

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

Regional Center(s): Lanternman Regional Center

Regional Center Contact Name/Title: Melinda Sullivan, Ex DIR

Address: _____

Email Address: MSULLIVAN@lanternman.org

Phone Number: (215) 252-4900

I. PROPOSAL Korean Community Health Worker

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: \$237,891 -18 months

b. Estimated number of consumers to be impacted by the service(s): up to 52

III. DIRECTOR'S CERTIFICATION

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

Director's Name: Melinda Sullivan

Director's Signature: Melinda Sullivan

GUIDELINES FOR PROPOSALS TO REQUEST FUNDING TO REDUCE DISPARITIES IN THE PURCHASE OF SERVICES

KOREAN COMMUNITY HEALTH WORKER (CHW) PROJECT

Lanterman Regional Center intends to replicate the successful Promotora program that has been in place with portions of our Spanish speaking community with Lanterman's Korean community. Lanterman will contract with its Promotor contractor, Esperanza Housing, to recruit, train and mentor a Korean organization to provide two (2) Community Health Workers (CHW) within Lanterman's catchment area. The CHW model has proven to be a successful strategy in targeting disparities and increasing access to services for clients living at home with parents. The CHW builds community trust through home visitations and mentoring. They are leaders in the community who speak the same language and understand the challenges our families face.

POS disparities

Lanterman Regional Center serves approximately 9,400 adults and children, with more than 1,400 of the children being served in the Early Start program. Lanterman's service area includes Hollywood-Wilshire, Central Los Angeles, Glendale, Burbank, La Cañada Flintridge, La Crescenta and Pasadena; this catchment area includes some very affluent areas and by contrast, serves one of the largest immigrant and underserved communities in the city of Los Angeles. Of the 9,400 clients served by Lanterman, 40% are non-English speaking; Korean is Lanterman's second most prevalent non-English language, consisting of 3% of the people we serve. It's been our experience that language plays a large role in an individual's ability to access services. Furthermore, we've learned that some of our families focus on economic survival instead of seeking services. We've also learned that legal status may make some people wary of requesting services.

Background

In 2012, Lanterman looked at 100 school age clients as part of our efforts to begin understanding disparity data. In 2013, we looked at 51 of the same group of 100 clients, to see if services had changed once the child transitioned from the Early Start program to Lanterman Act services. Our study showed that language played a significant role in accessing services.

In 2013, a focus group was conducted with Korean families, with adults with no purchase of services. The results showed that Korean families are unaware of available services and supports for their family member. The respondents indicated that Korean families tend not to receive information via internet or email. They depend on their SC for information. Korean Support Group facilitators report that Korean speaking families need a great deal of encouragement and explaining to understand the benefits of the

PHASE TWO- 12 MONTHS OF DIRECT SERVICE

Upon completion of Phase One, SC's will meet with CHW, project manager and Lanterman staff to review project goals and expectations. SC's will contact the families to introduce them to their CHW. Within the first month of referral, the CHW will meet face to face with the families. They will develop Care Plans to identify goals and objectives. Families will complete a pre-survey to develop a baseline of their knowledge and current situation. Post- surveys will be conducted at the 11th month prior to exiting the program.

For the remainder of the first year, CHWs will meet with their families on an ongoing basis; typically this means weekly contact and may mean more depending on the circumstances. Progress on Care Plans will be submitted to SC's every 6 months. CHWs will communicate directly with SC's as needed regarding any issues that may arise with the families. SCs and families will be encouraged to include their CHW in IPP's and Annual Review meetings. Esperanza program manager and LRC program manager will meet on a weekly basis to provide care coordination support, training and supervision to CHW's, to include the following as applicable to the individual families:

- On-going Case Review and Care Coordination
- Cross-training for CHWs and SCs to increase understanding of service systems, and available and appropriate resources and supports to best address family needs (Topics to include but not limited to: SCAT, mandated reporter obligations, diagnosis information, IHSS, IEP, etc.)
- Individual sessions with family (either Face-to-Face or Telephone Contact) and group trainings on common topics to increase knowledge of client and family needs
- Parent questionnaire to assess existing barriers preventing family from accessing services (pre/post)
- Identify existing barriers and increase utilization of services for identified families.
- Facilitate wrap around services to ensure communication among circle of support and agencies involved with family
- Data collection (data tracking tools, case notes)

PHASE THREE- ANALYSIS OF PRE/POST DATA AND SUBMISSION OF FINAL REPORT (3 months)

The Korean contractor will be required to submit periodic reports and a final report which will include a narrative that provides a description of and results of the proposed project, including the following:

- Description of the problem(s) or need(s) the project addressed

- Description of the strategy(ies)/recommendation(s) that were developed or used in the project
- Number of clients who were served by the project (Active/Closed/Reactivated)
- Impact of the project on the quality/quantity of services utilized/accessed by the clients served
- What services were accessed either from the RC or the general community?
- Services provided, results of family questionnaire (pre/post) and targeted clients

Expected Performance Period

- Project to be completed within 18 months of DDS approval.

