

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

Regional Center(s): San Gabriel/Pomona 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:
\$839,035 for SG/PRC specific proposals (Proposals # 1-14)
plus \$899,700 for statewide proposal (Proposal #15). Total of \$1,738,735.
- b. Estimated number of consumers to be impacted by the service(s): 4,000 for SG/PRC local proposals. Potential impact much greater with Proposal #15.

III. DIRECTOR'S CERTIFICATION

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

Director's Name: R. Keith Penman

Director's Signature:  _____

Proposals to Request Funding to Reduce Disparities in the Purchase of Services

Submitted by the San Gabriel/Pomona Regional Center to the Department of Developmental Services

September 8, 2016

Public Presentations of Proposals

General Public Forum. Proposals submitted to the Department were presented at a public forum held at San Gabriel/Pomona Regional Center (SG/PRC) on August 23rd, 2016. The forum was widely advertised to our community through flyers translated into Spanish, Korean, and Chinese. The Parents' Place Family Resource Center/Network partnered with the SG/PRC to help advertise the meeting and to encourage families to participate. Translators for Spanish, Korean, Mandarin and Cantonese were available to help translate for the audience. The total number of public participants in attendance was 15. Most needed Spanish translation and one additional person needed Chinese translation. In addition to the three translators, there were two other regional center staff persons present plus the presenter.

General Comments from Public Forum:

- Families would like to see these or other funds being used to address greater supervision of service providers, to be sure to reduce and eliminate neglect and abuse. Families have witnessed abuse or neglect of clients while they were involved in community outings with the providers. This makes them reluctant to use vendored services.
- Families added that they needed to learn more about generic resources, such as IHSS, Medi-Cal, use of food banks, and other community resources. There was an acknowledgement that this information could be made available to them through a number of sources, such as their Service Coordinator, through the Community Outreach Specialist (as described below), or as part of the parent training projects that are included in the proposal. As such, this comment could be included in each of the RATIONALE sections of multiple proposals indicated below.

Korean Parent Support Group Meetings. Two separate meetings were held with a Korean Parent Support group in Rowland Heights on August 24th and on August 31st by an SG/PRC Korean-speaking staff person. There were 10 parents present at that meeting.

DDS Disparity Data Public Meeting. SG/PRC presented an overview of the draft proposals as part of the DDS Public Meeting on August 25th. Although there were no comments at the time of the presentation, two members of the audience indicated their support of SG/PRC's proposals at the conclusion of the meeting.

Vendor Advisory Committee Meeting. The vendor-related proposal was highlighted as part of the Vendor Advisory Committee meeting on September 1, 2016. The approximate number of providers present at the meeting was 30.

SG/PRC Website Posting. The draft proposals were posted to the SG/PRC website for public review and comment. The public was invited to submit comments about the proposals via email.

SG/PRC's POS Disparities: The POS disparities or variances noted for Fiscal Year 2014-2015 for SG/PRC clients are explained in detail in the report sent to the Department in May 2016 and posted to the SG/PRC website. Included in this report are a few selected power point slides that demonstrate the differences between ethnic/racial groups of SG/PRC clients for FY 2014-2015, with an emphasis on those clients living at home. These slides collectively are considered Attachment 1 and are included at the end of this report for your reference.

There are a number of complexities that cannot be easily explained or understood. For example, additional analyses by specific Asian languages utilized in the home would be needed to understand the differences among different Asian clients and other ethnic groups for those living at home by age group. More needs to be understood about those who speak Cantonese vs. Mandarin vs. Korean vs. Vietnamese or who read Simplified Chinese vs. Traditional Chinese. To this point in time, the written Chinese language used in the home has not been included in the data collection and taken into consideration. Therefore, its influence in limiting access to needed information and services is not yet determined.

In addition, while many materials are translated into Spanish, data have not been gathered as to the different dialects used by many who grew up in Mexico, Central and South American, which may result in Spanish being a second language. Reading Spanish may not be a skill possessed by family members.

Further, there may be a pronounced generational difference that is not being revealed because all clients being served by the regional center after 22 years of age are considered as one age group. More of a breakdown by 5-year or 10-year groupings would help to reveal if there is a generational influence at work in producing POS variance. Whether the family is a recent immigrant or has been in the United States for one or more generations may have another powerful influence on whether the family feels comfortable utilizing quasi-governmental services, such as the regional center.

