

Department of Development Services
Reduction of Disparities in Purchase of Service
Regional Center Funding Proposals (Fiscal Year 2016-17)

Regional Center(s): Kern Regional Center

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I. PROPOSAL

Please attach the proposal for Fiscal Year 2016-17. Proposals must meet the criteria outlined in the application guidelines in Attachment 1. Proposals must also be consistent with information derived from public meetings with stakeholders regarding purchase of service (POS) disparity data. Regional centers may partner with other centers to implement strategies to address areas of disparity in POS authorization, utilization and expenditures.

II. BUDGET DETAIL

- a. Amount of funding the regional center(s) is requesting: \$662,407.00
- b. Estimated number of consumers to be impacted by the service(s): 1,696

III. DIRECTOR'S CERTIFICATION

I certify that the information completed above and attached is true and correct.

Director's Name: Robert Rowick

Director's Signature: Robert Rowick

REQUEST FOR ABX2 1 FUNDING

TO UNDERSTANDING BARRIERS AND STRATEGIES TO REDUCE DISPARITY IN THE PURCHASE OF SERVICES

Proposal Submitted to the Department of Developmental Services

Kern Regional Center

September, 2016

A. Purpose - Background and Introduction

In accordance with state law, the Kern Regional Center (KRC) has conducted an analysis of its Purchase of Service Expenditure Data, and convened numerous stakeholder meetings to present its utilization and expenditure data to the community. Our stakeholder meetings have diverse representation of participants that reflects the racial and ethnic diversity of the Kern, Mono and Inyo Counties.

The following are themes that emerged from stakeholders:

- 1) KRC need to engage our providers to assist KRC in communicating its services to families, to assist families in navigating and accessing services and to articulate families' needs to the KRC organization.
- 2) KRC need to train and reorient the entire staff in ways they can be more responsive to the needs of individual families. This requires a culture shift within our agency and that training alone will not create outcomes.
- 3) KRC must put a system in place so that an infrastructure exists to support more person-centered, culturally competent practices.

In our 2016 Performance Contract report, we indicated our intention to develop a plan to reduce the disparities in expenditures and utilization, that we proposed the use of ABX2-1 funding to accomplish this goal. Our proposal requests we believe will be effective in addressing disparities in expenditures and utilization, particularly among our early start age group of birth to 3 years of age. KRC is structured to provide case management services from birth to 8 years of age. Therefore, our proposal will include over 3 up to 8 years of age.

Our statistical analysis of the data and feedback from stakeholders indicate that the key factors driving the disparities in utilization can be grouped into two broad categories:

- 1) Language and Cultural Barriers** unique to the populations that we serve, including, stigma and shame regarding disabilities, lack of awareness/understanding of the services available, lack of trust of providers, fear of immigration laws, life circumstances and related stress etc., and
- 2) Accessibility Barriers** or factors linked to the appropriateness of services offered by KRC, including the complexity of navigating the service delivery system, lack of

sensitivity and cultural competency of providers, and a lack/shortage of services in rural areas.

We are requesting funding to assist KRC in effectively address these barriers, particularly the need for training for early start staff and providers, increase trust between families and providers, as well as more culturally appropriate and family driven services.

B - 1. Describe your regional center's POS disparities

In accordance with the guidance provided by the Department of Developmental Services, KRC prepared a report on "KRC Purchase of Service Expenditure and Demographic Data, Fiscal Year 2014/2015".

During this period, KRC served a total of 8,300 clients. Of those, 3,652 were Hispanic, 3,079 were White, 692 were African-American, and 107 were Asian. Among White and Hispanics ethnic groups, they utilized services an average of 67% of the total allowable Purchase of Service authorized, among African American and Asians 68%, respectively.

In terms of annual expenditures:

- Among racial/ethnic groups, all ages, average per capita expenditures were highest for Polynesian (\$30,331), Native Americans (\$23,556), and White (\$19,538). The lowest were for Hispanic (\$9,604), African-American (\$17,224), and Asian (\$17,879).
- Among racial/ethnic groups, all ages, average per capita utilized services were highest for Native Americans (76%), Polynesian (74%), Other Ethnicity or Race (70%), and White (70%), and the lowest were Hispanic (65%).

