, Nelson, Olney, Swearingen, and Tarver. Nays: None, Abstentions: None.
- 6.6 Transition Partnership Program Contract with Department of Rehabilitation (**ACTION**)
- Jenae Holtz presented the Transition Partnership Program (TPP) Contract with Department of Rehabilitation (DOR) for approval. Jenae explained that it is ongoing contract for services that focuses on students with disabilities to provide transition services to students from 16-21 years of age. TPP works with schools in community and individual settings.
- 6.6.1 **BE IT RESOLVED** that a motion was made by David Olney, seconded by Ryan Holman, to approve the Transition Partnership Program Contract with Department of Rehabilitation as presented. The motion was carried on the following vote: 10:0 Ayes: Edwards, Gonzales, Holman, Lamb, Malan, Najera, Nelson, Olney, Swearingen, and Tarver. Nays: None, Abstentions: None.
- 6.7 Desert/Mountain Charter SELPA Applications for Membership FY 2021-22 (**ACTION**)
- Jenae Holtz reported the Desert/Mountain Charter SELPA has received two applications from Virtual Preparatory Academy at Monterey and ASA Charter School for membership into the Charter SELPA for FY 2021-22. A CAHELP JPA administrative team virtually met with and interviewed each of the applicant groups. The administrative team presented their findings to the Charter SELPA Executive Council who also reviewed the applications.

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6.7.1 Virtual Preparatory Academy at Monterey

Jenae reported Virtual Preparatory Academy at Monterey is the sister school to Virtual Preparatory Academy at Lucerne which is already a member of D/M Charter SELPA. The LEA was developed in 2019 and is a very small school with ten students, currently with no students receiving special education. The LEA does anticipate growth and will be working jointly with Virtual Preparatory Academy at Lucerne. The CAHELP JPA administrative team and Charter SELPA Executive Council recommends approving membership.

6.7.1.1 **BE IT RESOLVED** that a motion was made by Ryan Holman, seconded by Cecil Edwards, to approve the Virtual Preparatory Academy at Monterey application for membership as presented. The motion was carried on the following vote: 10:0 Ayes: Edwards, Gonzales, Holman, Lamb, Malan, Najera, Nelson, Olney, Swearingen, and Tarver. Nays: None, Abstentions: None.

6.7.2 ASA Charter School

Jenae reported ASA Charter School is in San Bernardino and has been operating for over 16 years. They are community driven as well as parent and student driven. Jenae said the LEA is focused on academic success as well as social emotional. They are committed to their work with students with disabilities. The CAHELP JPA administrative team and Charter SELPA Executive Council recommends approving membership.

6.7.2.1 **BE IT RESOLVED** that a motion was made by Lisa Lamb, seconded by Jeff Malan, to approve the ASA Charter School application for membership as presented. The motion was carried on the following vote: 10:0 Ayes: Edwards, Gonzales, Holman, Lamb, Malan, Najera, Nelson, Olney, Swearingen, and Tarver. Nays: None, Abstentions: None.

7.0 CONSENT ITEMS

It is recommended that the Governance Council consider approving several Agenda items as a Consent list. Consent Items are routine in nature and can be enacted in one motion without further discussion. Consent items may be called up by any Council Member at the meeting for clarification, discussion, or change.

California Association of Health and Education Linked Professions
Joint Powers Authority (CAHELP JPA)

GOVERNANCE COUNCIL MEETING

May 14, 2021 - 10:00 a.m. Virtual Via Teleconference

Desert Mountain Educational Service Center, 17800 Highway 18, Apple Valley, California 92307

MINUTES

7.1 **BE IT RESOLVED** that a motion was made by Jesse Najera, seconded by David Olney, to approve the following Consent Items be approved. The motion was carried on the following vote: 10:0 Ayes: Edwards, Gonzales, Holman, Lamb, Malan, Najera, Nelson, Olney, Swearingen, and Tarver. Nays: None, Abstentions: None.

7.1.1 Approve the March 26, 2021 CAHELP JPA Governance Council Meeting Minutes.

7.1.2 Approve the 2021-22 CAHELP JPA Governance Council Schedule of Meetings.

7.1.3 Approve the Association of Community Based Organizations (ACBO) 2021-22 Annual Membership for DMCC Director Linda Llamas in the amount of \$125.00.

7.1.4 Approve the 2021-22 SANDABS Memberships for the Desert/Mountain SELPA and the Desert/Mountain Charter SELPA in an amount not to exceed \$500.00 for each SELPA.

7.1.5 Approve the 2021-22 Coalition for Adequate Funding for Special Education (CAFSE) Letters of Agreement for Special Services for the Desert/Mountain SELPA and the Desert/Mountain Charter SELPA in an amount not to exceed \$1500.00 for each SELPA.

7.1.6 Approve the 2021-22 SELPA Administrators Organization Memberships for the Desert/Mountain SELPA and the Desert/Mountain Charter SELPA in an amount not to exceed \$1900.00 for each SELPA.

7.1.7 Approve the 2021-22 Crisis Prevention Institute (CPI) Annual Membership for Heidi Chavez and Cecilia Holguin in an amount not to exceed \$150.00 per individual membership.

7.1.8 Approve the 2021-2023 two-year International Critical Incident Stress Foundation (ICISF) memberships for Kenia Aguilar, Brian Follis, Belinda Jauregui, Anna Lopez, Jessica Martinez, and Robin McMullen in the amount of \$95.00 per individual membership.

7.1.9 Approve the Declaration of Low Incidence Equipment as Salvage or Surplus.

The Desert/Mountain SELPA is seeking approval from the CAHELP JPA Governance Council for the release to surplus or salvage of unassigned and/or obsolete low incidence equipment currently in storage. All of the low incidence equipment identified on the inventory report has been reviewed and determined to be unassigned and/or obsolete.

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8.0 CHIEF EXECUTIVE OFFICER AND STAFF REPORTS

8.1 Desert/Mountain Children's Center Online Referral Form

Jenae Holtz presented the Desert/Mountain Children's Center Online Referral Form for counseling services. The information has been sent to the directors of special education to be posted on LEA websites or a link directing them to the DMCC website. Jenae stated when an online referral is submitted, it goes directly to the assessment team for scheduling of assessments. This is expected to move the referral process along quicker.

Linda Llamas stated referrals will continue to be accepted by faxed with the online referrals.

8.2 2021-22 CAHELP JPA Liability Insurance Renewal

Jenae Holtz provided information regarding the 2021-22 CAHELP JPA liability insurance renewal. She reported the policy renews October 7, 2021, and there has been a broker change. We are working to see what the best options are for coverage and premiums. The final decision will be presented to the Governance Council next school year.

8.3 988 National Crisis Hotline

Jenae Holtz called on Linda Llamas to provide information pertaining to the future addition of the 988 National Crisis Hotline for mental health emergencies. Linda provided background in that the National Suicide Hotline Designation Act of 2020 was passed and is designed to set up the number 988 as the Universal Mental Health Crisis Hotline Telephone System and will be effective July 16, 2022. Linda said operators will have a special focus and training for populations with the highest risk of suicidal ideation and death by suicide which includes: Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) youth, American Indian Alaskan native individuals, and residents of rural counties. Didi Hirsch is the provider that will lead California's lifeline crisis centers in developing a plan for coordination, capacity, funding, and communication surrounding the launch of 988. Linda also reported the County Behavioral Health Directors Association of California is forming work groups to provide recommendations and technical assistance for pending legislation and implementation.

8.4 Resolution Support Services Update

Jenae Holtz provided an update on Resolution Support Services for D/M SELPA and D/M Charter SELPA. She reported there are about half the filings compared to last year, but it may be a lull as students return to campus and parents file regarding learning loss and the lack of FAPE. Jenae shared that special education directors have been provided with guidance of how to talk to parents and wording of IEPs and distance learning plans. Cases that are being filed across the state and country are often related to or including Covid-19 and learning loss. Jenae said there are differences in how the judges are ruling in the cases and the Resolution Support Services team is

MINUTES

doing a great job of monitoring the rulings to continue to provide guidance to the LEAs. Jenae continued that though the number of case filings is low, the expenses are still high because there is a lot of work being done to resolve issues before going to hearing.

Kathleen Peters shared that the decision in a recent case involving Orcutt Union School District in Central California did not align with how she had advised LEAs to handle distance learning. She will be consulting with contracted attorneys for their interpretation so CAHELP can provide an update to special education directors at the Steering and Finance Committee Meetings the week of May 17, 2021.

Jenae continued that with the expanded learning opportunities, being in conversations with parents and offering supports in other ways will benefit the LEAs.

8.5 Alternative Dispute Resolution Professional Development Series 2021-22

Jenae Holtz provided information regarding Alternative Dispute Resolution Professional Development Series 2021-22. She said based on the Special Education Summits that were held, it is clear alternative dispute resolution development is highly desired. Jenae said the committee that is working on the development series has done a marvelous job in planning.

Kathleen Peters said the ADR grant is being used for ongoing trainings including the SELPA legal pathway. She encouraged LEAs to allow administrators and teachers to participate in the pathway. Kathleen said the LEA ADR Teams is a collaborative training for planning teams for LEAs that are ready to move forward in the realm of ADR and helping each LEA to determine their next steps. Kathleen said the Advanced ADR Trainings are more in-depth and meant to assist in preparing for the expected increase in ADR filings.

8.6 Prevention and Intervention Update

Jenae Holtz called on Kami Murphy to provide a Prevention and Intervention update. She shared there is a team working on equity workshops, many having been provided this school year. Kami reported the workshops are intended for district leaders for school sites and the classroom. She continued that the workshops provide information for cultural responsiveness and equity along with how implement on the school sites. The Prevention and Intervention team is working closely with the LEAs to ensure that decisions being made are inclusive of the culture that is on the campuses and in the districts. Kami shared informational documents for the Governance Council members to share with their Positive Behavioral Interventions and Supports (PBIS) staff. Kami reminded the committee that the School Climate Survey is still available for students, staff, and families. She said the data from the survey can be used in the LEA Local Control and Accountability Plan (LCAP).

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8.7 Compliance Update

Jenae Holtz provided an update on compliance issues from the California Department of Education. Jenae stated the CDE reported they will be focusing on a couple areas of compliance including annuals and triennials being complete and on time. CDE has also said if there is no movement or fixes on late items, the LEAs will be placed into different types of monitoring. Jenae said the LEA teams have been working hard and the numbers are showing great movement towards being compliant. She continued the other area of monitoring are the LEAs that are in disproportionality which there are a few so the D/M SELPA team is working with those LEAs in getting their plans and moving forward. CDE is trying to align the different types of plans, so the LEAs do not have to provide the same information in multiple areas such as Special Education Plans (SEP), disproportionality plans, and the LCAP.

9.0 INFORMATION ITEMS

9.1 Professional Learning Summary

10.0 GOVERNANCE COUNCIL MEMBERS COMMENTS / REPORTS

Ryan Holman expressed appreciation to Jenae Holtz and her team for their leadership in the most difficult of times.

Jan Gonzales said the work Jenae and her team do behind the scenes is incredible. Jan also complimented the board members for representing the districts doing what is right for CAHELP JPA. She said it has been fun being the chairperson.

Jeff Malan thanked Jan for her leadership.

Many of the council members voiced their support and encouragement to Ross Swearingen as the next chairperson.

Ross Swearingen thanked the council members for their support of him as the chairperson. He also thanked Jan Gonzales for her hard work and her commitment to the success of the SELPA.