For SG/PRC clients, it would be incorrect to generalize that all Hispanic families are under-represented in terms of POS authorization and utilization because Hispanic families of Early Start clients have the second highest expenditures, only below the "Other" category. (Too little is known about this "Other" category to make any informed decisions about the dynamics of this group.) By the time Hispanic clients living at home are in school, the POS expenditures drop to be slightly above the per capita expenditures for Asian and Black/African clients, but very similar to those other two groups. However, when Hispanic clients living at home are members of the 22 and older group, there is a very dramatic difference between that group and the other ethnic groups in terms of per capita expenditures – with the Hispanic being the only group below the average of \$7,730 with a per capita average of \$7,122. With the large number of Hispanic clients being served (7,552), this is of great significance.

Other complex example can be seen in the Filipino group, with Filipino clients having the lowest POS expenditures in the 0-to-2 years age group; but there is a reversal for the 3-to-21 year old group, as Filipino clients represent the second highest group in terms of expenditures during 3-to-21 years of age.

If one focuses on language rather than ethnicity, it is evident that those whose primary language was Spanish had the lowest per capita expenditures at \$7,521, when compared to Asian as a total group, Black/African American, White and Other. At SG/PRC, this is of particular importance because almost 41% of all Hispanic clients served by SG/PRC speak/understand Spanish as their primary language. However, when looking at the

Asian groups individually by language, those who spoke Mandarin as their primary language had an even lower per capital expenditure at \$6,953, than the primary Spanish-speaking group. Plus, in terms of utilization of POS services, the Vietnamese clients had the lowest percentage at 74%.

Another area of concern was the “No POS Authorization/Expenditure” category. At SG/PRC, 25% of Hispanic clients had no POS expenditures and 27% of Filipino clients had no POS expenditures.

Target Population: Overall, the proposals are intended to provide greater access to information and training to 4,000 or more of our 12,500 clients and their families, primarily for those who have languages other than English as their primary language.

The following chart shows the percentage of SG/PRC clients by ethnicity as of January 2016 compared with the US Census Bureau estimates for July 2015:

| Ethnicity | US Census Bureau Estimates | SG/PRC Clients |
|-----------------------------|----------------------------|----------------|
| Asian (including Filipino) | 14.7% | 11% |
| Black/African American | 6.5% | 6% |
| Hispanic | 38.8% | 55% |
| Native American | 1.7% | Less than 1% |
| Polynesian/Pacific Islander | 0.4% | Less than 1% |
| White | 38% | 20% |

The following chart indicates the primary languages spoken by SG/PRC clients (if the client number was greater than 15) as of January 2016, the percentage of the total, and the percentage of change over the past 12 months:

| Language | Number of Clients | Percentage of Clients | Percentage of Change |
|--------------------|-------------------|-----------------------|----------------------|
| English | 8,736 | 69.5% | 3% increase |
| Spanish | 3,067 | 24.4% | No change |
| Korean | 59 | 0.5% | 4% increase |
| Vietnamese | 107 | 0.9% | 6% increase |
| Cantonese Chinese | 163 | 1.3% | 14% increase |
| Mandarin Chinese | 215 | 1.7% | 4% increase |
| Other Asian | 24 | 0.2% | 14% increase |
| Tagalog (Filipino) | 57 | 0.5% | 2% increase |

Based on the information gathered through the multiple community meetings during February and March 2016, there is a need to reach out to Hispanic clients and their families, specifically the Spanish-speaking families, who have their developmentally disabled family members living at home, who are school-aged and older than 22 years of age. Although the conversations during the meetings with community members helped us to understand some of the barriers to utilizing services, we need to make a concerted effort to find out why services are not being authorized in the first place for so many of our Hispanic clients that are included in the “NO POS” category.

Based on the feedback from our community meetings with Spanish-speaking families, we need to provide more training and information in face-to-face forums and to provide more materials in smart- phone-friendly formats, as many families may not have a desktop computer.

In addition, there needs to be a greater effort to reach out to Filipino families coming through Intake to help them better understand the importance of early intervention and the Early Start options available for their children.