In terms of annual utilization by age, across the board it seems services are underutilized:

- Birth to age 2 years, among racial/ethnic groups, average per capita utilization rate were highest for Asian (66%), Hispanic (55%), and Other Ethnicity or Race (53%). Among White (51%), African Americans (50%) had the lowest utilization of services.
- Age 3 years to 21 years, among racial/ethnic groups, average per capita utilization rate were highest for Native America (80%), Other Ethnicity or Race (68.2%), and White (62%). Among Asian (53%), Filipino (52%) and Hispanic (60%) had the lowest utilization of services.
- Age 22 years and older, among racial/ethnic groups, average per capita utilization rate were highest for Polynesian (96%), Native American (78%), Other Ethnicity or Race (74%), and Filipino (73%). Among Hispanic (68%), African American (71%) and White (72%) had the lowest utilization of services.

The data seems to point to the need for enhanced services to our early start (Birth to age 3 years) across our population, but more importantly understanding the barriers in utilization of the services across all ethnic groups.

B-2. Identify the target population(s)

POS data point to the need for improved relationships, as well as greater outreach, education, and training of our Early Start staff, and providers, especially those in rural communities. Therefore, four racial/ethnic populations (White, Hispanic, African American, and Asian) would be the target of our proposed effort, improve utilization of purchase of services and with a primary focus on families with very young children.

We will focus our service enhancement efforts on existing KRC clients who have an Individual Family Support Plan (IFSP) [birth to 3 years] and Individual Program Plan (IPP) [3 to 8 years] in place, as well as new and potential clients from the target populations indicated above.

The first phase of our proposed plan will begin within our Early Start Intake and Assessment for Kern, Inyo and Mono Counties, and Early Start providers [birth to 3 years]. The second phase will involve age 3 to 8 years in subsequent years.

B-3. Brief summary of the Public Forum

Multiple community stakeholder meetings were held as follows:

- Bakersfield – Tuesday, January 26, 2016
- Bakersfield - Tuesday, February 16, 2016
- Bakersfield – Monday, February 22, 2016 both in English and Spanish.
- Delano – Wednesday, February 24, 2016 both in English and Spanish.
- Ridgecrest – Thursday, February 25, 2016 both in English and Spanish.
- Bakersfield - Thursday, September 9, 2016

The meetings were facilitated by KRC staff. There was an average of 10 to 30 attendees at each session consisting of community resources, providers, parents, KRC Board Members, representatives from Office of Client’s Right Advocate, KRC Self Determination Advisory Committee members, and representatives from the State Council on Developmental Disabilities.

Stakeholders expressed the need for greater trust and more positive relationships with providers, help clients understand the services available, and reduce case load ratios.

- Families request better training and orientation of KRC staff.
- Families need greater understanding of the services they are entitled, and
- Families need more education (including written materials) about the nature of the services being offered to them and why, in Spanish.

The Bakersfield, September 9, 2016, was held as part of the Richardson Special Needs Collaborative Quarterly Meeting. At this meeting, the community collaborative that consisted of First 5 kern, Family Resource Center [H.E.A.R.T.S Connection], Kern County Superintendent of Schools, Kern County Sherriff’s Department, Kern County Department of Public Health and Greater Bakersfield Legal Assistance were also supportive of the proposed plan of using community partners and offering staff training in increase utilization of our services. It was expressed that there is a need for a greater trust and more positive relationship with providers, as well as the need to help clients understand the services available.

B-4A. Strategies/Recommendations to Reduce Service Disparities:

In response to the identified needs of clients and their families and recommendations from our stakeholder meetings, KRC proposes to implement the use of a Project Coordinator/Consultant who has had 30 years of collaborative work with the school district, infant development program and regional center to bridge the trust and culture gap between client families and providers. By increasing the strength of relationships between KRC and the families it serves, several outcomes are anticipated:

- 1) New families will be more aware of KRC services available to them.
- 2) Existing families will better understand the value and importance of services authorized and recommended in the IFS and/or IPP.
- 3) By engaging our providers and providing them training, it will reduce language and cultural barriers, existing families will have increased access to and utilization of authorized services.

Having a shared language alone is not adequate; sharing common life experiences, and having a trusted member of their community, can provide culturally appropriate services and serve as an advocate, educator, and outreach worker.

A use of a Project Coordinator/Consultant that can assist KRC staff and providers in understanding and navigating services, while also helping to reduce barriers that limit utilization:

- 1) Conduct outreach through educational presentations about regional center services in venues serving families with young children [birth to 8 years] in our catchment area, utilizing the Family Resource Center and Early Start networks.
- 2) Hiring and training 4 (four) bilingual service coordinators to work directly with families currently receiving KRC services.
- 3) KRC proposes to enhance its assessment and intake process by training the staff in the Hawaii Early Learning Profile (HELP), or the Infant-Toddler Developmental Assessment (IDA).
- 4) Hire registered nurse to be part of the clinical team to provide in depth evaluation.

