

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

Regional Center(s): Central Valley
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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: \$839,382
- b. Estimated number of consumers to be impacted by the service(s): 18,000+

III. DIRECTOR'S CERTIFICATION

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

Director's Name: Heather Flores
Director's Signature: Heather Flores

ABX2 1 FUNDING FOR REGIONAL CENTERS
TO PROMOTE EQUITY AND REDUCE DISPARITY IN THE PURCHASE OF SERVICES
Proposal Submitted to the Department of Developmental Services

Central Valley Regional Center

September, 2016

Background and Introduction

In accordance with state law, the Central Valley Regional Center (CVRC) has conducted an extensive analysis of its Purchase of Service (POS) Expenditure Data, and has convened numerous stakeholder meetings each year to present its utilization and expenditure data to the community since 2012. Each year, we have increased our understanding of the factors behind perceived inequities in service expenditures, as well as gained in-depth consumer perspectives about what is needed to reduce disparities going forward. Our stakeholder meetings have typically been held in collaboration with local family resource centers and minority-serving non-profit organizations. The diverse representation of participants in those meetings reflects the racial and ethnic diversity of the Central Valley, and in particular, our threshold populations.

By the fourth consecutive year of expenditure data review and dissemination, CVRC had documented that consistent themes/needs were being expressed by stakeholders. Having reached a saturation point, the needs were clear: we need cultural brokers from the community to assist CVRC in communicating the nature of its services to families, to assist families in navigating and accessing services, and to better articulate families' needs to the CVRC organization.

There is also a need to reorient the entire CVRC staff to be more responsive to the unique needs of individual families. We intend to promote **new ways of thinking** that honor the strengths of families as well as their right to ask for and receive what they want. We recognize that while a focus on client outcomes (i.e. did they get what they asked for?) necessitates a shift that requires staff and providers to be better listeners and partners with families, we must also put internal systems in place so that the necessary infrastructure exists to support person-centered, culturally competent organizational practices.

By securing ABX2 1 Funding, CVRC will be able to speed up its current efforts to shift the agency towards person-centered thinking and more culturally appropriate and respectful services. Not only will this culture shift permit us to focus on client outcomes (rather than services delivered), improve the quality of our services and help us better meet the needs of the families we serve; it will also move us towards compliance with the 2014 CMS HCBS Final Rule which mandates consumer choice in the determination of services.

In our 2016 Purchase of Service Expenditure report, we stated our intention to develop and implement a plan to reduce the disparities in expenditures and utilization. This proposed three-year project requests support for implementing strategies we believe will be effective in addressing perceived inequities and disparities, particularly among two of our threshold populations, Hispanics and Asian Americans (more specifically, the Hmong), as well as among Native Americans.

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

- 1) **Individual barriers** unique to the populations that we serve, including cultural and language barriers, 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) **Institutional barriers**, or factors linked to the accessibility and appropriateness of services offered by CVRC, 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.

By this proposal, we are requesting funding to implement two strategies that will effectively address these barriers, particularly the need for stronger, more trusting relationships between families and providers, as well as more culturally appropriate and family driven services. The selected strategies we propose to implement, **promotora de salud** and **a train the trainer model of staff development in person-centered thinking and cultural competency**, are recognized for their ability to increase utilization and/or client satisfaction with services. Our plan for implementing these strategies is described more fully below.

Section 1. Describe your regional center's POS disparities

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

During this period, CVRC served a total of 18,694 clients. Of those, 9,808 were Hispanic and 910 were Asian. Among Hispanics and Asians respectively, 2,551 (26%) and 286 (31.4%) received no purchase of service.

In addition, we found that:

- 23% of all consumers had no purchase of services.
- The vast majority of those with no purchase of services (76.2%) were between the ages of 3 and 21 years (school-aged).
- Among racial/ethnic groups, **Asians (31%) and Polynesians (30%)** had the greatest likelihood of having no purchase of services.
- In terms of language spoken, **35.9% of Hmong** had no purchase of services. Persons who were primarily **Spanish-speaking** also had a high likelihood (**29%**) of no purchase of services.