In general, SG/PRC needs to address the growing Asian communities within our service area. It needs to be recognized that “Asian” is not a homogenous group. While there are some shared traditions, there are also very important differences among the various Asian groups. Consequently, to address disparity there needs to be more outreach to the underserved within this diverse community, those who do not currently know about regional center or do not understand developmental disabilities. This means more outreach to the pediatricians, to the local churches, to the schools in our area. It also means assuring that translations are available in multiple Asian languages, including both written Traditional and Simplified Chinese. It means recruiting local community leaders who are trusted to learn about regional center services so that they can share how regional center services may benefit their community members.

Overview of Proposals specific to SG/PRC

The proposed strategies presented to the public for reducing POS disparity and promoting equity are contained in the report below. Specific public input and comments about each of the proposals is included with each of the proposals. General comments are included at the end of all of the proposals.

Below each proposal summary is the following: (a) cost -- associated with the proposal, based on research and comparison bids received; (b) duration -- whether the funding is for one year only or ongoing; (c) rationale -- meaning the how the proposal is linked to the POS Disparity Data for SG/PRC and the public input received during the disparity meetings held in February and March, 2016; and (d) public comment/input – received during the Public Forum and other meetings regarding these specific proposals.

The proposals included in this report are based on the information gathered through the numerous community meetings held in February and March, 2016. There were three central themes that emerged during those meetings in terms of addressing POS disparity and promoting equity: **Information, Training, and Outreach**. The proposals presented below are organized into those three main groups.

The central strategy for the majority of the proposals is to **empower** families who support clients living at home to advocate for appropriate and effective regional center services paid by Purchase of Services (POS) funds -- by providing accessible **information** (meaning provided in the family language), **training** and **education** (made available in-person and on-line), and **outreach**, so that the diverse communities within our service area are aware of regional center services and how to access them.

A. Information (including, providing information in preferred languages)

Proposal #1. Hire two Community Outreach Specialists, one who speaks Spanish and one who speaks Korean. Both will be dedicated to implementing the proposals to reduce POS disparity, which includes identifying and

supporting Parent Support Groups, creating a communication bridge with families associated with our regional center, providing training and information to families to help families understand the services available and to help them access those services. They will also do outreach to the community at large to those who are not yet being served by the regional center, through health plans, schools, churches and other local organizations, as mentioned below.

- (a) **COST:** Total of \$140,000 per year for two Community Outreach Specialists. The Spanish-speaking Community Outreach position is supported by the ABX 2.1 funding being provided by DDS to each regional center for one cultural specialist. The annual cost for this position, including benefits and employer taxes and other expenses is \$70,000.
The second position for a Korean-speaking Community Outreach cost is \$70,000 per year, including benefits and employer taxes and other expenses.
- (b) **DURATION:** On-going.
- (c) **RATIONALE:** As 55% of the clients served by SG/PRC are Hispanic and Hispanic families appear to have demonstrated difficulty accessing services, even when they speak English, it is imperative that SG/PRC hire a cultural specialist who is bilingual in Spanish and who is Latina herself.

In addition, Korean parents express that they are having difficulty requesting services to meet their children's needs because they think that requesting services is intimidating. They feel that using the regional center system may harm their immigration process and that their culture encourages them to hide their children rather than to seek help. Those who want to have help don't know about regional center or how to access. Using translators have been described as being worse than using their own limited English because translators don't have enough knowledge about developmental disabilities and the regional center system. Korean families express that only by having someone who is Korean, who knows the language and the culture as well as one who knows the regional center system and developmental disabilities can help them get the services that their children need.

In addition, Korean families in the SG/PRC area are significantly under-represented in terms of the number of clients being served by SG/PRC. Koreans are only second to Chinese people in total population in the SG/PRC services area, but the number of Korean people served is probably 1/10th of the number of people eligible for services. It is necessary for SG/PRC to hire an experienced person with special expertise to be accepted and trusted by the Korean community so that Korean families can learn about regional center and so that Korean children with developmental disabilities can be identified and provided services to ameliorate the impact of their disabling condition. This aspect of the Community Outreach Specialist also addresses the Outreach objectives.

- (d) **PUBLIC FORUM COMMENT/INPUT:** Family member stated that she would like to have SG/PRC also hire a Chinese Outreach Specialist in addition to the two. This specialist needs to speak Mandarin and Cantonese and be proficient in reading and writing Traditional and Simplified Chinese. Another family member wanted to know how soon they could access the outreach specialist and when the

community outreach specialist can start providing training on the regional center and the IPP process.