11.0 CEO COMMENTS

Jenae Holtz expressed her appreciation for the council members citing they are focused on doing what is right and the students they serve. She thanked the committee members for supporting CAHELP JPA.

12.0 MATTERS BROUGHT BY CITIZENS

None.

California Association of Health and Education Linked Professions
Joint Powers Authority (CAHELP JPA)
GOVERNANCE COUNCIL MEETING
May 14, 2021 - 10:00 a.m. Virtual Via Teleconference
Desert Mountain Educational Service Center, 17800 Highway 18, Apple Valley, California 92307

MINUTES

13.0 CLOSED SESSION

13.1 CAHELP JPA Personnel

The Governance Council convened to closed session at 11:12 a.m. to discuss issues related to CAHELP JPA personnel.

14.0 ADJOURNMENT

Having no further business to discuss, a motion was made by Ross Swearing, seconded by Lisa Lamb, to adjourn the meeting. The motion carried on the following vote: 10:0 Ayes: Edwards, Gonzales, Holman, Lamb, Malan, Najera, Nelson, Olney, Swearingen, and Tarver. Nays: None, Abstentions: None.

The next regular meeting of the CAHELP JPA Governance Council will be held on Friday, October 8, 2021, at 10:00 a.m., at the Desert Mountain Educational Service Center, Lilac/Yucca Room, 17800 Highway 18, Apple Valley, CA 92307.

Individuals requiring special accommodations for disabilities are requested to contact Jamie Adkins at (760) 955-3555, at least seven days prior to the date of this meeting.



Original Invoice

Nonviolent Crisis Intervention® program
 Prepare Training® program
 Dementia Care Specialists

Invoice	IUS0203295
Date	8/23/2021

Federal I.D.: #39-2012874
 GST#: 86192 3753 RT0001

Bill To:

Desert Mountain SELPA
 Brian Follis
 Attn Teresa Low, DM ESC
 17800 Hwy 18
 Apple Valley CA 92307
 US

Ship To:

Desert Mountain SELPA
 Brian Follis
 Attn Teresa Low, DM ESC
 17800 Hwy 18
 Apple Valley CA 92307
 US

Purchase Order No.		Customer ID		Shipping Method		Payment Terms		Req Ship Date	
		944246		US UPSGND		Net 30		8/23/2021	
Ordered	Shipped	B/O	Item Number	Description		Unit Price	Ext. Price		
1	1	0	CPI RECERT FEE	Annual Membership Fee Cert Year from 11/19/2021 to 11/19/2022		\$150.00	\$150.00		

Thank you

Total Z-US\$	\$150.00
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Remit to: CPI

10850 W. Park Place, Suite 250
 Milwaukee, WI 53224 USA

Please include invoice number or customer ID with payment.

Canadian Customers - Please remit to:

Crisis Prevention Institute. Inc
 Lockbox # 1566
 PO Box 1566, Station A
 Toronto, ON M5W 3N9 Canada

Call toll-free:

US/Canada: 1-877-877-5390



Original Invoice
 Nonviolent Crisis Intervention® program
 Prepare Training® program
 Dementia Care Specialists

Invoice	IUS0203294
Date	8/23/2021

Federal I.D.: #39-2012874
 GST#: 86192 3753 RT0001

Bill To:

Desert Mountain SELPA
 Linda Rodriguez
 17800 Hwy 18
 Apple Valley CA 92307
 US

Ship To:

Desert Mountain SELPA
 Linda Rodriguez
 17800 Hwy 18
 Apple Valley CA 92307
 US

Purchase Order No.		Customer ID		Shipping Method		Payment Terms		Req Ship Date	
		1144795		US UPSGND		Net 30		8/23/2021	
Ordered	Shipped	B/O	Item Number	Description		Unit Price	Ext. Price		
1	1	0	CPI RECERT FEE	Annual Membership Fee Cert Year from 11/19/2021 to 11/19/2022		\$150.00	\$150.00		
Thank you						Total Z-US\$		\$150.00	

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Original Invoice

Nonviolent Crisis Intervention® program
Prepare Training® program
Dementia Care Specialists

Invoice	IUS0203291
Date	8/23/2021

Federal I.D.: #39-2012874
GST#: 86192 3753 RT0001

Bill To:

Desert Mountain SELPA
Ned Broberg
Attn: Teresa Low, DM - ESC
17800 Hwy 18
Apple Valley CA 92307
US

Ship To:

Desert Mountain SELPA
Ned Broberg
Attn: Teresa Low, DM - ESC
17800 Hwy 18
Apple Valley CA 92307
US

Purchase Order No.		Customer ID		Shipping Method	Payment Terms	Req Ship Date	
		1043782		US UPSGND	Net 30	8/23/2021	
Ordered	Shipped	B/O	Item Number	Description	Unit Price	Ext. Price	
1	1	0	CPI RECERT FEE	Annual Membership Fee Cert Year from 11/19/2021 to 11/19/2022	\$150.00	\$150.00	

Thank you

Total	Z-US\$	\$150.00
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Remit to: CPI

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Original Invoice

Nonviolent Crisis Intervention® program
 Prepare Training® program
 Dementia Care Specialists

Invoice	IUS0203297
Date	8/23/2021

Federal I.D.: #39-2012874
 GST#: 86192 3753 RT0001

Bill To:

Desert Mountain SELPA
 Michael Norton
 Attn: Teresa Low, DM - ESC
 17800 Hwy 18
 Apple Valley CA 92307
 US

Ship To:

Desert Mountain SELPA
 Michael Norton
 Attn: Teresa Low, DM - ESC
 17800 Hwy 18
 Apple Valley CA 92307
 US

Purchase Order No.		Customer ID		Shipping Method		Payment Terms		Req Ship Date	
		1043778		US UPSGND		Net 30		8/23/2021	
Ordered	Shipped	B/O	Item Number	Description				Unit Price	Ext. Price
1	1	0	CPI RECERT FEE	Annual Membership Fee Cert Year from 11/19/2021 to 11/19/2022				\$150.00	\$150.00

Thank you

Total Z-US\$	\$150.00
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Original Invoice

Nonviolent Crisis Intervention® program
 Prepare Training® program
 Dementia Care Specialists

Invoice	IUS0203296
Date	8/23/2021

Federal I.D.: #39-2012874
 GST#: 86192 3753 RT0001

Bill To:

Desert Mountain SELPA
 Danielle Cote
 DM ESC Attn: Teresa Low
 17800 Hwy 18
 Apple Valley CA 92307
 US

Ship To:

Desert Mountain SELPA
 Danielle Cote
 DM ESC Attn: Teresa Low
 17800 Hwy 18
 Apple Valley CA 92307
 US

Purchase Order No.		Customer ID		Shipping Method		Payment Terms		Req Ship Date	
		619688		US UPSGND		Net 30		8/23/2021	
Ordered	Shipped	B/O	Item Number	Description				Unit Price	Ext. Price
1	1	0	CPI RECERT FEE	Annual Membership Fee Cert Year from 11/19/2021 to 11/19/2022				\$150.00	\$150.00

Thank you

Total Z-US\$	\$150.00
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Remit to: CPI

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Original Invoice

Nonviolent Crisis Intervention® program
Prepare Training® program
Dementia Care Specialists

Invoice	IUS0200891
Date	7/28/2021

Federal I.D.: #39-2012874
GST#: 86192 3753 RT0001

Bill To:

Desert Mountain SELPA
Heidi Chavez
27827 Linda Vista Rd
Barstow CA 92311

US

Ship To:

Desert Mountain SELPA
Heidi Chavez
27827 Linda Vista Rd
Barstow CA 92311

US

Purchase Order No.		Customer ID		Shipping Method		Payment Terms		Req Ship Date	
		1547233		US UPSGND		Net 30		7/28/2021	
Ordered	Shipped	B/O	Item Number	Description		Unit Price	Ext. Price		
1	1	0	CPI RECERT FEE	Annual Membership Fee Cert Year from 10/25/2021 to 10/25/2022		\$150.00	\$150.00		

Thank you

Total	Z-US\$	\$150.00
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Remit to: CPI

10850 W. Park Place, Suite 250
Milwaukee, WI 53224 USA

Please include invoice number or customer ID with payment.

Canadian Customers - Please remit to:

Crisis Prevention Institute. Inc
Lockbox # 1566
PO Box 1566, Station A
Toronto, ON M5W 3N9 Canada

Call toll-free:

US/Canada: 1-877-877-5390



Original Invoice
 Nonviolent Crisis Intervention® program
 Prepare Training® program
 Dementia Care Specialists

Invoice	IUS0203203
Date	8/21/2021

Federal I.D.: #39-2012874
 GST#: 86192 3753 RT0001

Bill To:

Desert Mountain SELPA
 Blanca Medrano
 Attn: Teresa Low, DM - ESC
 17800 Hwy 18
 Apple Valley CA 92307
 US

Ship To:

Desert Mountain SELPA
 Blanca Medrano
 Attn: Teresa Low, DM - ESC
 17800 Hwy 18
 Apple Valley CA 92307
 US

Purchase Order No.		Customer ID		Shipping Method		Payment Terms		Req Ship Date	
		944245		US UPSGND		Net 30		8/21/2021	
Ordered	Shipped	B/O	Item Number	Description		Unit Price	Ext. Price		
1	1	0	CPI RECERT FEE	Annual Membership Fee Cert Year from 11/18/2021 to 11/18/2022		\$150.00	\$150.00		
Thank you						Total Z-US\$		\$150.00	

Remit to: CPI
 10850 W. Park Place, Suite 250
 Milwaukee, WI 53224 USA

Please include invoice number or customer ID with payment.

Canadian Customers - Please remit to:

Crisis Prevention Institute, Inc
 Lockbox # 1566
 PO Box 1566, Station A
 Toronto, ON M5W 3N9 Canada

Call toll-free:
 US/Canada: 1-877-877-5390

The Theraplay Institute
 1224 W Belmont Ave Fl 1
 Chicago, IL 60657 US
 +1 8472567334
 jeremy@theraplay.org
 www.theraplay.org

Invoice

BILL TO
Desert Mountain SELPA Children's Center Chad Atwater 17800 Highway 18 Apple Valley, CA 92307

SHIP TO
Desert Mountain SELPA Children's Center Julie McNeil 17800 Highway 18 Apple Valley, CA 92307

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
1-48639	09/17/2021	\$50.00	10/02/2021	15 days	

ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
Certified Therapist Dues	Certified Theraplay Practitioner Membership (Julie McNeil) - Yearly	1	50.00	50.00

Membership good through 09/2022

BALANCE DUE

\$50.00

**BROKEN/OUTDATED LOW INCIDENCE EQUIPMENT
FOR GOVERNANCE COUNCIL AUTHORIZATION TO
SEND TO SBCSS SURPLUS OR SALVAGE
09/13/2021**

LIE #	Item	Tag #	LIE Date	Requested Action	Comments
2009.107	Blue Stander	DM2433	12/15/2008	Salvage/E-waste	
	Blue Tumble Form			Salvage/E-waste	
2010.024	Hoyer Lift	DM1559	9/2/2009	Salvage/E-waste	
	Green/Tan Gait Trainer	DM2096		Salvage / E-Waste	
	Solo Lifts	DM4801		Salvage / E-Waste	
	Blue Stander	DM2425		Salvage / E-Waste	
2008.128	Small Activity Chair	DM2886	3/6/2008	Salvage / E-Waste	
2012.151	Large Activity Chair	DM2904	3/17/2008	Salvage / E-Waste	
	Tumble Form Chair	SBCSS67756		Salvage / E-Waste	
	Small Activity Chair	DM2252		Salvage / E-Waste	
2008.157	Small Activity Chair	DM2916	4/1/2008	Salvage / E-Waste	
	Green/Tan Gait Trainer	DM126405		Salvage / E-Waste	
	Green/Tan Gait Trainer	N/A		Salvage / E-Waste	

	Green/Tan Gait Trainer	N/A		Salvage / E-Waste	
	Green/Tan Gait Trainer	DM2216		Salvage / E-Waste	
	Green/Tan Gait Trainer	N/A		Salvage / E-Waste	
	Small Wheelchair desk	DM2719		Salvage / E-Waste	
2018.098	Stair Step	DM15089	1/26/2018	Salvage / E-Waste	

(Revised September 2021)

Alternative Dispute Resolution Allocation Plan Fiscal Year 2021–22

Due Date: **October 1, 2021**

As a condition of receiving these funds, the special education local plan areas shall, on or before October 1, 2021, develop and submit a plan to the Superintendent of Public Instruction detailing how they will support their member local educational agencies in conducting dispute prevention and voluntary alternative dispute resolution activities, including:

- detailed proposed expenditure information broken down by eligible activity;
- the number, disabilities;
- and demographics of pupils proposed to be served.