In terms of annual expenditures:

- Among racial/ethnic groups, average per capita average per capita expenditures were highest for whites (\$15,462) and lowest for **Native Americans** (\$13,340); and per capita authorized services were highest for whites (\$17,723) and lowest for Native Americans (\$14,427); and
- Total per capita expenditures/authorized services for consumers who speak English were \$10,984/\$13,043 compared to \$5,702/\$7,131 for **Spanish speaking** consumers.
- There were urban/rural differences in the mean authorized amount for most racial ethnic/subpopulations, with authorized dollars being generally higher in urban areas.

Regarding utilization rates:

- Service utilization rates were 84.2% for persons speaking English and 80.0% for persons speaking Spanish.
- There was a steady and persistent decline in utilization for 0--2 year olds for the four-year period from 2011 – 2015, with utilization dropping from **77.6% in 2011/2012 to 66.9% in 2014/2015.**

These data point to the need for effective outreach services to Hispanic, Hmong and Native American families, particularly those in rural communities.

Section 2. Identify the target population(s)

Three racial/ethnic/language populations are the target of our proposed efforts: Hispanic, Hmong and Native American. Given declines in utilization over the last three to four years, families with very young children will be a priority focus as well.

We will focus our efforts on existing CVRC clients who already have an Individual Program Plan (IPP) in place (all ages), as well as new and potential clients from the target populations indicated above. During our proposed project planning phase, we will further examine our POS data to identify the highest need geographic areas to target our efforts. Based on this analysis, we will select a pilot county or two to test our ideas prior to extending enhanced services to other CVRC counties in subsequent project years.

Section 3. Summary of the Public Forum (September 1, 2016)

In preparation for submitting the present proposal, two community stakeholder meetings were held on Thursday, September 1, 2016, one in Visalia and one in Fresno. The meetings were facilitated by CVRC staff. There were 20 attendees consisting of providers, parents, and representatives from the State Council on Developmental Disabilities. At the Visalia meeting in particular, there was considerable discussion regarding the promotora model and its potential benefits, with comments offered by some of the providers who were familiar with the model. A parent suggested that the promotoras should also be parents of children receiving CVRC services. This is a recommendation that previously emerged at our POS Data stakeholder meetings, and it is consistent with the

promotora model itself, as described below by the Rural Health Information Center. Among the stakeholders present, there was unanimous support for the promotora model.

The Fresno meeting was held in conjunction with the Primary Advisory Group. At this meeting, consumers were also supportive of the proposed plan of using promotoras and offering staff training in person-centered thinking (PCT) and cultural competency. It was recommended that consumers also receive the person-centered thinking training so that they can better understand the approach and be able to more fully participate in the IPP process.

It also should be mentioned that last year, CVRC convened several stakeholder meetings wherein many of the stakeholders expressed the need for greater trust and more positive relationships with providers, and the need to help clients understand the services available. At those meetings, stakeholders indicated that:

- Families need mentors, encouragement and support to better utilize services
- Families need greater understanding of their consumer rights and the services they are entitled to, and
- Families need more education (including written materials) about the nature of the services being offered to them and why.

Section 4A. Strategies/Recommendations to Reduce Service Disparities:

Strategy 1: Promotoras de Salud

In response to the identified needs of clients and their families and recommendations from our stakeholder meetings, CVRC proposes to implement the promotoras de salud (community health worker) model to bridge the trust and culture gap between client families and providers. By increasing the strength of relationships between CVRC and the families it serves, several outcomes are anticipated:

- 1) New families will be more aware of CVRC services available to them
- 2) Existing families will better understand the value and importance of services authorized and recommended in the IPP
- 3) By reducing language and cultural barriers, existing families will have increased access to and utilization of authorized services.