Proposal #2. Funding the local Family Resource Center/Network for child care at their location during informational meetings and trainings provided by the SG/PRC Community Outreach Specialists. Provide two meetings per month at the FRCN location.

(a) COST: \$3,000 per year @ \$125 per meeting, with two meetings per month.

(b) DURATION: On-going

(c) RATIONALE: During our community meetings, Latino families in particular explained that they wanted to have in-person training in small groups and that they needed to have these training sessions in local settings. Some of these meetings could take place during the day when the majority of the children were in school, but some families still needed to have child care so that they could attend informational meetings and trainings. SG/PRC does not provide child care during meetings at the regional center location. However, the Family Resource Center/Network has the ability to provide licensed providers at their site and they are willing to host meetings lead by regional center staff.

(d) PUBLIC COMMENT/INPUT: No specific comment.

Proposal #3. Provide bi-lingual pay differential to SG/PRC staff to encourage hiring more bi-lingual service coordinators and to retain service coordinators at the regional center. Reimburse bi-lingual SG/PRC staff overtime for reviewing and fine-tuning translated material, when that is not a part of their typical work responsibilities, to assure that correct regional center terminology is used and that families understand the terms used.

(a) COST: Total =\$167,000 per year

(1) \$165,000 for bi-lingual pay only is the estimated cost per year, based on the number of bilingual staff currently employed at SG/PRC who would be eligible for bilingual pay differential.

(2) An additional \$2,000 is needed to cover the overtime costs to pay bi-lingual staff for translations that are above and beyond their regular job duties, such as to “vet” the translations of materials done outside SG/PRC by professional translation services.

(b) DURATION: Ongoing

(c) RATIONALE: The first and primary point of contact for a family with the regional center is the service coordinator. When a family has a primary language other than English, the family relies on the service coordinator to translate and explain more material than the family who speaks English. For example, less informational materials are available to help the family understand the disability of their child or the types of services that might be beneficial. Only by having a service coordinator of the same language and culture can communication and agreement on such items as the IPP be effective.

(d) PUBLIC COMMENT/INPUT: Families agreed that it was important that they can communicate directly with their Service Coordinator (SC) in their primary language. In addition to understanding regional center services, they depend on their SC to translate material that comes in the mail from other agencies regarding services for their child, such as Medi-Cal, CCS, IHSS, etc. Also having informational material written in their languages – besides the IPP – regarding regional center services, training opportunities, etc. is vital to the families.

Proposal #4. Develop an introductory curriculum for families who have just recently received a diagnosis for their child that covers the diagnoses of cerebral palsy, epilepsy, intellectual disabilities, with specialty information about Down Syndrome. Provide this curriculum in the translations used for SG/PRC clients and their families. This project includes development by university-level health care and educational professionals of in-person and on-line formats for the presentation of information, as well as the translation of these materials. Educational materials will be culturally responsive for Latino and Asian families, including images to match the target cultural group.

(a) COST: \$121,000 for project. This project has statewide significance and application, as the content is not specific to the SG/PRC service area. The curriculum development and translations potentially may take more than one year to complete.

(b) DURATION: Funding would be taken from one fiscal year, but the project would need to be completed over a two-year period. Therefore, it would be considered a one-time cost.

(c) RATIONALE: During several of the meetings with families, there were comments that families wanted to have similar information that is currently available to families about autism. They felt that those with autism had a differential advantage because basic information about the diagnoses, how to work with their child, etc., were not available specific to their child's type of developmental disability.

(d) PUBLIC COMMENT/INPUT: There was general agreement that families needed to have this information about their child's diagnosis in their primary language. Comments included that this information is particularly needed after Intake, but also as the child grows and goes through other phases.

Proposal #5. Fund a Community Engagement App developed by Everbridge that will allow SG/PRC to connect with families through their cell phones. This application can be made available in multiple languages so that alerts can be sent out to subscribers in their own language, and families can be referred back to the SG/PRC website for more detailed information, in their preferred language. During our meeting with families during the spring 2016, families told us that they wanted SG/PRC to connect with them through their smart phones – not to expect them to have a desktop computer. Specifically they said that they wanted access to information from the regional center through text messages.