SELPA Information

SELPA Name:

SELPA Code:

Plan Description

Impacted Areas	Plans by the SELPA and LEA to Conduct Dispute Prevention and Voluntary Alternative Dispute Resolution to Prevent and Resolve Special Education Disputes	Students Served by Proposed Plan
<p>Early intervention to promote collaboration and positive relationships between families and schools and to prevent disputes through proactive communication, collaborative problem solving, and parent support activities.</p>	<p>Integrate outreach activities with existing parent advisory/action groups: SSC, ELAC, DLAC, PTA, CAC, parent resource centers, community liaisons, other. Provide training in cultural diversity, empathy, how to diffuse conflict, and promote "the best interest of the child"</p>	<p>TK-12 students with learning disabilities, English learners at risk of not graduating or reclassifying, students identifying as African American, students with Autism, students on the CDE Dashboard.</p>
<p>Parent education regarding special education processes and rights under the federal Individuals with Disabilities Education Act</p>	<p>Develop parent education modules: RTI, sped continuum, home supports, parent IEP role, advocacy, dispute resolution, transition, mental health, trauma other.</p>	<p>TK-12 students with learning disabilities, Autism, English learners at risk of not graduating or reclassifying, Af Am. students, students on CDE Dashboard.</p>
<p>Parent peer support</p>	<p>Implement local LEA CAC for parents of special needs students to develop parent peer support, connect to resources and provide information.</p>	<p>TK-12 students with learning disabilities and students subject to "Child-find" regulations.</p>

**Plans by the SELPA and LEA
to Conduct Dispute
Prevention and Voluntary
Alternative Dispute
Resolution to Prevent and
Resolve Special Education
Disputes**

**Students Served by
Proposed Plan**

Impacted Areas

<p>Language access provided as a supplement pursuant to state and federal law</p>	<p>Increase translation staff, translate all information docs to align with the LEA-ELL population, purchase translation equipment, train staff, plan for literacy needs of parents.</p>	<p>All English language learners identified with disabilities, who are at risk of not reclassifying or not graduating.</p>
<p>Collaboration with family empowerment centers and other family support organizations.</p>	<p>Connect liaisons to CAC, P&I, Celebrate Families; parent education and experiential learning; work with IRC, Rockin' Our Disabilities, CAPTAIN, Moses Ministry, other.</p>	<p>Students with Autism and other disabilities, those subject to "Child-find", identified in dispro data, ELL, African Am. students and with chronic absenteeism.</p>
<p>Conduct voluntary alternative dispute resolution activities, including offering voluntary alternative dispute resolution for issues that are not resolved through the individualized education program process.</p>	<p>Promote SELPA and LEA ADR services, support resolution skills with training and coaching, develop internal systems of ADR procedures, increase staff for ADR services, train stake holders in IDEA, provide educational materials.</p>	<p>Students with disabilities, students with Autism, and those subject to "Child-find". Students identified in dispro data, students with Autism, ELL students, and students identifying as African American.</p>
<p>Partnership with family empowerment centers or other family support organizations, including by providing support to those organizations to assist in the activities specified in this subdivision to prevent and resolve disputes in a pupil-centered, collaborative, and equitable manner.</p>	<p>Create outreach teams, develop local parent centers and hire staff; build relationships and partner with local parent support groups: IRC, IEHP, Autism Society, CAPTAIN, Moses Ministries and other regional parent resource groups. Provide training: IDEA rights, collaboration, building positive relationships. Provide child-care and vary the time of activities.</p>	<p>Students with disabilities including Autism and those subject to "Child-find". Students identified in dispro. data, ELL students, students identifying as African American and LGBTQ.</p>
<p>Identify, and conduct outreach to, families who face language barriers and other challenges to participation in the special education process, and whose pupils have experienced significant disruption to their education as a result of the COVID-19 pandemic</p>	<p>Campaign with through multiple communication channels: social-media, video recordings, print, other. Provide transportation, incentives, food and other for activities to draw in parents. Create welcoming schools with empathy where parents are heard; staff is accessible.</p>	<p>Students with disabilities, with Autism, and those subject to "Child-find". Students identified in dispro. data, with Autism, ELL students, students identifying as African American, students, students with mental health needs and chronic absenteeism.</p>
<p>Other impacted areas (Identify the impacted area and the plan for using the funds)</p>	<p>Missing or late IEPs, assessments, supports services: provide additional staff, interns, coaches, lead teachers, subs, NPA staff, tutoring agencies, additional hours, other.</p>	<p>Students with outdated IEPs and assessments; students with need of make-up services, students not making progress towards goals.</p>

Proposed Expenditures

Object Codes	ADR Allocation Funds (Expenditures)	Itemized Description and Justification
1. 1000–Certified Salaries	\$800,000.00	Salary for certificated staff providing services directly related to LEA dispute prevention and resolution plans.
2. 2000–Classified Salaries	\$65,000.00	Salary for clerical staff providing support to staff carrying out dispute prevention and resolution plans.
3. 3000–Employee Benefits	\$318,512.00	Benefits for certificated and support staff.
4. 4000–Materials and Supplies (cannot exceed 10%)	\$101,234.00	Office supplies and materials for trainings, staff meetings, and parent engagement activities.
5. 5000–Services and other operating costs	\$400,000.00	Consultants, LEA participant stipends, and other services related to community outreach and the promotion of parent engagement.
6. Total Direct Costs (Total of 1 through 5)	\$1,684,746.00	
7. 6000–Capital Outlay (cannot exceed 10% of allocation or \$10,000 per purchase)	\$0.00	
8. 7300–Indirect Costs CDE approved rate: 0.0785 (Enter 7.5% as 0.075)	\$132,252.00	CDE approved 2021/22 indirect cost rate for San Bernardino County Superintendent of Schools.
9. Total Grant Budget (Total 6 through 8)	\$1,816,998.00	

(Revised September 2021)

Alternative Dispute Resolution Allocation Plan Fiscal Year 2021–22

Due Date: **October 1, 2021**

As a condition of receiving these funds, the special education local plan areas shall, on or before October 1, 2021, develop and submit a plan to the Superintendent of Public Instruction detailing how they will support their member local educational agencies in conducting dispute prevention and voluntary alternative dispute resolution activities, including:

- detailed proposed expenditure information broken down by eligible activity;
- the number, disabilities;
- and demographics of pupils proposed to be served.

SELPA Information

SELPA Name: **Desert/Mountain Charter SELPA**

SELPA Code: **3651**

Plan Description

Impacted Areas	Plans by the SELPA and LEA to Conduct Dispute Prevention and Voluntary Alternative Dispute Resolution to Prevent and Resolve Special Education Disputes	Students Served by Proposed Plan
<p>Early intervention to promote collaboration and positive relationships between families and schools and to prevent disputes through proactive communication, collaborative problem solving, and parent support activities.</p>	<p>Integrate outreach activities with existing parent advisory/action groups: SSC, ELAC, DLAC, PTA, CAC, parent resource centers, community liaisons, other. Provide training in cultural diversity, empathy, how to diffuse conflict, and promote "the best interest of the child"</p>	<p>TK-12 students with learning disabilities, English learners at risk of not graduating or reclassifying, students identifying as African American, students with Autism, students on the CDE Dashboard.</p>
<p>Parent education regarding special education processes and rights under the federal Individuals with Disabilities Education Act</p>	<p>Develop parent education modules: RTI, sped continuum, home supports, parent IEP role, advocacy, dispute resolution, transition, mental health, trauma other.</p>	<p>TK-12 students with learning disabilities, Autism, English learners at risk of not graduating or reclassifying, Af Am. students, students on CDE Dashboard.</p>
<p>Parent peer support</p>	<p>Identify parents to support other parents; provide resources, trainings and make connections to parent groups.</p>	<p>TK-12 students with learning disabilities and students subject to "Child-find" regulations.</p>

Impacted Areas	Plans by the SELPA and LEA to Conduct Dispute Prevention and Voluntary Alternative Dispute Resolution to Prevent and Resolve Special Education Disputes	Students Served by Proposed Plan
Language access provided as a supplement pursuant to state and federal law	Increase translation staff, translate all information docs to align with the LEA-ELL population, purchase translation equipment, provide training, plan for literacy needs.	All English language learners identified with disabilities, who are at risk of not reclassifying or not graduating.
Collaboration with family empowerment centers and other family support organizations.	Connect liaisons to CAC, P&I, Celebrate Families; parent education and experiential learning; work with IRC, Rockin' Our Disabilities, CAPTAIN, Moses Ministry, other.	Students with Autism and other disabilities, those subject to "Child-find", identified in dispro data, ELL, African Am. students and with chronic absenteeism.
Conduct voluntary alternative dispute resolution activities, including offering voluntary alternative dispute resolution for issues that are not resolved through the individualized education program process.	Promote SELPA and LEA ADR services, support resolution skills with training and coaching, develop internal systems of ADR procedures, increase staff for ADR services, train stake holders in IDEA, provide educational materials.	Students with disabilities, students with Autism, and those subject to "Child-find". Students identified in dispro data, students with Autism, ELL students, and students identifying as African American.
Partnership with family empowerment centers or other family support organizations, including by providing support to those organizations to assist in the activities specified in this subdivision to prevent and resolve disputes in a pupil-centered, collaborative, and equitable manner.	Create outreach teams, develop local parent centers and hire staff; build relationships and partner with local parent support groups: IRC, IEHP, Autism Society, CAPTAIN, Moses Ministries and other regional parent resource groups. Provide training: IDEA rights, collaboration, building positive relationships. Provide child-care and vary the time of activities.	Students with disabilities including Autism and those subject to "Child-find". Students identified in dispro. data, ELL students, students identifying as African American and LGBTQ.
Identify, and conduct outreach to, families who face language barriers and other challenges to participation in the special education process, and whose pupils have experienced significant disruption to their education as a result of the COVID-19 pandemic	Campaign with through multiple communication channels: social-media, video recordings, print, other. Provide transportation, incentives, food and other for activities to draw in parents. Create welcoming schools with empathy where parents are heard; staff is accessible.	Students with disabilities, with Autism, and those subject to "Child-find". Students identified in dispro. data, with Autism, ELL students, students identifying as African American, students, students with mental health needs and chronic absenteeism.
Other impacted areas (Identify the impacted area and the plan for using the funds)	Missing or late IEPs, assessments, supports services: provide additional staff, interns, coaches, lead teachers, subs, NPA staff, tutoring agencies, additional hours, other.	Students with outdated IEPs and assessments; students with need of make-up services, students not making progress towards goals.