KRC's goal is to create a single point of entry for *all* infants and toddlers. Evaluation for the Early Start and Prevention Programs is conducted simultaneously. Evaluation includes a review of medical records, a face to face interview and completion of a developmental assessment in all five developmental domains, utilizing tools such as the HELP or IDA.

KRC relies on generic and private resources to provide specialized treatment and intervention, in our infant-toddler group. Developmental assessment of the infant-toddler will be part of the expenditure of funds in this program. The KRC staff, in conjunction with the family, will periodically assess the child's development. Based on clinical findings and an individualized

assessment of the child's needs, recommendations may be made for further, in depth, evaluation in a specific area, e.g. a gross motor delay may indicate a need for physical therapy evaluation.

Enhancing KRC's intake and assessment process alone will not produce increase utilization of services. Additionally, training the staff in Person-Centered Thinking, and infusing this perspective into the IFSP and IPP process. Person-Centered Thinking encourages approaches to working with persons with disabilities that: 1) increase client choice, 2) advocate for difference-making processes and procedures, 3) honor the voices of the client and those who know the client best, 4) build supportive relationships, 5) individualize supports based on high expectations and 5) demand that agencies adopt new forms of service that better meets the needs of clients.

The goal of person-centered thinking is creation of a stronger team focused on an individual client and that person's vision of what they would like for themselves in the future, as well as total buy-in by the consumer (and/or their family) for services being authorized. Buy-in by the consumer increases the likelihood that authorized services will be utilized.

As part of the organizational shift to person-centered thinking and greater accountability for outcomes, specific activities for KRC staff will include to:

- Meet regularly to review the progress on achieving the goals of the IFSP or IPP
- Assure that the interests of the focus person are being met
- Assure that a person committed to making connection to the local community is included in the planning process to reduce barriers to utilization.

Ongoing training of KRC staff in cultural competency will also continue throughout the grant period. Staff selected to participate in the person-centered thinking training will also attend VISIONS, Inc. cultural competency training. VISIONS offer two four-day training sessions per year, one on the east coast and one on the west coast.

B-4B. Implementation Plan, Services to be Delivered and Duration

KRC is requesting funding for a three-year project, to include a planning phase. During the planning phase (year 1), KRC will conduct the following activities:

- 1) Define and describe in detail the target populations for this project to include target counties and zip codes, numbers to be served, ages being targeted, and other selection criteria.
- 2) Select specific staff that are strategically placed throughout the agency to participate in training in HELP, IDA, person-centered thinking, as well as VISIONS, Inc. cultural competency training.

- 3) Hire the 4 (four) bilingual service coordinators, and hire registered nurse.
- 4) Design the project implementation process to move the agency from its current intake and assessment process, IFSP, and IPP process to developing IFSP IPP's that are person-centered and culturally competent, and having a single point of entry for *all* infants and toddlers.

Over the next two years of the project:

- 5) Beginning in the planning year and extending into the second year of implementation, key KRC staff will receive training in the HELP, IDA, person-centered thinking, and in the VISIONS, Inc. cultural competency curriculum. It is anticipated staff training will be completed by the end of year 2 with the exception of "refresher courses" or "train the trainer" opportunities that may be ongoing.
- 6) In addition to serving on the planning stage and implementation, the KRC Project Coordinator/Consultant will follow-up with early start providers and Family Resource Center, in their training to increase their cultural competency. The Project Coordinator/Consultant will also make community presentations about the regional center and its services, connecting with family-serving organizations throughout our catchment area to partner with them in conducting family outreach.
- 7) By the end of year two, a new, well-designed and implemented internal process for intake and assessment that includes: 1) single point of entry for all infant-toddler, 2) staff trained in person-center thinking and cultural competence, 3) person-centered thinking and cultural competency reflected in the IFSP or IPP's, and 4) a clearly defined process (including available software, reporting schedules, and staff accountability measures) for monitoring changes in utilization and expenditures by case manager caseload will be in place.
- 8) Also by the end of year two, KRC will have made numerous educational and informational presentations about KRC and its vendors throughout the KRC region, focusing attention on those communities and populations that are underutilizing services.
- 9) In year three, KRC will expand the education, training and cultural competence across all providers. KRC will have an Outreach Team that will include members of KRC families identified through case managers and through outreach efforts. The purpose

of the Outreach Team is to extend the work of the Project Coordinator/Consultant throughout Kern, Inyo and Mono counties. The Outreach Team will also review the annual POS data and advise KRC on needed agency changes and improvements in working with diverse families. The Outreach Team will also recommend goals and targets for implementing those changes. The Outreach Team will meet quarterly, and will report its progress periodically to the KRC Board.