(a) COST: \$10,000 per year. Unlimited number of subscribers and unlimited number of messages can be delivered each year, at no cost to recipient of text. Once funded, this app can be advertised by SG/PRC as available and its services can be used immediately. For this amount per year, there can be 10 key words (similar to hashtags), with a minimum of one key word dedicated for each language.

(b) DURATION: Ongoing.

(c) RATIONALE: During the community meetings, families repeated told SG/PRC that we should not expect them to have a desktop computer or to have an email account. They said that a lot of information that SG/PRC distributes is through our email blasts, but that they do not receive that information. In contrast, families told us that “everyone” has a smart cell phone and that they preferred to get messages through texting. Plus, with this Community Engagement App, SG/PRC can customize the text to the language of the recipients and if the recipients preferred, they could receive messages in two different languages, such as English and Spanish.

(d) PUBLIC COMMENT/INPUT: One forum participant in particular really liked this idea. She said that her Spanish-speaking group has an app through which they text each other every day and stay connected. It was through this app that they were able to get the word out about the public forum. Otherwise, they would not have known about this meeting, although it was sent through the SG/PRC email E-link blast.

Proposal #6. Provide the complete Purchase of Services (POS) Policy translated into written Traditional Chinese by a professional translation service. Also provide the POS Fact Sheets in Traditional Chinese that were recently developed for three separate age groups: Early Start (0-2 years), School-Aged (3-22 years), and Adult (22+ years).

(a) COST: \$2,535.00

(b) DURATION: One time

(c) RATIONALE: During the community meetings, it became apparent that the most recently adopted POS policy needed to be translated into Spanish, Vietnamese, Korean and Chinese. Subsequently, the translations were done and the one in Chinese was only done in Simplified Chinese. In addition, families during the community meetings indicated that they needed to have a simpler way of understanding which services that they would be eligible for, given their child’s age. Consequently, specific POS “fact sheets” for each age group was developed. When translated, only Simplified Chinese was used. Now it is necessary to complete the process by assuring that both the complete POS policy and the POS Fact Sheets are also available in Traditional Chinese.

(d) PUBLIC COMMENT/INPUT: No specific comment during the Public Forum.

B. Training

Proposal #7. Provide verbal and written translation to the Learning Modules on introduction to behavior modification called ADEPT that is being used by parents who are unable to attend the mandatory behavior modification training in person before one-on-one ABA can be provided. Add the voice over translations in Mandarin, Cantonese, Korean and Vietnamese for this training module. Provide closed captioning in Spanish, Simplified Chinese, Traditional Chinese, Korean and Vietnamese. (The learning modules already provide spoken

Spanish but closed captioning is needed for the Spanish language version to be consistent). Translation and production services will be provided by a professional translation service agency.

This project has statewide significance and application, as these modules can be used statewide to meet the requirements for families to complete the basic behavior modification training prior to receiving individualized behavior management services.

- (a) COST: \$30,000. The development of closed-captioning for Korean, Vietnamese, Simplified and Traditional Chinese is \$13,500. The production costs for voice over for the learning modules is \$16,500 for Korean, Vietnamese, Mandarin and Cantonese. Once funded, the company that provided the quote indicated that the project would be completed in 30 working days. It is necessary to complete a plain-English version first to use as the basis for the various translations. This way the translators have a script that stays true to the original training materials.
- (b) DURATION: One-Time
- (c) RATIONALE: During the community meetings, families let us know that they wanted to have access to training on how to manage their children's behavior. They are required to attend training sessions on behavior management in person before being eligible for receiving one-to-one training in the home. Not everyone is able to attend these trainings; plus almost all of these trainings are only available in English and Spanish. By offering this sort of training on-line, and in various languages, families would be able to complete the training at home on their own time-table, receive the information in their own language, and then become eligible for in-person, one-on-one training with a behavior therapist or analyst.
- (d) PUBLIC COMMENT/INPUT: No specific comment during the Public Forum, but families expressed that they appreciate being able to receive training which fits their own schedule.

Proposal #8. Provide culturally sensitive practices training to SG/PRC staff and Board Members. Material to be incorporated into a series of "just-in-time" learning modules that can be made available to staff in the years to come. The proposed trainer is well-known and respected for her training on developing respectful working relationships within a diverse, multicultural environment.