Proposed Expenditures

Object Codes	ADR Allocation Funds (Expenditures)	Itemized Description and Justification
1. 1000–Certified Salaries	\$35,000.00	Salary for certificated staff providing services directly related to LEA dispute prevention and resolution plans.
2. 2000–Classified Salaries	\$4,500.00	Salary for clerical staff providing support to staff carrying out dispute prevention and resolution plans.
3. 3000–Employee Benefits	\$14,857.00	Benefits for certificated and support staff.
4. 4000–Materials and Supplies (cannot exceed 10%)	\$10,000.00	Office supplies and materials for trainings, staff meetings, and parent engagement activities.
5. 5000–Services and other operating costs	\$20,906.00	Consultants, LEA participant stipends, and other services related to community outreach and the promotion of parent engagement.
6. Total Direct Costs (Total of 1 through 5)	\$85,263.00	
7. 6000–Capital Outlay (cannot exceed 10% of allocation or \$10,000 per purchase)	\$0.00	
8. 7300–Indirect Costs CDE approved rate: 0.0785 (Enter 7.5% as 0.075)	\$6,693.00	CDE approved 2021/22 indirect cost rate for San Bernardino County Superintendent of Schools.
9. Total Grant Budget (Total 6 through 8)	\$91,956.00	

(Revised September 2021)

Learning Recovery Plan

Fiscal Year 2021–22

Due Date: **October 1, 2021**

As a condition of receiving funding, the special education local plan area shall, on or before October 1, 2021, work with its member local educational agencies to develop and submit a plan to the Superintendent of Public Instruction.

The requirement states the plan must include:

- how the special education local plan area and its member local educational agencies will implement the requirements;
- detailed proposed expenditure information broken down by eligible activity;
- the number, disabilities, and demographics of pupils proposed to be served.

If the SELPA has LEAs that are using their allocations in different ways due to the unique needs of the LEA, the SELPA submits a separate plan for LEAs that addresses their intent to use funds under one SELPA submission.

SELPA Information

SELPA Name:	Desert Mountain SELPA
SELPA Code:	3601

Plan Description

Applicable LEAs for this Plan **Academy for Academic Excellence, Adelanto Elementary SD, Apple Valley USD, Baker Valley USD, Barstow USD, Bear Valley USD,**

Impacted Areas	Learning Recovery Services for Pupils with Disabilities Related to Impacts of Learning Resulting from COVID-19 School Disruptions (Including Objectives and Metrics that will be used to measure success)	Students Served by Proposed Plan
Additional Support and Services Needed to Address Identified Learning Needs	Transportation services before school, after school, and summer camps outside of ESY to get students to campuses for additional supports and services.	TK - 12 students with disabilities, English learners, Homeless youth, Foster youth, and other California dashboard
Positive Behavior Supports	ABA or Psych led social skills groups offered before school, after school, Saturdays, or summer camps outside of ESY designated time	TK - 12 students with disabilities, English learners, Homeless youth, Foster youth, and other California dashboard

Impacted Areas	Learning Recovery Services for Pupils with Disabilities Related to Impacts of Learning Resulting from COVID-19 School Disruptions (Including Objectives and Metrics that will be used to measure success)	Students Served by Proposed Plan
Assessing Learning and Academic Needs of Students	Hiring additional staff: TOSA(s), academic coach(es), interns, lead teachers, and tutoring agencies. Purchase iReady program for Math & ELA to target gaps in learning	TK - 12 students with disabilities, English learners, Homeless youth, Foster youth, and other California dashboard subcategories
Social Emotional Needs	Hiring additional staff: school counselors, social workers, mental health clinicians - services, school psychologists, Tiered supports through MTSS framework Training: Trauma-Invested Practices, Youth Mental Health First Aid, Restorative	TK - 12 students with disabilities, English learners, Homeless youth, Foster youth, and other California dashboard subcategories
High Quality and Instruction	UDL Training, Implementation, & Coaching Training on Evidence Based Practices, Implementation, and Coaching Expand training for early education teachers and paraeducators Ortiz Cillierhem (ELA) and Singerson Met	TK - 12 students with disabilities, English learners, Homeless youth, Foster youth, and other California dashboard subcategories
Supporting Students Return to In-Person Instruction	Family events at the district or site level - nights and weekends Parent training through parent support centers Hiring Community Outreach Liaison	TK - 12 students with disabilities, English learners, Homeless youth, Foster youth, and other California dashboard subcategories
Child Find	Parent training/education Hiring a Community Outreach Liaison Response to Intervention (Rtl) Programs developed and implemented Multi-tiered Systems of Support (MTSS)	TK - 12 students with learning disabilities and general education students subject to "Child Find" regulations in order to meet Federal requirements of
Assessing Students who are Waiting of Initial IEPs	Hiring additional qualified staff or contracting qualified personnel to provide psycho-education assessments and observations. Paying staff additional hours or contracted days outside their contract to hold IEPs, write IEPs/Developments assessments	TK - 12 students with learning disabilities and general education students subject to "Child Find" regulations in order to meet Federal requirements of
Complete Overdue IEPs	Hiring additional qualified staff or contracting qualified personnel to provide psycho-education assessments and observations. Paying staff additional hours or contracted days outside their contract to hold IEPs,	TK - 12 students with learning disabilities and general education students subject to "Child Find" regulations in order to meet Federal requirements of
Other Impacted Areas (Identify the impacted Area and the plan for using the funds)	Secondary Transition and graduation planning for students with disabilities age 15 to 22. Work-Based Learning(WBL) Placements Establish additional workability partners for students with disabilities transitioning out of	Students with disabilities ages 15 - 22 transitioning from high school to adulthood to provide supports and services through their transition and meeting the Federal requirement of Free

Implementation Timeline of Proposed Plan or Activities

Please describe your plan for implementation, including a timeline and milestones

It may take several years for full recovery of learning losses due to extended, repeated school closures, and traumatic events faced by students. The timeline will begin in September 2021 and will continue through September 2023. LEAs will address the following four (4) domains as we move through and address learning recovery. These domains may intertwine at times based on the need of each student. Domain 1: Leadership for rapid improvement; Prioritize improvement, Monitor goals, Customize supports. Domain 2: Talent management; Recruit, retain, and sustain talent, Target professional learning opportunities, Set performance expectations. Domain 3: Instructional Transformation; Diagnose student needs, Provide rigorous instruction, Remove barriers and provide supports. Domain 4: Culture and Climate

Proposed Expenditures

Object Codes	Learning Recovery Funds (Expenditures)	Itemized Description and Justification
1. 1000–Certificated Salaries	\$4,600,000.00	Salary for certificated staff providing services directly related to LEA dispute prevention and resolution plans.
2. 2000–Classified Salaries	\$195,000.00	Salary for clerical staff providing support to staff carrying out dispute prevention and resolution plans.
3. 3000–Employee Benefits	\$1,731,916.00	Benefits for certificated and support staff.
4. 4000–Materials and Supplies (cannot exceed 10%)	\$300,000.00	Office supplies and materials for trainings, staff meetings, and parent engagement activities.
5. 5000–Services and other operating costs	\$754,439.00	Consultants, LEA participant stipends, and other services related to community outreach and the promotion of parent engagement.
6. Total Direct Costs (Total of 1 through 5)	\$7,581,355.00	
7. 6000–Capital Outlay (cannot exceed 10% of allocation or \$10,000 per purchase)	\$0.00	
8. 7300–Indirect Costs CDE approved rate: 0.0785 (Enter 7.5% as 0.075)	\$595,136.00	CDE approved 2021/22 indirect cost rate for San Bernardino County Superintendent of Schools.
9. Total Grant Budget (Total 6 through 8)	\$8,176,491.00	

Assurance of Matching Funds

I am providing assurances that this plan will meet the grant cash match requirement required by Learning Recovery Plan Grant. To meet the cash match requirement, the SELPA will create a SELPA-level grant match. For multi-district SELPA's, the SELPA will collect/receive and review the grant match expenditure report for each member LEA.

These expenditure reports will be on file at the SELPA and will be made available upon CDE request. The grant match expenditure report will require the following items:

- Amount of grant allocation
- Amount of cash match
- List of expenditures for the amount (i.e. Purchase Order, Invoice, Payment Voucher, Journal Entry, Labor Report, etc.)
- Attestation or declaration that the amount qualified as a match for the purposes of the grant
- Agreement that the expenditures are subject to review

SELPA Name

SELPA Director Name

Date

Dispute Prevention and Dispute Resolution	
Total Allocation Resource 6536	1,816,998
Desert/Mountain SELPA Allocation	363,400
LEA Allocation	1,453,598

	<u>Pupil Count</u>	<u>Percentage of Count</u>	<u>Allocated Amount</u>
Academy for Academic Excellence	132	1%	13,139
Adelanto Elementary	1112	8%	110,690
Apple Valley Unified	1515	10%	150,805
Baker Valley Unified	16	0%	1,593
Barstow Unified	904	6%	89,985
Bear Valley Unified	308	2%	30,659
Excelsior Charter	236	2%	23,492
Excelsior Charter School Corona-Norco	6	0%	597
Health Sciences High and Middle College	98	1%	9,755
Helendale Elementary	134	1%	13,339
Hesperia Unified	2860	20%	284,687
Lucerne Valley Unified	129	1%	12,841
Needles Unified	121	1%	12,044
Norton Science and Language Academy	94	1%	9,357
Oro Grande	349	2%	34,740
San Bernardino County Office of Education	2204	15%	219,388
Silver Valley Unified	385	3%	38,323
Snowline Joint Unified	1055	7%	105,016
Trona Joint Unified	47	0%	4,678
Victor Elementary	1513	10%	150,606
Victor Valley Union High	<u>1385</u>	<u>9%</u>	<u>137,864</u>
	14603	100%	1,453,598

Dispute Prevention and Dispute Resolution	
Total Allocation Resource 6536	8,176,491
Desert/Mountain SELPA Allocation	1,635,298
LEA Allocation	6,541,193

	<u>Pupil Count</u>	<u>Percentage of Count</u>	<u>Allocated Amount</u>
Academy for Academic Excellence	132	1%	59,127
Adelanto Elementary	1112	8%	498,104
Apple Valley Unified	1515	10%	678,621
Baker Valley Unified	16	0%	7,167
Barstow Unified	904	6%	404,933
Bear Valley Unified	308	2%	137,964
Excelsior Charter	236	2%	105,713
Excelsior Charter School Corona-Norco	6	0%	2,688
Health Sciences High and Middle College	98	1%	43,898
Helendale Elementary	134	1%	60,023
Hesperia Unified	2860	20%	1,281,094
Lucerne Valley Unified	129	1%	57,784
Needles Unified	121	1%	54,200
Norton Science and Language Academy	94	1%	42,106
Oro Grande	349	2%	156,329
San Bernardino County Office of Education	2204	15%	987,248
Silver Valley Unified	385	3%	172,455
Snowline Joint Unified	1055	7%	472,571
Trona Joint Unified	47	0%	21,053
Victor Elementary	1513	10%	677,725
Victor Valley Union High	<u>1385</u>	<u>9%</u>	<u>620,390</u>
	14603	100%	6,541,193

Marina Gallegos

Subject: RE: ADR/SpEd Learning Recovery Grants

From: SELPA Mail-Q: Anjanette Pelletier <system@listserv.cc>

Sent: Friday, September 17, 2021 11:34 AM

To: Heidi Chavez <Heidi.Chavez@cahelp.org>

Subject: Fw: ADR/SpEd Learning Recovery Grants

CAUTION: This email originated from outside of the organization. Please do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello all

We have received a couple of really good questions, and for those who were confused, otherwise overwhelmed or not in attendance, Anthony and I thought this would be a good FAQ to share.