As described by the Rural Health Information Center, promotoras de salud are members of a target population sharing many social, cultural and economic characteristics. Having a shared language alone is not adequate; promotoras must also share common life experiences. As trusted members of their community, promotoras provide or facilitate access to culturally appropriate services and serve as a patient advocate, educator, mentor, outreach worker and translator. They are often the bridge between racially and ethnically diverse populations and the healthcare system.

The promotor model in the United States and Latin America is primarily used to reach Hispanic communities. It is also used in rural communities to improve the health of migrant and seasonal farm

workers and their families. Within the Regional Center system, the Lanterman Regional Center has used the promotor model since 2013. The results of their project evaluation reflect improvements and positive impact for the families involved.

CVRC proposes to hire and train four bilingual promotoras over the next three years to conduct outreach, education and to provide support to CVRC's Hispanic, Hmong and Native American families. Bilingual promotoras will have two primary functions:

- 1) Assist CVRC clients in understanding and navigating services, while also helping to reduce barriers that limit utilization and failure to request services. CVRC case managers will refer promotoras to those families of color for whom services have been authorized but whose utilization rates are low for follow-up and additional support and linking to services.
- 2) Conduct outreach through educational presentations about regional center services in venues serving families with young children in our six-county catchment area, utilizing the Family Resource Center and Early Start networks. The bilingual promotoras will be recruited from among families currently receiving CVRC services and through parent networks of other child-serving organizations.

Strategy 2: "Train the Trainer" in Person-Centered Thinking and Cultural Competency

CVRC proposes to shift its organizational practices and culture by training staff and providers in Person-Centered Thinking (PCT), and infusing this perspective into the IPP process. This project will allow for six CVRC managers/staff and two providers to receive "train the trainer" instructor training in the PCT process. PCT 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
- 6) Demand that agencies adopt new forms of service that better meets the needs of clients.

For CVRC, 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 will increase 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 CVRC staff will include:

- Assure that the interests of both the focus person and the targeted populations are being met through quarterly data monitoring
- Assure that a person committed to making connection to the local community (promotora) is included in the planning process to reduce barriers to utilization.

Over the past year, the majority of CVRC staff have received introductory training in the VISIONS, Inc. cultural competency model; however, the current project will allow for six CVRC managers/staff and two providers to receive more in-depth training in the VISIONS model. The in-depth, four-day training of CVRC staff in cultural competency will begin in the first project year. VISIONS, Inc. offers two four-day training sessions per year, one on the east coast and one on the west coast (California).

Implementation of a “train the trainer” model for both person-centered thinking and cultural competency will enable CVRC to ultimately train its staff and providers in these two content areas. By the end of this project, approximately 16 individuals will have received extensive training in at least one of the two models. These individuals will provide training for the remaining CVRC staff over time. The training schedule for various teams/groups of CVRC staff and providers will be developed during the planning phase of the project.

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

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

- 1) Define and describe in detail the target populations for this project to include priority counties, numbers to be served, and other selection criteria.
- 2) Select staff and providers to participate in instructor training in person-centered thinking, as well as VISIONS, Inc. cultural competency training. These selected individuals will train the remaining CVRC staff and providers in these content areas over time.
- 3) Hire the first two of four bilingual promotoras
- 4) Design the project implementation process to move the agency from its current IPP process to developing IPP’s that are person-centered and culturally competent, supported by bilingual promotoras who will assist clients in connecting with services.