- (a) COST: \$5,800 for five (5) in-person training sessions across three days. Training tentatively scheduled for March 2017.
- (b) DURATION: One-time cost. However, periodic training of this sort is needed to refresh our purpose and to train new staff.
- (c) RATIONALE: Families want service coordinators from their own culture, but understand that the regional center cannot always hire enough people who are experienced to serve in that capacity. However, all families expect to be treated with respect. They feel they need to have a trusting relationship with the

service coordinator, but that not all SCs know how to develop that with the families. Not all families have expressed that they have a positive working relationship with our service coordinators. Some families have said that more and more paper-work seems to be needed and that they feel that the service coordinators are more motivated to get needed signatures than to develop a relationship with the families. It is important that we refocus our agency on developing respectful working relationships with families and clients from diverse cultures.

(d) PUBLIC COMMENT/INPUT: No specific comment provided at the Public Forum.

Proposal #9. Develop an in-person, parent/family education, community-based model to help train parents in “Learning to Navigate the Regional Center System” with Fiesta Educativa, a well-respected Latino community organization. This “navigation the system” training would include components like learning how to prepare for the IPP meeting, how to participate and contribute to the outcome of the IPP entitlement document. Other components would include understanding expectations and roles of the vendors/providers, as well as the regional center’s expectations of the parent. This sort of training would be incorporated into a Fiesta Familiares model.

The intent of this Fiesta Familiares Program would be to hold meetings in three local areas: Pomona, El Monte/South El Monte, and La Puente/Baldwin Park. Meetings would be held locally in family homes, churches and community centers to encourage a sense of community and to help eliminate transportation challenges. Two to three meetings (one per area) would be held each month. It is anticipated that five to 25 family members can attend each of these monthly meetings, based on meeting locations. Child care will be included as part of these meetings.

(a) COST: Funding taken out of one fiscal year to cover costs for two years at \$124,600.

(b) DURATION: This is being proposed as a one-time cost in one fiscal year for a project that would be implemented over a two-year period. However, if this approach is successful, it would be a good model to continue on an on-going basis at \$62,300 per year.

(c) RATIONALE: Most of the community meetings were held in Spanish. During those meetings, there were many comments from families that they did not really understand the regional center system and the other systems of support that might be available to them and their child with developmental disabilities. They said that they needed training but that they wanted to have this training in person. They said that much of our written information was “too technical” and not easy to understand, so they wanted to be able to talk with someone in person about what the information meant. In addition, very often, these families indicated that distance to the regional center for training was too great because they did not have reliable transportation, or that the date and time was inconvenient. The regional center does not provide child care, and that also prevented them from attending trainings and meetings. Also, family members indicated that they were more willing to share with someone who was a parent of a child with disabilities. They needed to have support from someone they felt better understood their situation.

- (d) PUBLIC COMMENT/INPUT: During the Public Forum, a family member stated that service coordinators do not have the time to give them information, or may not know the information that families need to know. Also, family member stated that families need to know what to do when they have been approved for a service, but the service provider authorized may not speak the family's language or may not explain in a way that the family understands. Families also communicated that they are not sure what to do when they find out about abuse or neglect caused by a vendored service worker, especially for clients over the age of 22 years. Families wanted to know how soon they could access this type of training and support as described in this proposal.

Proposal #10. To develop a cadre of parent mentors to assist other families in navigating the regional center system and thereby reducing the disparity in POS. The Parent Mentor training will be conducted by Fiesta Educativa and will be similar to and mirror the principles of the Promotora model. This will be a family-focused, leadership model, focused on Latino families taking into consideration their particular strengths within their culture, social values and customs. A part of this would include developing a strengths-based approach, helping the family to build on the skills they have already learned so that they can acquire new skills needed to help their child achieve yearly goals. This may include helping families meet basic needs, like using food banks and Medi-Cal benefits that may need to be met before the families can address their child's developmental needs.

The outcome of this proposed project is to develop nine (9) mentors per year, three (3) from each of the Fiesta Familiares areas of Pomona, El Monte/South El Monte, Baldwin Park/La Puente. These mentors will inform, train and provide support, as well as model the navigation process through the regional center/developmental disabilities service system. These mentors will help multiple families become familiar with the regional center board meetings, Self-Determination Advisory Committees, State Council meetings, and participating in legislative outreach. Ultimately, the goal is to develop a parent leadership network to help the greater Latino community effectively and equitably access services.