- During the school disruptions, LEAs used other funding sources (example general fund, other funds) to pay for supplemental activities. Can LEAs use these new funding to retroactively offset the supplemental costs that they incurred in the prior year (starting March 2020)?
-
- Is there a start date for spending these funds? I think the confusion is not having a start date on the grant.

Yes - you CAN use the funds for retroactive activities.

For SpEd Learning, as long as you are spending those dollars on new, supplemental programs and services, you can retroactively pay yourself back as long as the expense occurred during that March, 2020-September 1, 2021 window outlined. An example that came up during the meeting was an intersession or an added ESY program. Because intersessions and extra ESY (not the standard ESY) are supplemental, those would be eligible.

We are unclear, just yet, exactly how you will show your supplemental expenditures, but the intent is definitely there that you could claim those activities and expenditures if they meet the criteria as listed in the plans. Since we were told the match is the funds we received (and everyone seems to have received 100% of their funds, not 50% as we had anticipated) are matching funds to supplemental services/resources, and the expenditure reporting won't be until September 2023, then LEAs would merely have to show evidence that shows they were entitled to and used all of the received funds for services. They should not have to do anything to books or new year balances - but we will ask SSC to double check this and clarify.

Note: LEAs are saying their can adjust their books (adjustment to beginning balance or credit to revenue) if the State allowed them to use these new funds on prior year expenses.

We do want to make sure that every SELPA and LEA is doing a hard alignment to Equity considerations. Although some may have sufficient prior year expenditures to use up all or most of their funds, we really encourage everyone to consider future facing activities or supports that can also improve capacity, access, communication and outcomes for SWDs.

A lot of us had supplemental things that impacted very few students last year - but with these new funds we might be able to really make a difference in the future as well.

This [Equity poster](#) was shared with us - we recommend sharing with your LEAs as they think of equity focused activities they can consider as well.

Re: Start Date -

We believe you can start spending those dollars as soon as you have them and have agreed (locally) about how you are spending them...aligned to your plans of course. CDE will be looking to make sure that your expenses align with the action you have outlined your plan.

The validation tables for the new Resource Codes 6536 (dispute prevention) and 6537 (Learning Recovery) will go live on September 24. For many regions, this means that they cannot enter expenditures until the SACS software is updated - it could generate an error code if entered prior to that date. However, there are others who are willing to make a leap of faith in CDE and they are already allocating funds out to LEAs with a placeholder code that can be updated after September 24.

Expenditure matching to Service can go back to March 14 2020 through Sept 1, 2021 - the period of COVID impact outlined in the appropriation notification.

Hope that helps.

Anjanette and Anthony



**SAN MATEO
COUNTY
SELPA**

**Anjanette
Pelletier**

**Associate
Superintenden
t**

**San Mateo
County
SELPA**

650.802.5465-
Phone

510.909.7373 -
Cell

apelletier@smcoe.org

101 Twin
Dolphin Drive

Redwood City,
CA 94065

San Mateo County Office of Education

(Revised September 2021)

Learning Recovery Plan

Fiscal Year 2021–22

Due Date: **October 1, 2021**

As a condition of receiving funding, the special education local plan area shall, on or before October 1, 2021, work with its member local educational agencies to develop and submit a plan to the Superintendent of Public Instruction.

The requirement states the plan must include:

- how the special education local plan area and its member local educational agencies will implement the requirements;
- detailed proposed expenditure information broken down by eligible activity;
- the number, disabilities, and demographics of pupils proposed to be served.





If the SELPA has LEAs that are using their allocations in different ways due to the unique needs of the LEA, the SELPA submits a separate plan for LEAs that addresses their intent to use funds under one SELPA submission.

SELPA Information

SELPA Name:	Desert Mountain Charter SELPA
SELPA Code:	3651

Plan Description

Applicable LEAs for this Plan **Allegiance STEAM Academy, ASA Charter School, Aveson Global Leaders Academy, Aveson School of Leaders, Ballington Academy** 

Impacted Areas	Learning Recovery Services for Pupils with Disabilities Related to Impacts of Learning Resulting from COVID-19 School Disruptions (Including Objectives and Metrics that will be used to measure success)	Students Served by Proposed Plan
Additional Support and Services Needed to Address Identified Learning Needs	Transportation services before school, after school, and summer camps outside of ESY to get students to campuses for additional supports and services. 	TK - 12 students with disabilities, English learners, Homeless youth, Foster youth, and other California dashboard 
Positive Behavior Supports	ABA or Psych led social skills groups offered before school, after school, Saturdays, or summer camps outside of ESY designated time 	TK - 12 students with disabilities, English learners, Homeless youth, Foster youth, and other California dashboard 

Impacted Areas	Learning Recovery Services for Pupils with Disabilities Related to Impacts of Learning Resulting from COVID-19 School Disruptions (Including Objectives and Metrics that will be used to measure success)	Students Served by Proposed Plan
Assessing Learning and Academic Needs of Students	Hiring additional staff: TOSA(s), academic coach(es), interns, lead teachers, and tutoring agencies. Purchase iReady program for Math & ELA to target gaps in learning +	TK - 12 students with disabilities, English learners, Homeless youth, Foster youth, and other California dashboard subcategories +
Social Emotional Needs	Hiring additional staff: school counselors, social workers, mental health clinicians - services, school psychologists, Tiered supports through MTSS framework Training: Trauma-Invested Practices, Youth Mental Health First Aid, Restorative +	TK - 12 students with disabilities, English learners, Homeless youth, Foster youth, and other California dashboard subcategories
High Quality and Instruction	UDL Training, Implementation, & Coaching Training on Evidence Based Practices, Implementation, and Coaching Expand training for early education teachers and paraeducators Ortiz Cillierhem (ELA) and Singora Met +	TK - 12 students with disabilities, English learners, Homeless youth, Foster youth, and other California dashboard subcategories
Supporting Students Return to In-Person Instruction	Family events at the district or site level - nights and weekends Parent training through parent support centers Hiring Community Outreach Liaison +	TK - 12 students with disabilities, English learners, Homeless youth, Foster youth, and other California dashboard subcategories +
Child Find	Parent training/education Hiring a Community Outreach Liaison Response to Intervention (Rtl) Programs developed and implemented Multi-tiered Systems of Support (MTSS) +	TK - 12 students with learning disabilities and general education students subject to "Child Find" regulations in order to meet Federal requirements of +
Assessing Students who are Waiting of Initial IEPs	Hiring additional qualified staff or contracting qualified personnel to provide psycho-education assessments and observations. Paying staff additional hours or contracted days outside their contract to hold IEPs, +	TK - 12 students with learning disabilities and general education students subject to "Child Find" regulations in order to meet Federal requirements of +
Complete Overdue IEPs	Hiring additional qualified staff or contracting qualified personnel to provide psycho-education assessments and observations. Paying staff additional hours or contracted days outside their contract to hold IEPs, +	TK - 12 students with learning disabilities and general education students subject to "Child Find" regulations in order to meet Federal requirements of +
Other Impacted Areas (Identify the impacted Area and the plan for using the funds)	Secondary Transition and graduation planning for students with disabilities age 15 to 22. Work-Based Learning(WBL) Placements Establish additional workability partners for students with disabilities transitioning out of +	Students with disabilities ages 15 - 22 transitioning from high school to adulthood to provide supports and services through their transition and meeting the Federal requirement of Free +

Implementation Timeline of Proposed Plan or Activities

Please describe your plan for implementation, including a timeline and milestones

It may take several years for full recovery of learning losses due to extended, repeated school closures, and traumatic events faced by students. The timeline will begin in September 2021 and will continue through September 2023. LEAs will address the following four (4) domains as we move through and address learning recovery. These domains may intertwine at times based on the need of each student. Domain 1: Leadership for rapid improvement; Prioritize improvement, Monitor goals, Customize supports. Domain 2: Talent management; Recruit, retain, and sustain talent, Target professional learning opportunities, Set performance expectations. Domain 3: Instructional Transformation; Diagnose student needs, Provide rigorous instruction, Remove barriers and provide supports. Domain 4: Culture and Climate

Proposed Expenditures

Object Codes	Learning Recovery Funds (Expenditures)	Itemized Description and Justification
1. 1000–Certificated Salaries	\$150,000.00	Salary for certificated staff providing services directly related to LEA dispute prevention and resolution plans.
2. 2000–Classified Salaries	\$65,000.00	Salary for clerical staff providing support to staff carrying out dispute prevention and resolution plans.
3. 3000–Employee Benefits	\$89,127.00	Benefits for certificated and support staff.
4. 4000–Materials and Supplies (cannot exceed 10%)	\$30,000.00	Office supplies and materials for trainings, staff meetings, and parent engagement activities.
5. 5000–Services and other operating costs	\$49,555.00	Consultants, LEA participant stipends, and other services related to community outreach and the promotion of parent engagement.
6. Total Direct Costs (Total of 1 through 5)	\$383,682.00	
7. 6000–Capital Outlay (cannot exceed 10% of allocation or \$10,000 per purchase)	\$0.00	
8. 7300–Indirect Costs CDE approved rate: 0.0785 (Enter 7.5% as 0.075)	\$30,119.00	CDE approved 2021/22 indirect cost rate for San Bernardino County Superintendent of Schools.
9. Total Grant Budget (Total 6 through 8)	\$413,801.00	

Assurance of Matching Funds

I am providing assurances that this plan will meet the grant cash match requirement required by Learning Recovery Plan Grant. To meet the cash match requirement, the SELPA will create a SELPA-level grant match. For multi-district SELPA's, the SELPA will collect/receive and review the grant match expenditure report for each member LEA.

These expenditure reports will be on file at the SELPA and will be made available upon CDE request. The grant match expenditure report will require the following items:

- Amount of grant allocation
- Amount of cash match
- List of expenditures for the amount (i.e. Purchase Order, Invoice, Payment Voucher, Journal Entry, Labor Report, etc.)
- Attestation or declaration that the amount qualified as a match for the purposes of the grant
- Agreement that the expenditures are subject to review

SELPA Name

SELPA Director Name

Date



PROPOSAL FOR INSURANCE

Quotation Number: 14781635

Proposal Date: 09/23/2021

Named Insured and Mailing Address:
California Association of Health an
Education Linked Professions, JPA.
17800 US Highway 18
Apple Valley, CA 92307-1221

Producer: 19939
Alliant Insurance Services, Inc.
1301 Dove St Ste 200
Newport Beach, CA 92660

Contact: Keegan Bate
Phone: (949)756-0271
Fax: (949)250-5917

Insurer: Philadelphia Indemnity Insurance Company

Policy Period From: 10/07/2021
Proposal Valid Until: 10/07/2021

To: 10/07/2022
at 12:01 A.M. Standard Time at your mailing address shown above.

Product: Non Profit

Submission Type: Renewal Business

PHLY Representative: Rosecrans, Christopher A.
PHLY Representative Phone: (949) 330-2448
Underwriter: Anderson, Monica C.
Underwriter Phone: (949) 330-2453

Email: Christopher.Rosecrans@phly.com
Email: Monica.Anderson@phly.com

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO EXTEND INSURANCE AS STATED IN THIS PROPOSAL.