Budget

The budget for this project has been broken up into two parts. In part one, the recruitment of the Korean agency which will be completed by Lanterman Regional Center as in-kind services. The mentoring of the Korean agency will be done by Esperanza Housing, our Promotora Project community agency; this includes the training curriculum, classroom training and ongoing mentoring to the Korean CHW.

I. Community Health Worker Training (Esperanza)

Budget Part 1

Personnel	Salary
Health Director	\$35,000.00
Benefits @ 32%	\$11,200.00
Total Personnel Costs	\$46,200.00
Training Consultants	\$2,500.00
Administrative Costs	\$7,305.00
Total Project Costs	\$56,005.00

II. Korean Community Agency Contractor

Part two of the budget reflects the salaries for the Korean contractor over an 18 month period.

Personnel	FTE	Annual Salary	Months	Total
Project Manager	0.1	\$52,800.00	18	\$7,920.00
Community Health Workers	2.0	\$35,464.00	18	\$106,392.00
Benefits at 32%				\$36,580.00
Total Personnel Costs,				\$150,892.00
Total Operating Costs (Mileage, cell phones, etc.)				\$7,238.00
15% Admin Costs				\$23,736.00
Grand Total				\$181,886.00

Part 1 budget \$56,005.00

Part 2 budget \$181,886

Grand total \$237,891 for 18 months

Service Time Line

Upon approval from DDS, LRC will begin the recruitment process by posting and disseminating an RFP for a Korean Agency contractor to provide the Community Health Worker services within the Korean community.

Once the proposals are received, interview will be conducted to select the most appropriate agency. The selected agency will recruit 2 potential CHW staff.

LRC and Esperanza staff will work closely with the Korean community agency to implement the Community Health Worker program. SC staff will identify potential families to participate in the program. Contingent upon when DDS gives approval, it is hoped that recruitment and training of CHW's will be completed by December 31, 2016 and that the Korean community agency will begin provision of services in January 2017.

Direct services will be provided thru December 31, 2017, with a final report due by March 31, 2018.

TIMEFRAME
PHASE ONE Estimated 3 months once approval is given
Disseminate RFP to Korean Community Agencies
Interview, Identify & select Korean Agency
Recruit CHW staff
Conduct CHW training
Recruit LRC clients/Families
PHASE TWO Estimated 15 months
Initiate Direct Services
Six month progress report
Annual Final Report

Evaluation, Monitoring and Reporting Plan

The individual CHW will coordinate with the families to complete a pre-survey, as well as develop Care Plans for the year to identify objectives and goals. Ongoing Care Coordination meetings, including CHW staff, Esperanza staff and LRC staff, will be conducted on a weekly basis to address ongoing individual family issues. Progress reports on Care Plans will be conducted every 6 months and a post-survey will be completed by each family at the end of the 12 month period. The Korean contractor will then submit Periodic Program Reports at six-month period in June 2017 as well as in a final report by March 31, 2018, summarizing the data and outcomes for the 12 month training period.

Total Funding Requested

In addition to the \$237,891 in start-up for the Korean CHW Project beginning in fiscal year 16-17 through 17-18, Lanterman is requesting continuation funding of \$181,980 to support a total of up to 52 Korean families in fiscal year 18-19.

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I. PROPOSAL Promotoras

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: \$61,293 for this FY
continued funding
- b. Estimated number of consumers to be impacted by the service(s): 52

III. DIRECTOR'S CERTIFICATION

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

Director's Name: Melinda Sullivan

Director's Signature: Melinda Sullivan

FUNDING REQUEST FOR TWO SPANISH PROMOTORAS TO REDUCE DISPARITIES IN THE PURCHASE OF SERVICES

Lanterman is seeking funding for 2 additional promotoras to serve 52 additional families, thus allowing Lanterman to serve a total of 104 families per project year. The focus is mono-lingual Spanish families served by the regional center and living in Service Planning Area 4, which is served by Lanterman's Promotora Project contractor.