- (a) COST: \$147,000 for the two-year project, from one budget-year funding. Or \$73,500 per year if this is to be considered an on-going project, if determined to be successful.
- (b) DURATION: There would be considerable value in developing an every growing group of Mentor Latino families who could reach out and assist other families to access regional center services. However, until this model is shown to be successful after at least two-years of funding support, it is probably best to request that this be a one-time project.
- (c) Latino families during our multiple community meetings expressed that they often felt at a lost in the regional center system. They expressed that they wanted some more frequent and personal support in understanding and accessing the services available to them.
- (d) During the Public Forum, families were very enthusiastic about this proposal. They indicated that they could really use the support of a peer mentor. There was discussion about how the role of the mentor would be different from the service coordinator or the community outreach specialist. Many wanted to know how quickly this support would be available.

Proposal #11. Fund training for SG/PRC staff member to learn to develop on-line training modules customized for families. SG/PRC currently utilizes a statewide Learning Management System (LMS) but the modules are primarily for staff training. This same system can be set up to provide needed training and information to parents. The modules developed would have statewide significance as they could be used by all regional centers utilizing LMS.

(a) COST: \$1500 for training and travel to training site within California. Can implement modifying and increasing number of parent-focused learning modules immediately after training. May take six months or more to find a training course with opening located within California.

(b) DURATION: One-time

(c) RATIONALE: Parents told us that they needed short-session training accessible on-demand from their own homes. Due to the demands of family and work, and the particular challenges of their disabled child, many families have said that they use the internet late at night and wish that they could access some reliable or definitive information about their child's disability or about how to manage their behaviors or health challenges. They need these learning sessions to be short and effective.

(d) PUBLIC COMMENT/INPUT: No specific feedback on this proposal provided at the Public Forum.

C. Outreach

Proposal # 12. Support the development of a Vietnamese Outreach Specialist as part of the local Family Resource Center, called The Parents' Place, to connect with the growing Vietnamese community in Pomona and El Monte and to help establish a parent/family support group for Vietnamese families.

(a) COST: \$20,000 per year for salary and benefits. Can begin within a couple of months of funding approval, allowing for recruitment.

(b) DURATION: Ongoing

(c) RATIONALE: SG/PRC was not able to meet with any Vietnamese support group as part of its efforts to meet with various community groups during February and March 2016 regarding the disparity data, as there is no organized Vietnamese parent group in the SG/PRC service area. This alone speaks to the need to help reach out to this community within our area to help provide information and support. The disparity data did show that Vietnamese families had the lowest utilization rates of any Asian group, and it is important for SG/PRC to determine the reasons behind that statistic.

(d) PUBLIC COMMENT/INPUT: None specific to the Public Forum.

Proposal # 13. Support the increased cost for the Mandarin-Speaking Outreach Specialist, who is an employee of the local Family Resource Center/Network (FRCN), to work an additional day per week to outreach to the Chinese community in the SG/PRC service area.

- (a) COST: \$6,600 per year for salary and benefits. Increased hours can be implemented immediately following funding approval.
- (b) DURATION: Ongoing
- (c) RATIONALE: As SG/PRC provides services in an area with so many different Asian languages represented, it is important that we can communicate with groups from all of the different ethnic and language groups. As we cannot hire three or four cultural specialists, we need to maximize our efforts by collaborating with our FRCN. As part of our disparity meetings with families in February and March, we met with a Chinese parent group that meets regularly in San Gabriel, which is outside of our service area. This particular group included a number of families who are associated with SG/PRC. There is a need for these families to have a group that is associated with SG/PRC rather than another regional center so they can have a better understanding of the SG/PRC POS Policy and other services that are available through SG/PRC and would not be available to them through the other regional center, as they live in the SG/PRC service area.
- (d) PUBLIC COMMENT/INPUT: One family member in the audience during the Public Forum was Chinese, and she stated that she would like to have SG/PRC also hire a Chinese Outreach Specialist in addition to the two proposed. This specialist needs to speak Mandarin and Cantonese and be proficient in reading and writing Traditional and Simplified Chinese.

D. Additional Proposals

There are additional issues that SG/PRC cannot correct through proposals its individual proposals, that need to be addressed by the State or through the Department:

- greater wages/rates of reimbursement for attracting and retaining bi-lingual direct care staff and professional staff, such as occupational therapists and behavioral analysts;
- funds to develop services needed by our community members who were not former residents of developmental centers;
- more scientific analyses of the POS data to identify root causes for disparity issues.