THIS PROPOSAL CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial General Liability Coverage Part	\$ 32,106.00
Commercial Auto Coverage Part	\$ 1,628.00
Sexual/Physical Abuse or Molestation Liability	\$ 5,527.00
Professional Liability	\$ 26,061.00

The Total Premium includes Federal Terrorism Risk Insurance Act Premium in the amount of: **TOTAL** \$ 65,322.00
\$ 574.00

Bill Plan Options:*

- 25% Down and 11 Consecutive Monthly Installments - Combined minimum premium must be \$7,350
- 25% Down and 9 Consecutive Monthly Installments - Combined minimum premium must be \$6,000
- 25% Down and 5 Consecutive Monthly Installments - Combined minimum premium must be \$3,333
- 25% Down and 3 Consecutive Monthly Installments - Combined minimum premium must be \$2,000
- 50% Down and 2 Consecutive Monthly Installments - Combined minimum premium must be \$2,000
- 30% Down and 3 Quarterly Installments - Combined minimum premium must be \$2,150
- Premiums under \$2,000 are Fixed Annual billing

*Bill plan options are only available for Direct Bill customers. All others require Fixed Annual billing

The premium shown is subject to the following terms and conditions:
A signed UM/UIM Selection/Rejection form is required upon binding. (If applicable.)
Any taxes, fees or surcharges included in the total premium shown on the proposal are not subject to installment billing.



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

Proposal Date: 09/23/2021
Quotation Number: 14781635

Named Insured: California Association of Health an

The premium shown is subject to the following terms and conditions:

A maximum per installment fee of \$5.00 may be included (some states may vary).

*

*

NOTE: QUOTE IS SUBJECT TO RECEIPT OF THE FOLLOWING PRIOR TO BINDING:

1) **NOTE: TRIA Premium added back into renewal pricing. To reject, please submit a signed TRIA Rejection Form.**

-Non-Owned and Hired Liability is provided. Employees/volunteers using their personal auto in the business of the insured must provide evidence of auto insurance, equal to or in excess of state minimum. Evidence of insurance will be kept on file by the insured.

-Terms and conditions of this proposal apply. Coverages not shown are not provided. Some differences between this proposal and applications may be present. Please review this proposal thoroughly. If we lose control of this risk, any critical recommendations will be addressed within 30 days of written notification.



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PHLY.com

Proposal Date: 09/23/2021
Quotation Number: 14781635

Named Insured: California Association of Health an

The producer placing this policy may receive commission and additional underwriting profit share incentives. These incentives are based on the underwriting performance of this producer's book of business. Any questions about the nature of this compensation should be directed to the producer.

In order to complete the underwriting process, we require that you send us the additional information requested in the "conditions" section of this proposal. We are not required to bind coverage prior to our receipt, review and underwriting approval, of said additional information. However, if we do bind coverage, it shall be for a temporary period of not more than 30 days. Such temporary binding of coverage shall be void ab initio ("from the beginning") if we have not received, reviewed and approved in writing such materials within 15 days from the effective date of the temporary binder. This 30 day temporary conditional binder may be extended only in writing signed by the Insurer. Payment of premium shall not operate to extend the binding period or nullify the automatic voiding as described above.

This quotation is strictly conditioned upon no material change in the risk occurring between the date of this proposal and the inception date of the proposed policy (including any claim or notice of circumstances that which may reasonably expected to give rise to a claim under any policy of which the policy being proposed by this letter is a renewal or replacement). In the event of such change in risk, the Insurer may in its sole discretion, whether or not this quotation has been already accepted by the Insured, modify and/or withdraw this quotation.

Subject to the terms and conditions outlined above and prior to the quote expiration date, this quote may be bound by signing and dating below and by initialing, on the previous page, the option to be bound. This form will then act as the binder of coverage for 30 days from the date signed and may be distinguished by the Quotation number on page 1. This binder is only valid for 30 days.

No coverage is afforded or implied unless shown in this proposal.

This proposal does not constitute a binder of insurance.

This proposal is strictly limited to the terms and conditions herein. Any other coverage extensions, deletions or changes requested in the submission are hereby rejected.

Signature of Authorized Insurance Representative

Date

CALIFORNIA PREMIUM REFUND DISCLOSURE NOTICE

In accordance with CAL. INS. CODE § 481.(c), we are notifying you that in the event that the first Named Insured cancels the insurance policy, we shall retain 10% of the unearned premium. The premium refunded to you will therefore be calculated as 90% of the pro rata unearned premium. But if cancellation takes place during the first year of a multiyear prepaid policy, we will return 90% of the pro rata unearned premium for the first year and the full annual premium for the subsequent years.

If you have an Equipment Breakdown policy or your policy contains an Equipment Breakdown Coverage Part, then the following premium refund calculation applies instead of that provided in the preceding paragraph. For the Equipment Breakdown policy premium or for the premium attributable to the Equipment Breakdown Coverage Part, we shall retain 25% of the unearned premium. The premium refunded to you will therefore be calculated as 75% of the pro rata unearned premium. But if cancellation takes place during the first year of a multiyear prepaid policy, we will return 75% of the pro rata unearned premium for the first year and the full annual premium for the subsequent years.

However, the penalties set forth in the preceding paragraphs will not apply under the following circumstances, even if the first Named Insured cancels the policy:

1. The Insured(s) no longer has a financial or insurable interest in the property or business operation that is the subject of insurance;
2. Cancellation takes place after the first year for a prepaid policy written for a term of more than one year; or
3. The policy is rewritten in the same insuring company or company group.

Policy Number: 14781635Named Insured: California Association of Health an

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Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

Terrorism Premium (Certified Acts) \$	<u>574.00</u>
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DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE REJECTION OPTION

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* The term “act of terrorism” means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT’S FEDERAL SHARE OF TERRORISM LOSSES IS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

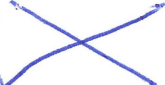
YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Your attached proposal (or policy) includes a charge for terrorism. We will issue (or have issued) your policy with terrorism coverage unless you decline by placing an “X” in the box below.

NOTE 1: If “included” is shown on your proposal (or policy) for terrorism you WILL NOT have the option to reject the coverage.

NOTE 2: You will want to check with entities that have an interest in your organization as they may require that you maintain terrorism coverage (e.g. mortgagees).

EXCEPTION: If you have property coverage on your policy, the following Standard Fire Policy states do not permit an Insured to reject fire ensuing from terrorism: CA, CT, GA, HI, IA, IL, MA, ME, MO, NJ, NY, NC, OR, RI, VA, WA, WV, WI. Therefore, if you are domiciled in the above states and reject terrorism coverage, you will still be charged for fire ensuing from terrorism as separately designated on your proposal.

	I decline to purchase terrorism coverage. I understand that I will have no coverage for losses arising from "certified" acts of terrorism, EXCEPT as noted above.
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You, as the Insured, have 30 days after receipt of this notice to consider the selection/rejection of "terrorism" coverage. After this 30 day period, any request for selection or rejection of terrorism coverage WILL NOT be honored.

REQUIRED IN GA – LIMITATION ON PAYMENT OF TERRORISM LOSSES (applies to policies which cover terrorism losses insured under the federal program, including those which only cover fire losses)

The provisions of the Terrorism Risk Insurance Act, as amended, can limit our maximum liability for payment of losses from certified acts of terrorism. That determination will be based on a formula set forth in the law involving the national total of federally insured terrorism losses in an annual period and individual insurer participation in payment of such losses. If one or more certified acts of terrorism in an annual period causes the maximum liability for payment of losses from certified acts of terrorism to be reached, and we have satisfied our required level of payments under the law, then we will not pay for the portion of such losses above that maximum. However, that is subject to possible change at that time, as Congress may, under the Act, determine that payments above the cap will be made.

INSURED'S SIGNATURE _____

DATE _____


9/30/21



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INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

Proposal Date: 09/23/2021
Quotation Number: 14781635

Named Insured: California Association of Health an

LOCATION SCHEDULE

Loc	Bldg					
#	#	Address #1	Address #2	City	St	Zip
0001	0001	17800 US Highway 18		Apple Valley	CA	92307-1221



PHILADELPHIA INSURANCE COMPANIES

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Proposal Date: 09/23/2021
Quotation Number: 14781635

Named Insured: California Association of Health an

GENERAL LIABILITY

Total: \$ 32,106.00

Each Occurrence Limit	\$ 1,000,000	Liability Type: OCCURRENCE
Personal and Advertising Injury Limit	\$ 1,000,000	
General Aggregate Limit (Other Than Products – Completed operations)	\$ 3,000,000	
Products/Completed Operations Aggregate Limit	\$ 3,000,000	
Rented to You Limit	\$ 100,000	
Medical Expense Limit (Any One Person)	\$ 5,000	

Classifications	Class Code	Premium Base	Prem/Op BI/PD Ded	Products BI/PD Ded	Exposure	Premium
CALIFORNIA						
LOC 1 SALES/SERVICE ORGANIZATION	47367	PAYROLL	NONE		25,000,000	\$ 29,249.00
ADDL INS PRIMARY & NON-CONTRIBUTORY INS						INCL
COMMUNICABLE DISEASE EXCLUSION CREDIT	44444					\$ -10.00
LIABILITY DELUXE	44444					\$ 2,867.00



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Proposal Date: 09/23/2021
Quotation Number: 14781635

Named Insured: California Association of Health an

SPECIAL COVERAGES

Total: \$ 5,527.00

Classifications	Limit	Premium
CALIFORNIA		
SEXUAL/PHYSICAL ABUSE OR MOLESTATION-OCCURRENCE		\$ 5,527.00
Occurrence Limit:	\$ 1,000,000	
Aggregate Limit:	\$ 2,000,000	
Abuse Deductible: NONE		



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Proposal Date: 09/23/2021

Quotation Number: 14781635

Named Insured: California Association of Health an

PROFESSIONAL LIABILITY

Total: \$ 26,061.00

Classifications

CALIFORNIA

Limit

Premium

PROFESSIONAL LIABILITY - OCCURRENCE

\$ 26,061.00

Each Professional Incident Limit:

\$ 1,000,000

Aggregate Limit:

\$ 3,000,000



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610.617.7900 Fax 610.617.7940
PHLY.com

Proposal Date: 09/23/2021
Quotation Number: 14781635

Named Insured: California Association of Health an

AUTO COVERAGE

Total: \$ 1,628.00

Auto Common

Sub Total: \$ 1,628.00

Premium

HIRED CAR	CA		
Liab Limit (per 1000)		\$ 1,000	
NON-OWNED	CA		\$ 1,628.00
Liab Limit (per 1000)		\$ 1,000	



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One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

PROPOSAL FOR INSURANCE

Quotation Number: 14784510

Proposal Date: 09/23/2021

Named Insured and Mailing Address:
California Association of Health
and Education Linked Professions, JPA.
17800 US Highway 18
Apple Valley, CA 92307-1221

Producer: 19939
Alliant Insurance Services, Inc.
1301 Dove St Ste 200
Newport Beach, CA 92660

Contact: Keegan Bate
Phone: (949)756-0271
Fax: (949)250-5917

Insurer: Philadelphia Indemnity Insurance Company

Policy Period From: 10/07/2021
Proposal Valid Until: 10/07/2021

To: 10/07/2022
at 12:01 A.M. Standard Time at your mailing address shown above.

Product: Non-Profit Umbrella

Submission Type: Renewal Business

PHLY Representative: Rosecrans, Christopher A.
PHLY Representative Phone: (949) 330-2448
Underwriter: Anderson, Monica C.
Underwriter Phone: (949) 330-2453

Email: Christopher.Rosecrans@phly.com
Email: Monica.Anderson@phly.com

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO EXTEND INSURANCE AS STATED IN THIS PROPOSAL.