B-4C. Anticipated Costs of the Plan and Evaluation Criteria

The total anticipated costs for the proposed three year project is \$662,407. Of this amount, \$320,000 is for 4 (four) bilingual service coordinators, \$258,000 is for contracted personnel, \$53,000 for training costs in person-centered thinking and for cultural competency training (VISIONS), \$10,500 for meeting support and other non-personnel expenses, \$10,540 for local mileage/travel, and \$10,367 for indirect costs.

B-4D. Timeline, Including Contracts

<u>Timeframe</u>	<u>Goal</u>	<u>Activities</u>	<u>Accountability</u>
November, 2016 – October, 2017 (Year 1)	Develop full project implementation plan	Engage with Project Coordinator/Consultant, and identify leadership staff and program managers to be involved; convene bi-weekly to monthly planning meetings to establish project goals and activities	KRC Management Team [who relates to this population]; Project Coordinator/Consultant
		Retain Project Coordinator/Consultant, hire the first 2 of 4 of bilingual service coordinators (subcontracts with Family Resource Center or community partners)	KRC Management Team [who relates to this population]
		Identify and arrange for training for selected staff	KRC Management Team KRC Training Coordinator

		including case managers	
		Key staff attend Person-Centered Thinking (Learning community) and cultural competency (VISIONS, Inc.) trainings	KRC Management Team [who relates to this population]
	Develop project evaluation plan	Identify project baseline and benchmarks; design data collection and monitoring system	Project Coordinator/Consultant and IT manager/evaluation analyst
August 2017 – August 2018 (Year 2)	Enhancement of Intake and Assessment Process	Review IPP internal process for person-centered thinking and cultural competency, complete training on the HELP and IDA.	Project Coordinator/Consultant Program Manager, Assessment
	Hire the remaining 2 of 4 bilingual service coordinators	Contracts with Family Resource Center or community partners	KRC Management Team [who relates to this population]
		Brainstorm and test ways to improve the IFSP and IPP process	Project Coordinator/Consultant
		Develop enhanced pilot IFSP and IPP process	KRC Management Team [who relates to this population]
		Evaluate pilot IFSP and IPP process	Project Coordinator/Consultant
September 2018 – September 2019 (Year 3)	Fully implement enhanced IFSP and IPP process, and single point of entry for all infant-	Person-centered, culturally competent IFSP and IPPs are implemented. Single point of entry established	KRC Management Team [who relates to this population] and program managers

	toddlers referral		
		Quarterly evaluation feedback is provided to program managers and case managers	Project Coordinator/Consultant
		Final project report and evaluation provided to DDS	Project Coordinator/Consultant

B-4E. Plan for data collection, records, and tracking outcomes

It is KRC’s goal to increase its service utilization rates for infant-toddlers, for White, Hispanics, Asians and African Americans in general, by implementing the above proposed strategies. The following provides a preliminary list of short and long term outcome objectives, performance measures and data sources; however, an independent evaluator will more fully develop the evaluation plan, tools and data collection instruments for the project during year 1. A data analyst will support the project.

Short –Term Goals	Performance Measure or Indicator	Data Source
Train early start providers, case managers and executive staff in person-centered thinking, HELP and/or IDA	Numbers and percentages of KRC staff trained by job classification	Names of persons registered and attendance confirmation
Train case managers and executive staff in cultural competency	Numbers and percentages of KRC staff trained by job classification	Names of persons registered and attendance confirmation
Conduct outreach and educational presentations regarding KRC services to consumers, to include person-centered thinking and consumer rights.	Number of outreach presentations by county, number of attendees at each, percentage of diverse representation at each.	Sign-in sheets; number and frequency of outreach presentations provided by Project Coordinator/Consultant

Long -Term Goals	Performance Measure or Indicator	Data Source
Increased service utilization rates and expenditures for White, Hispanic, Asian and African American clients	Increase in percent of POS utilization and dollar expenditures for target populations in specified areas	SANDIS database (monthly or quarterly); Department of Developmental Services (annually)
Increase satisfaction with KRC, including high ratings for culturally appropriate care	Increases in client satisfaction rates for culturally appropriate, person-centered care, and intake process	Client satisfaction surveys conducted twice per year; stakeholder meetings to gather qualitative data on an annual basis