Over the second two years of the project:

- 5) Beginning in the planning year two and extending into the second year of implementation, CVRC staff and providers will receive instructor training in person-centered thinking and in the VISIONS, Inc. cultural competency curriculum. It is anticipated that instructor training will be completed by the end of year 2 with the exception of “refresher courses” or other “train the trainer” opportunities that may be ongoing. The promotoras will receive in-depth training in person-centered planning along with CVRC staff. After the training, the promotoras will become part of person-centered planning teams and become involved in the development of the IPP.
- 6) In addition to serving on IPP teams, the promotoras will follow-up with Hispanic, Hmong and Native American clients to assist them with navigating and accessing authorized services. They also will 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 and extending into the third year of implementation, a new, well-designed and implemented internal process for developing IPP's that includes: 1) assignment of bilingual promotoras to IPP planning teams, 2) CVRC staff and providers trained in person-centered thinking and cultural competence, 3) person-centered thinking and cultural competency reflected in all 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, bilingual promotoras will have made numerous educational and informational presentations about CVRC and its vendors throughout the CVRC region, focusing attention on those communities and populations that are underutilizing services.
- 9) In year three, a Regional Ambassador Council will be established, with its members recruited from interested CVRC families identified through case managers and through outreach efforts. The purpose of the Ambassador Council is to extend the work of promotoras throughout the region and to advise the promotoras in their outreach and education efforts. The Council will also review the annual POS data and advise CVRC on needed agency changes and improvements in working with diverse families. Further, the Council will recommend goals and targets for implementing those changes. The Ambassador Council will meet quarterly, and will report its progress periodically to the CVRC Board.

Section 4C. Anticipated Costs of the Plan and Evaluation Criteria

The total anticipated costs for the proposed three-year project is \$839,382. Of this amount, \$634,760 is for contracted personnel, \$70,000 for training costs, \$17,500 for meeting support and other non-personnel expenses, \$33,940 for travel, and \$83,182 for indirect costs. A detailed budget is attached. Evaluation criteria, including goals, activities and accountability persons are built into the timeline chart below in Section 4D.

Section 4D. Timeline, Including Contracts

<u>Timeframe</u>	<u>Goal</u>	<u>Activities</u>	<u>Accountability Person/Team</u>
Year 1: October 2016 – August 2017	Establish internal infrastructure for project support	Retain project coordinator and first two bilingual promotoras	CVRC Management Team
		Identify and arrange for "train the trainer" training for selected staff	CVRC Training Coordinator

		Selected staff begin Person-Centered Thinking (Learning Community) and cultural competency (VISIONS, Inc.) trainings	CVRC Management Team
	Develop full project implementation plan	Identify leadership staff and program managers to be involved; convene monthly planning meetings to further articulate project goals and objectives	CVRC Management Team; Project Director
	Develop project evaluation plan	Identify project baseline and benchmarks; design data collection and monitoring system	Project Director and data/evaluation analyst
Year 2: September 2017 – August 2018	Enhancement of IPP Process	Review IPP internal process for person-centered thinking and cultural competency	Project Director
		Brainstorm and test ways to improve the IPP process	Project Director
	Trainers begin roll-out of agency-wide training	In house orientation to PCT using in-house trainers	Trainer/Facilitator; In-house Train the Trainer team
	Hire two additional bilingual promotoras	Contracts with local non-profit agencies or hospitals	CVRC Management staff
	Implement new IPP Training Protocol	Staff training in new IPP process – providers and staff	Trainer/Facilitator; Train the Trainer team
		Develop enhanced pilot IPP process	CVRC Management Team
		Evaluate pilot IPP process	Project Director/Evaluation consultant
Year 3: September 2018 – September 2019	Fully implement enhanced IPP process	Person-centered, culturally competent IPPs are implemented	CVRC Management Team and program managers

		Agency-wide staff trainings in PCT and cultural competency	Trainer/Facilitator; Train the Trainer team
		Host provider trainings in PCT and cultural competency	Trainer/Facilitator; Train the Trainer team
		Quarterly evaluation feedback is provided to program managers and case managers	Project Director
		Final project report and evaluation provided to DDS	Project Director

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

By implementing the proposed strategies, CVRC plans to increase its service utilization rates for Hispanics, Hmong and Native Americans in particular, and reverse the downward trend in utilization for young children under the age of 3 years in selected geographic areas and with selected demographic populations. The following table 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 CVRC data analyst will support the project.