THIS PROPOSAL CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS
INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Umbrella Liability Coverage	\$ 22,874.00
TOTAL	
	\$ 22,874.00

- Bill Plan Options:**
- 25% Down and 9 Installments - Combined premium must be \$6,000 and up
 - 25% Down and 5 Installments - Combined premium must be at least \$3,333
 - 25% Down and 3 Installments - Combined premium must be at least \$2,000
 - 50% Down and 2 Installments - Combined premium must be at least \$2,000
 - 12 equal installments available only on Auto Rental/Leasing policies
 - Premiums under \$2,000 are Fixed Annual billing

All Bill Plans are subject to a minimum installment of \$500

The premium shown is subject to the following terms and conditions:

Any taxes, fees or surcharges included in the total premium shown on the proposal
are not subject to installment billing.

A maximum per installment fee of \$5.00 may be included (some states may vary).



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

Proposal Date: 09/23/2021

Quotation Number: 14784510

Named Insured: California Association of Health

The producer placing this policy may receive commission and additional underwriting profit share incentives. These incentives are based on the underwriting performance of this producer's book of business. Any questions about the nature of this compensation should be directed to the producer.

In order to complete the underwriting process, we require that you send us the additional information requested in the "conditions" section of this proposal. We are not required to bind coverage prior to our receipt, review and underwriting approval, of said additional information. However, if we do bind coverage, it shall be for a temporary period of not more than 30 days. Such temporary binding of coverage shall be void ab initio ("from the beginning") if we have not received, reviewed and approved in writing such materials within 15 days from the effective date of the temporary binder. This 30 day temporary conditional binder may be extended only in writing signed by the Insurer. Payment of premium shall not operate to extend the binding period or nullify the automatic voiding as described above.

This quotation is strictly conditioned upon no material change in the risk occurring between the date of this proposal and the inception date of the proposed policy (including any claim or notice of circumstances that which may reasonably expected to give rise to a claim under any policy of which the policy being proposed by this letter is a renewal or replacement). In the event of such change in risk, the Insurer may in its sole discretion, whether or not this quotation has been already accepted by the Insured, modify and/or withdraw this quotation.

Subject to the terms and conditions outlined above and prior to the quote expiration date, this quote may be bound by signing and dating below and by initialing, on the previous page, the option to be bound. This form will then act as the binder of coverage for 30 days from the date signed and may be distinguished by the Quotation number on page 1. This binder is only valid for 30 days.

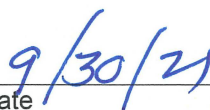
No coverage is afforded or implied unless shown in this proposal.

This proposal does not constitute a binder of insurance.

This proposal is strictly limited to the terms and conditions herein. Any other coverage extensions, deletions or changes requested in the submission are hereby rejected.



Signature of Authorized Insurance Representative



Date



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
 Bala Cynwyd, Pennsylvania 19004
 610.617.7900 Fax 610.617.7940
 PHLI.com

**PHILADELPHIA INSURANCE COMPANIES
 DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE REJECTION OPTION**

Terrorism Premium (Certified Acts) \$ <u>0</u>
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You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* The term “act of terrorism” means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT’S FEDERAL SHARE OF TERRORISM LOSSES IS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

We will issue (or have issued) your policy with terrorism coverage unless you decline by placing an “X” in the box below.

NOTE: You will want to check with entities that have an interest in your organization as they may require that you maintain terrorism coverage (e.g. mortgagees).

	<p>I decline to purchase terrorism coverage. I understand that I will have no coverage for losses arising from ‘certified’ acts of terrorism, EXCEPT as noted above.</p>
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You, as the Insured, have 30 days after receipt of this notice to consider the

selection/rejection of "terrorism" coverage. After this 30 day period, any request for selection or rejection of terrorism coverage WILL NOT be honored.

REQUIRED IN GA – LIMITATION ON PAYMENT OF TERRORISM LOSSES (applies to policies which cover terrorism losses insured under the federal program, including those which only cover fire losses):

The provisions of the Terrorism Risk Insurance Act, as amended, can limit our maximum liability for payment of losses from certified acts of terrorism. That determination will be based on a formula set forth in the law involving the national total of federally insured terrorism losses in an annual period and individual insurer participation in payment of such losses. If one or more certified acts of terrorism in an annual period causes the maximum liability for payment of losses from certified acts of terrorism to be reached, and we have satisfied our required level of payments under the law, then we will not pay for the portion of such losses above that maximum. However, that is subject to possible change at that time, as Congress may, under the Act, determine that payments above the cap will be made.

NAMED INSURED: California Association of Health

INSURED'S SIGNATURE: 

DATE: 9/30/21

CALIFORNIA PREMIUM REFUND DISCLOSURE NOTICE

In accordance with CAL. INS. CODE § 481.(c), we are notifying you that in the event that the first Named Insured cancels the insurance policy, we shall retain 10% of the unearned premium. The premium refunded to you will therefore be calculated as 90% of the pro rata unearned premium. But if cancellation takes place during the first year of a multiyear prepaid policy, we will return 90% of the pro rata unearned premium for the first year and the full annual premium for the subsequent years.

If you have an Equipment Breakdown policy or your policy contains an Equipment Breakdown Coverage Part, then the following premium refund calculation applies instead of that provided in the preceding paragraph. For the Equipment Breakdown policy premium or for the premium attributable to the Equipment Breakdown Coverage Part, we shall retain 25% of the unearned premium. The premium refunded to you will therefore be calculated as 75% of the pro rata unearned premium. But if cancellation takes place during the first year of a multiyear prepaid policy, we will return 75% of the pro rata unearned premium for the first year and the full annual premium for the subsequent years.

However, the penalties set forth in the preceding paragraphs will not apply under the following circumstances, even if the first Named Insured cancels the policy:

1. The Insured(s) no longer has a financial or insurable interest in the property or business operation that is the subject of insurance;
2. Cancellation takes place after the first year for a prepaid policy written for a term of more than one year; or
3. The policy is rewritten in the same insuring company or company group.

Desert/Mountain SELPA
Due Process Summary
July 1, 2021 - September 24, 2021

DISTRICT													CASE ACTIVITY FOR CURRENT YEAR				
	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21-22	Total	D/W	Resolution	Mediation	Settled	Hearing
Adelanto SD	0	3	6	5.5	2.5	5	3	3.5	3	3.5	0	35	0	0	0	0	0
Apple Valley USD	0	0	2	1	1.5	1.5	0	3.5	10	5	1	25.5	1	0	0	0	0
Baker USD	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Barstow USD	0	0	0	0	1	3.5	0	2	0	1	0	7.5	0	0	0	0	0
Bear Valley USD	1	0	0	0	0	1	2	0	0	1	0	5	0	0	0	0	0
Helendale SD	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0
Hesperia USD	5.5	4	3	5	7.5	7	6	7	17.5	7	2	71.5	0	0	1	1	0
Lucerne Valley USD	0	1	2	1	1	2	0	1.5	0	0	0	8.5	0	0	0	0	0
Needles USD	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Oro Grande SD	0	0	0	0	0	0	0	0	2	0	0	2	0	0	0	0	0
Silver Valley USD	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Snowline USD	2	1	1	5	4.5	6.5	2	8.5	7	2	0	39.5	0	0	0	0	0
Trona USD	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Victor Elementary SD	1	1	4.33	3.33	1.83	2.5	6.5	0	7	1	1	29.49	0	0	0	1	0
Victor Valley Union High SD	2	4	3.33	4.3	7.83	4	4	8.5	6.5	10	1	55.46	0	1	0	0	0
Academy for Academic Excellenc	0	0	4	2	0	1	2	1	1	1	0	12	0	0	0	0	0
CA Charter Academy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Desert/Mountain OPS	0.5	1	1.33	0.83	4.33	3	1.5	3	2	1	0	18.49	0	0	0	0	0
Excelsior Education Center	0	0	0	0	0	0	0	0.5	2	0	0	2.5	0	0	0	0	0
Health Sciences HS & MS	0	0	0	0	0	0	0	1	1	0	0	2	0	0	0	0	0
SELPA-WIDE TOTALS	13	15	26.99	27.96	31.99	37	28	40	59	32.5	5	316.44	1	1	1	2	0

Districts showing a value of .50 above indicates that the district is a co-respondent with another district.

*Number accounts for High Tech High but has exited from CAHELP. Actual count for 2019-20 is 67.

Desert/Mountain SELPA
Due Process Activity Summary
July 1, 2021–September 24, 2021

LEA Case Number	Issue(s)	Date Filed	Resolution Scheduled	Mediation Scheduled	Pre-Hearing Conference	Due Process Hearing	Status
1. VVUHSD Case No. 2021070206	LEA filed on parent for permission to assess, pursuant to assessment plan of 3-19-21	7/7/21	7/26/21		7/26/2021 9/13/21	08/03--05/21 9/21-23/21	Filing was necessary because the parent filing of 10/20 was withdrawn and left with open IEP's and lack of student attendance. 7/26/21 Continuance granted for parent to obtain attorney.
2. Victor Elem SD Case No. 2021070710	Failure to provide FAPE 1. Program 2. Speech/Lang. 3. Appropriate Assessment	7/21/2021	8/6/2021	9/7/2021	10/29/2021	9/14-16/21	Mediation - Settlement Agreement 1. IEE - (Sp & Lang and Psycho ed) 2. SP & Lang (2W x 20 min) individual therapy added to IEP 3. Comp Ed (academic, SP/Lang, OT contingent on results) 4. 1:1 until assessments completed not stay put Settlement Agreement CLOSED
3. Hesperia USD Case No. 2021070965	Failure to provide FAPE 1. Communication 2. Academics 3. Behavioral management	7/29/2021	8/5/2021			9/21-23/21	Full execution of settlement agreement on 8/11/2021 - 1. Conduct Assessments: Supplemental Speech and Central Auditory Processing. 2. 1:1 instructional assistance through 12/17/2021 until TISA is reviewed. 3. Amend IEP: Speech 4M/30 min group and 4M/30 min individual. 4. Comp Ed (Speech and Lang). 5. Reimburse parents for intensive reading services. Settlement Agreement CLOSED

Desert/Mountain SELPA
 Due Process Activity Summary
 July 1, 2021–September 24, 2021

4. Hesperia USD Case No. 2021080484	Denial of FAPE 1. Student not making progress. 2. Failed to provide appropriate program.	8/17/2021	8/30/2021		10/4/2021	10/12 - 10/14, 2021	Resolution Negotiations in Progress.
5. Apple Valley USD Case No. 2021090257	AVUSD filed to defend placement.	9/9/2021					Parent moved and withdrew complaint. CLOSED

Desert /Mountain SELPA
Legal Expense Summary
As Reported at Steering September 24, 2021

2000-2001	\$39,301.51
2001-2002	\$97,094.90
2002-2003	\$37,695.13
2003-2004	\$100,013.02
2004-2005	\$136,514.09
2005-2006	\$191,605.08
2006-2007	\$140,793.00
2007-2008	\$171,614.04
2008-2009	\$263,390.71
2009-2010	\$114,076.96
2010-2011	\$293,578.50
2011-2012	\$567,958.10
2012-2013	\$321,646.04
2013-2014	\$250,372.65
2014-2015	\$297,277.76
2015-2016	\$204,756.26
2016-2017	\$233,130.03
2017-2018	\$247,459.52
2018-2019	\$314,479.71
2019-2020	\$475,930.79
2020-2021	\$354,582.16
2021-2022	\$17,446.66