POS disparities

Lanterman Regional Center serves approximately 9,400 adults and children, with more than 1,400 of the children being served in the Early Start program. Lanterman's service area includes Hollywood-Wilshire, Central Los Angeles, Glendale, Burbank, La Cañada Flintridge, La Crescenta and Pasadena; this catchment area includes some very affluent areas and by contrast, serves one of the largest immigrant and underserved communities in the city of Los Angeles. Of the 9,400 clients served by Lanterman, 40% are non-English speaking, with Spanish making up 30% of our non-English speaking clientele/families. It's been our experience that language plays a large role in an individual's ability to access services. Furthermore, we've learned that some of our families focus on economic survival instead of seeking services. We've also learned that legal status may make some people wary of requesting services.

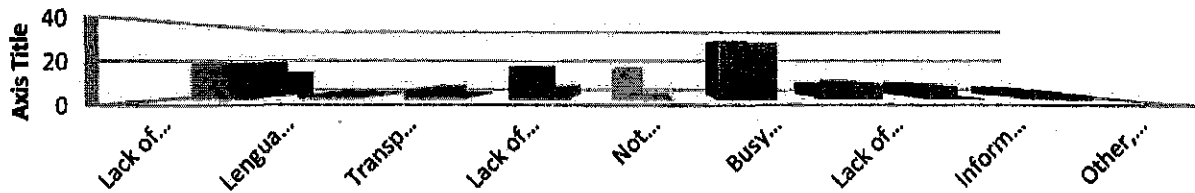
Background

In 2012, Lanterman looked at 100 school age clients as part of our effort to begin understanding disparity data. In 2013, we looked at 51 of the same group of 100 clients, to see if services had changed once the child transitioned from the Early Start program to Lanterman Act services. Our study showed that language, more than ethnicity, played a role in accessing services.

While in Early Start, we found that Spanish speakers received center-based services and transportation more than English speakers. English speakers received more physical therapy and ABA services than Spanish speakers. Over the age of 3, we found no significant differences by ethnicity regarding services found in the IPP for school age clients; we found that Spanish speakers received more Extended School Year services and transportation. In general, families reported difficulties accessing resources and lack of knowledge of what is available.

In 2013, Lanterman Regional Center conducted a pilot project with Esperanza Community Housing Corporation (Esperanza) in an effort to address observed disparities in regional center services to a selected group of economically-disadvantaged Spanish speaking families. The project used the Promotor model to provide extra support to families. In this project, the Promotoras were engaged in supporting families with the following objectives: 1) to help ensure they understood what services were available through the regional center and the services could do for them; 2) to help them access and utilize services to which they were entitled; 3) to help them access other community-based services not directly available through regional center; and 4) through teaching and modeling, to help them develop the ability to advocate for

**Barriers accessing services
Year 2 Families
Chart 3.1**



	Lack of communication by LRC staff	Language barriers	Transportation	Lack of communication with service providers	Not sure what services are available	Busy schedules	Lack of day care	Information is not provided to me in a way I understand	Other, explain
Pre	19	2	5	17	16	31	7	7	4
Post	13	1	1	5	0	30	8	0	2

The promotora model has proven to be a successful strategy in targeting disparities and increasing access to services for clients living at home with parents. The model builds community trust through home visitations and mentoring. Promotoras are leaders in the community that speak the same language and understand the challenges families face.

Based on the results of the Promotora Project along with feedback from focus groups, Lanterman intends to increase capacity of the current project. The goal is to increase the program from 52 families to 104 families per project year.

LESSONS LEARNED

We have learned from our community meetings and promotora project that some families are more focused on economic survival than on services. According to families, the most frequently requested supports were for generic resources such as: securing affordable housing, locating local food banks, and applying for insurance. The majority of our L.A. Spanish speaking families are renters and face many challenges living in a single or one bedroom apartment with high rent prices. Families are left spending a substantial amount of their monthly income towards rent. This leaves little to no money

for other family needs such as food or other household expenses. Families also identified the following barriers in accessing services: language, lack of understanding of services, lack of transportation and child care. Families reported that once basic needs were met, they were able to focus on their child's needs and increase utilization of services.

Public Input

Lanterman has provided updates on the Promotora Project at all of its community meetings since 2013. Earlier in 2016, Lanterman presented its POS expenditure data at three Community Meetings which were held in Spanish, Korean, and English. In addition, Lanterman provided updates on the Promotora Project and as well as Focus Groups which were held with families of adults in which there was no POS. At all three community meetings, families supported the Promotora Project and supported the expansion of the program to more families.