Short –Term Goals	Performance Measure or Indicator	Data Source
Train CVRC promotoras, staff and providers in person-centered thinking	Numbers and percentages of CVRC staff trained by job classification	Names of persons registered and attendance confirmation
Train CVRC promotoras, staff and providers in cultural competency	Numbers and percentages of CVRC staff trained by job classification	Names of persons registered and attendance confirmation
Conduct outreach and educational presentations regarding CVRC 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 each promotora per month or quarter

Revise the IPP Process	Documented shifts towards client choice and inclusion of cultural preferences	Client chart review and changes in intake forms and supporting documents
Long -Term Goals	Performance Measure or Indicator	Data Source
Increased service utilization rates and expenditures for Hispanic, Hmong and Native American clients	Increase in percent of POS utilization and dollar expenditures for target populations	SANDIS database (monthly or quarterly); Department of Developmental Services (annually)
Increase satisfaction with CVRC, including high ratings for culturally appropriate care	Increases in client satisfaction rates for culturally appropriate, person-centered care	Client satisfaction surveys conducted twice per year; stakeholder meetings to gather qualitative data on an annual basis

Conclusion and Summary

Through these efforts, CVRC will shift service assessment and service delivery to better meet the unique needs and desires of our diverse clients. This shift in agency culture is not only consistent with best practice; it also aligns with the CMS Final Rule. With the promotoras on board as critical members of our IPP teams, and through in depth agency and provider training in cultural competency and person-centered thinking, the shift in agency culture and to a new IPP process will evolve over the next three years and beyond. We anticipate decreases in POS disparities for our target populations in the short-term, and long-term, for our clients overall.

REDUCING DISPARITIES IN PURCHASE OF SERVICES

Central Valley Regional Center

Contractual Personnel	Yr 1	Yr 2	Yr 3	TOTAL
Project Director (\$120/hr x 8 hrs/wk x52 wks)	\$49,920.00	\$49,920.00	\$49,920.00	\$149,760.00
Bilingual Promotoras (each @ \$35,000)	\$70,000.00	\$140,000.00	\$140,000.00	\$350,000.00
Project Evaluation	\$5,000.00	\$5,000.00	\$5,000.00	\$15,000.00
Trainer/Facilitator	\$40,000.00	\$40,000.00	\$40,000.00	\$120,000.00
Contractual Costs	\$164,920.00	\$234,920.00	\$234,920.00	\$634,760.00
Training Costs				
Person Centered Thinking (8 @ \$6,000)	\$48,000.00	\$4,000.00	\$2,000.00	\$54,000.00
Cultural competency (VISIONS) (8 @ 1,500)	\$2,000.00	\$12,000.00	\$2,000.00	\$16,000.00
Training Costs	\$50,000.00	\$16,000.00	\$4,000.00	\$70,000.00
Non-Personnel				
Meeting support, refreshments, etc.	\$2,000.00	\$2,500.00	\$2,500.00	\$7,000.00
Copying, office materials, etc.	\$1,500.00	\$1,500.00	\$1,500.00	\$4,500.00
Cell phone stipend (\$50/month per promotora)	\$1,200.00	\$2,400.00	\$2,400.00	\$6,000.00
Non-Personnel Costs	\$4,700.00	\$6,400.00	\$6,400.00	\$17,500.00
Travel				
Instructor Trainings: Hotel, Meals & associated travel costs	\$3,000.00	\$8,000.00	\$2,000.00	\$13,000.00
Contracted Personnel Mileage (@ IRS Rate)	\$1,000.00	\$1,000.00	\$1,000.00	\$3,000.00
Promotoras Mileage (60 miles/week for 52 weeks @ IRS Rate)	\$3,588.00	\$7,176.00	\$7,176.00	\$17,940.00
Travels Costs	\$7,588.00	\$16,176.00	\$10,176.00	\$33,940.00
Project Subtotal				\$756,200.00
CVRC Indirect @ 11%				\$83,182.00
Project Total				\$839,382.00