**Desert/Mountain Charter SELPA
Due Process Activity Summary
July 1, 2020 – June 30, 2021**

LEA Case Number	Issue(s)	Date Filed	Resolution Scheduled	Mediation Scheduled	Pre-Hearing Conference	Due Process Hearing	Status
1. Elite Academy 20212105017 2021050171	Filed by LEA to implement the IEP of August 2020	05/08/2021	NA	06/23/2021	08/06/21 9/27/2021	08/17-19/21 10/5-10/7/21	06/23/21 Mediation unresolved. Combined with student filings. 09/09/2021 – New counsel for parent: JANEEN STEEL, VANAMAN GERMAN LLP 09/13/21 Case Withdrawn. CLOSED
2. Elite Academy 2021060366	Filed by LEA to implement the IEP of July 2020	05/07/21	NA	06/23/21	06/28/21 08/02/21 9/13/21	07/06-08/21 08/10-12/21 9/21-9/23/21	06/23/21 Mediation unresolved. Combined with student filings. 09/09/2021 – New counsel for parent: JANEEN STEEL, VANAMAN GERMAN LLP 09/13/21 Case Withdrawn. CLOSED
3. Elite Academy Case No. 2021060810	Parent counter filed 1. Least restrictive Environment. 2. Failure to fully assess a developmental vision	06/21/21	07/06/21		08/09/21 9/27/2021	08/17-19/21 10/5-10/7/21	Consolidated with LEA. Resolution- unresolved with advocate representation only. 7/20/21 decision to go directly to hearing. 8/09/21 student withdrew from Elite. Parent dismissed attorney and filed continuance. LEA filed opposition. 09/09/2021 – New counsel for parent: JANEEN STEEL, VANAMAN GERMAN LLP 09/13/21 Case Withdrawn. CLOSED
4. Elite Academy Case No. 202021060761	Parent counter filed 1. Parent is seeking judicial support of her refusal to grant permission to assess for ERMHS	06/18/21	07/06/21		08/02/21 9/13/21	08/10-12/21 9/21-9/23/21	Consolidated with LEA. Resolution- unresolved with advocate representation only. 8/09/21 student withdrew. Next steps TBD. 09/09/2021 – New counsel for parent: JANEEN STEEL, VANAMAN GERMAN LLP 09/13/21 Case Withdrawn. CLOSED

Desert /Mountain Charter SELPA
Legal Expense Summary
As of June 30, 2021

2000-2001	0.00
2001-2002	0.00
2002-2003	0.00
2003-2004	0.00
2004-2005	0.00
2005-2006	0.00
2006-2007	0.00
2007-2008	0.00
2008-2009	0.00
2009-2010	0.00
2010-2011	0.00
2011-2012	0.00
2012-2013	0.00
2013-2014	0.00
2014-2015	0.00
2015-2016	7,378.00
2016-2017	33,886.61
2017-2018	70,994.67
2018-2019	113,834.81
2019-2020	58,033.90
2020-2021	43,640.20

**Desert/Mountain Charter SELPA
Due Process Summary
July 1, 2021 - September 23, 2021**

D = Complaint Dismissed W = Complaint Withdrawn

DISTRICT										CASE ACTIVITY FOR CURRENT YEAR				
	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	Total	D /W	Resolution	Mediation	Settled	Hearing
Allegiance STEAM Acad - Thrive	N/A	N/A	N/A	N/A	0	0	0	0	0	0	0	0	0	0
Aveson Global Leadership Acad	N/A	2	1	5	1.5	0	0	2	11.5	0	2	0	0	0
Aveson School of Leaders	N/A	0	3	1	1.5	0	0	0	5.5	0	0	0	0	0
Ballington Acad for Arts & Sci	N/A	N/A	N/A	0	2	0	0	0	2	0	0	0	0	0
Desert Trails Prep Academy	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Elite Academic Acad - Lucerne	N/A	N/A	N/A	N/A	0	0	4	0	4	0	0	0	0	0
Encore Junior/Senior High School	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Julia Lee Performing Arts Acad	N/A	N/A	N/A	N/A	0	0	0	0	0	0	0	0	0	0
LaVerne Elem Preparatory	0	0	0	0	0.5	0	0	0	0.5	0	0	0	0	0
Leonardo da Vinci Health Sci	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Odyssey Charter School (Altadena)	N/A	0	0	0	0	0	0	1	1	0	0	0	1	0
Odyssey Charter School -South (Pasadena)	N/A	N/A	N/A	N/A	0	0	0	0	0	0	0	0	0	0
Pasadena Rosebud Academy	N/A	N/A	N/A	N/A	1	0	0	0	1	0	0	0	0	0
Pathways to College	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Taylion High Desert Academy	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Virtual Prep Academy at Lucerne	N/A	N/A	N/A	N/A	N/A	N/A	0	0	0	0	0	0	0	0
SELPA-WIDE TOTALS	0	2	4	6	6.5	0	4	3	25.5	0	2	0	1	0

Desert /Mountain Charter SELPA
Legal Expense Summary
As Reported at Steering September 23, 2021

2000-2001	0.00
2001-2002	0.00
2002-2003	0.00
2003-2004	0.00
2004-2005	0.00
2005-2006	0.00
2006-2007	0.00
2007-2008	0.00
2008-2009	0.00
2009-2010	0.00
2010-2011	0.00
2011-2012	0.00
2012-2013	0.00
2013-2014	0.00
2014-2015	0.00
2015-2016	7,378.00
2016-2017	33,886.61
2017-2018	70,994.67
2018-2019	113,834.81
2019-2020	58,033.90
2020-2021	43,640.20
2021-2022	22,779.41

Desert/Mountain Charter SELPA
 Due Process Activity Summary
 July 1, 2021–September 23, 2021

LEA Case Number	Issue(s)	Date Filed	Resolution Scheduled	Mediation Scheduled	Pre-Hearing Conference	Due Process Hearing	Status
1. Odyssey Charter Case No. 2021070313	Child Find and Denial of FAPE: 1. Failed to appropriately assess in all areas of suspected need (AT, OT) 2. Failure to qualify for SPED 3. Lack of parental participation 4. Substantively deny FAPE	7/19/21	7/28/21		9/3/2021	9/14 - 9/16/2021	Effective upon full execution of the settlement agreement on 8/23/2021: Reimburse Parents for educational and counseling expenses - \$5,069.00. Settlement Agreement - CASE CLOSED
2. Aveson Case No. 2021080796	Denial of FAPE: 1. Failure to provide appropriate program and adequate support. 2. Denial of parental participation. 3. Lack of educational benefit	8/25/2021	9/9/2021		10/11/2021	10/19 - 10/21/2021	Parent unrepresented at Resolution. No settlement agreement.
3. Aveson Case No. 2021090088	Denial of FAPE: 1. Failure to assess in all areas of suspected need / TRI 2. Failure to provide appropriate program and adequate support. 3. Inappropriate placement and services. 4. Failure to offer a BIP	9/2/2021	9/14/2021				

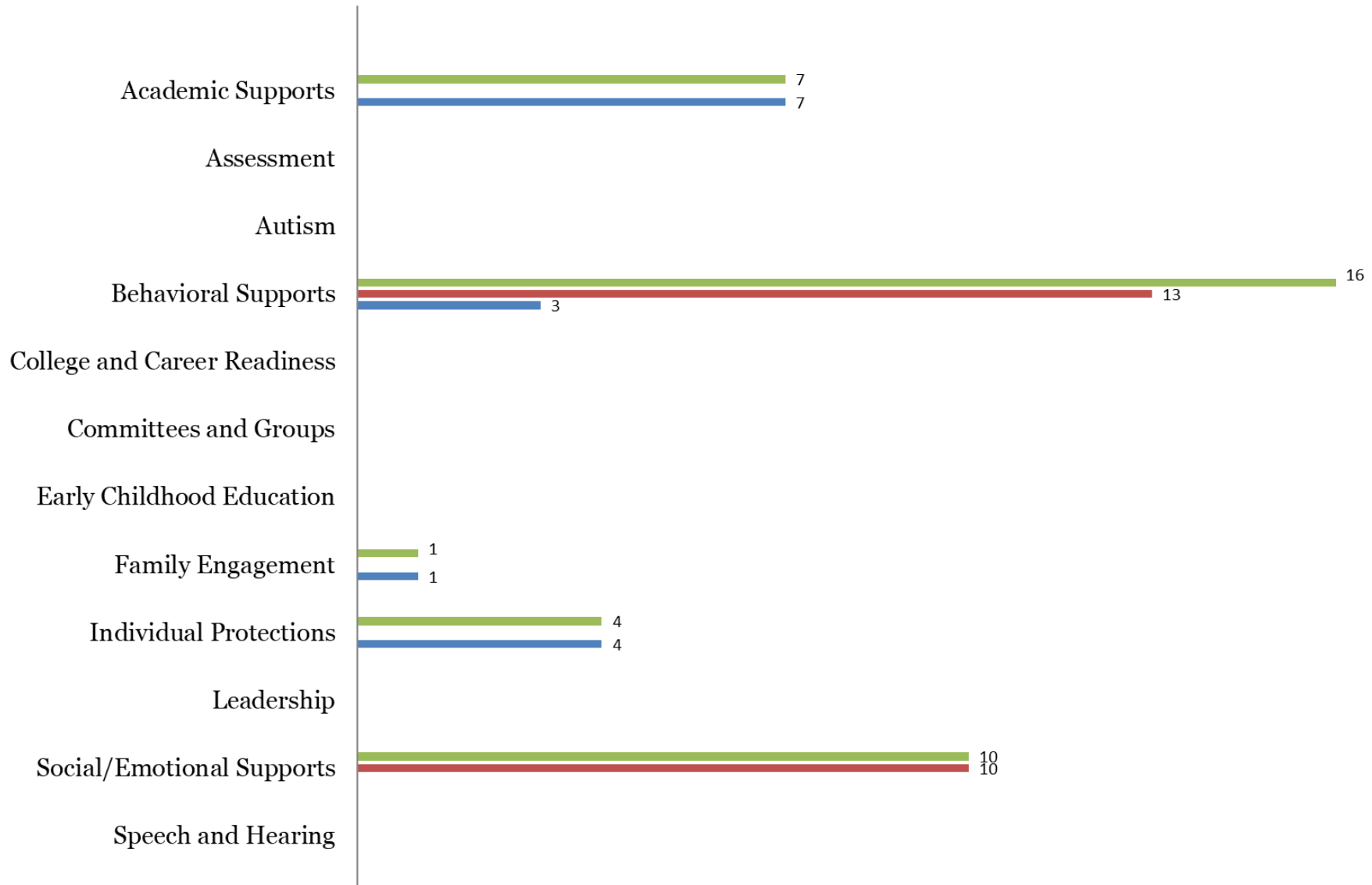
7.5 Special Presentation
Verbal report, no materials

D/M CHARTER SELPA PROFESSIONAL LEARNING PARTICIPATION SUMMARY

JULY & AUGUST 2021 - 38 PARTICIPANTS

38 YEAR-TO-DATE PARTICIPANTS

■ Total Participants YTD by Content Area ■ On-Site Trainings ■ Regional Trainings



D/M SELPA PROFESSIONAL LEARNING PARTICIPATION SUMMARY

JULY & AUGUST 2021 - 873 PARTICIPANTS

873 YEAR-TO-DATE PARTICIPANTS

■ Total Participants YTD by Content Area ■ On-Site Trainings ■ Regional Trainings