Implementation

Based on the success of the Promotora Project, Lanterman will continue its partnership with Esperanza and increase program capacity by adding two new promotoras who will serve an additional 52 families. Recruitment and training efforts shall begin once DDS provides approval to Lanterman. Within 2 months of hire and training, the two new promotoras will be ready to provide direct service to 52 new families.

The goal of the promotoras is to develop social networks within the community. The Promotor will work with families to engage families who are disconnected and isolated to improve their access to services and increase utilization through coaching and mentoring. Families will learn to make informed decisions that will ultimately benefit the LRC client.

PROJECT PLAN

PHASE ONE: SET-UP (Projected to completed within 3 months of project approval)

The two new Spanish Speaking promotoras will participate in training to become engaged, educated and enable families to access services. They will be trained about strategies related to developmental, physical, mental health, and information and referral, as they impact communities in the central Los Angeles area. The Promotora will learn to work with a family with a child with special needs. They will shadow the two existing promotoras for one month to provide hands on mentoring and exposure to the program. Lanterman will identify 52 Spanish monolingual speaking families to participate in the program with priority given to families currently without services. It is expected that Phase One will be completed within three months from receiving DDS approval.

PHASE TWO- DIRECT SERVICE (January 2017 – June 30, 2017)

The first step of phase two will be for the SC's to contact the families to introduce them to their Promotora. Within the first month of referral, Promotoras will meet face to face with the families. They will develop Care Plans to identify goals and objectives. Families will complete a pre-survey to develop a baseline of their knowledge and current situation. Post Surveys will be conducted at the time families exit the program.

Promotoras will meet with their families on an ongoing basis; typically this means weekly contact and may mean more depending on the circumstances. Progress on Care Plans will be submitted to SCs every 6 months. Promotoras will communicate directly with SCs as needed regarding any issues that may arise with the families. SCs and families will be encouraged to include their promotora in IPP's and Annual Review meetings. Esperanza and Lanterman Program Managers will meet weekly to provide care coordination support, training and supervision to the Promotoras to include the following as applicable to the family:

- On-going Case Review and Care Coordination
- Cross-training for Promotoras and SC's to increase understanding of service systems, and available and appropriate resources and supports to best address family needs (Topics to include but not limited to: SCAT, mandated reporter obligations, diagnosis information, IHSS, IEP, etc.)
- Individual sessions with family either face to face or telephone call and group trainings on common topics to increase knowledge of client and family needs
- Parent questionnaire to assess existing barriers preventing family from accessing services (pre/post)
- Identify existing barriers and increase utilization of services for identified families.
- Facilitate wrap around services to ensure communication among circle of support and agencies involved with family
- Cross-training for Promotoras and SC's to increase understanding of service systems, and available and appropriate resources and supports to best address family needs
- Data collection (data tracking tools, case notes)

PHASE THREE- SUBMISSION OF FINAL REPORT. (July 2017)

Currently, Esperanza submits progress and annual reports demonstrating the results of the program, analysis of the results and recommendations; it is expected it will incorporate a review of these new families in the report. The annual report includes the following:

- a) Description of the problem(s) or need(s) the project addressed
- b) Description of the strategy(s)/recommendation(s) that were developed or used in the project

- c) Number of clients who were served by the project (Active/Closed/Reactivated)
- d) Impact of the project on the quality/quantity of services utilized/accessed by the clients served
- e) What services were accessed either from the RC or the general community?
- a) Services provided by Esperanza, results of family questionnaire (pre/post) and targeted clients

Budget

The budget is built on the employee costs of two additional Promotoras and a percentage of the Esperanza Director of Health Programs and associated costs as listed below. This proposed budget covers a 12 month period.

Personnel	FTE	Annual Salary	Months	Total
Director of Health Programs	0.1	\$52,800.00	12	\$5,280.00
Promotoras	2.0	\$35,464.00	12	\$70,928.00
Total Salaries				\$76,208.00
32% Benefits				\$24,387.00
Total Personnel Costs				\$100,595.00
Direct Costs (cell phones, mileage, etc.)				\$6,000.00
15% Admin Costs				\$15,990.00
GRAND TOTAL				\$122,585.00

Lanferman is requesting funding as follows:

- FY January 2017- June 2017: \$61,293.00
- FY July 2017-June 2018: \$122,585.00
- FY July 2018-June 2019: \$122,585.00