However, SG/PRC is submitting two additional proposals that may help alleviate some of these broader issues.

Proposal #14. Incentives for Service Providers

SG/PRC proposes to provide incentives to service providers serving SG/PRC clients for hiring and retaining up to three bilingual direct service workers or therapists for a minimum of 90 days after January 1, 2017 through June 15, 2017. Providers would be eligible for a \$500.00 stipend/incentive for each staff member hired (and retained) who was proficient in the following languages: American Sign Language (ASL), Spanish, Korean, Mandarin, Cantonese and Vietnamese. The service categories eligible for the incentive would be Agency Respite, ILS, SLS, Infant Development, Occupational Therapy, Physical Therapy, Speech Therapy, and Applied Behavior Analysis.

- (a) COST: \$60,000, based on three (3) new staff per agency and approximately five (5) agencies per service category. Incentive funding to be available from January 2017 through end of May 2017, if to be funded as a one-time only incentive.
- (b) DURATION: On-going if possible. If on-going, request \$60,000 per year.
- (c) RATIONALE: SG/PRC was informed by parents that some of the disparity in utilization was due to the lack of staff who could speak the language of the family. There were interruptions in services when one bi-lingual direct care staff would separate from the provider's agency and many months went by before another bi-lingual worker would be hired and assigned to the family.
- (d) PUBLIC INPUT/COMMENTS: During the Public Forum, families expressed that they would like to have seen that regional center could have paid providers more money so that more bi-lingual staff could be hired; but the incentives were seen as a small step that might help. Families indicated that there were problems with not having enough options of service providers who had direct support workers who spoke their family language.

During the Vendor Advisory Committee (VAC) meeting, vendors' comments about this proposal were favorable, with most of the questions being how soon these incentives would be available and how much money these incentives would be. Vendors were reminded that these were only proposals at this point and that SG/PRC would not know the outcome until after DDS' review.

Proposal #15. Fund a Statewide Service Utilization Research Project

On behalf of the Association of Regional Center Agencies (ARCA) and all 21 regional centers, SG/PRC is submitting the proposal to fund a three-year project to identify the underlying reasons for the variances in utilization of regional center-funded services by different ethnic/racial groups and to recommend systemic solutions for ameliorating these apparent discrepancies.

The complete proposal is attached and is entitled: Understanding Barriers and Implementing Effective Strategies to Address Disparities in Services among Californians with Developmental Disabilities.

SG/PRC is in support of the ARCA proposal to fund a study to better understanding POS utilization patterns in different communities and the barriers to service access and utilization. Funding for this study would not only review existing data but would also include individual interviews, focus groups, and surveys to determine whether specific barriers to accessing needed services exist and to develop strategies to optimize access and utilization to services. The research project would seek to better understand whether these variances are a result of differences in care-seeking behavior due to differing cultural beliefs and preferences, personal or family choice or that these variances are due to inequities prevalent in the developmental disabilities service system based on lack of culturally competent services, linguistic barriers, socioeconomic or other factors that may limit access to services and negatively impact utilization of services.

In addition, SG/PRC is supportive of this project developing a communications network for the 21 regional center Cultural Specialists, so that best practices and newly translated materials can be shared among regional centers. This type of support will maximize the effectiveness of the Cultural Specialists working at each regional center.

- (a) COST: Total of \$899,700 to be encumbered in current Fiscal Year. To be expended as follows: FY 2016-17 \$220,360; FY 2017-18 \$368,970; FY 2018-2019 \$310,370.
- (b) DURATION: One-time only to be expended over the term of the three-year project.
- (c) RATIONALE: In addition to the comments contained in the complete proposal, there were comments made in a number of community meetings conducted by SG/PRC in February and March 2016 in which the meeting participants wanted to know if the numbers presented in the POS data for FY 2014-2015 were representative of the whole community. Unfortunately, as we are between census years, we could only speculate as to the numbers of people in our service area for each ethnic/racial group. Meeting participants wanted to know more details about the various Asian groups, as much of the information clustered various Asian groups together which blurred the data for each group that should have been considered separately. One meeting of fathers in particular stated that they thought we should know more about how old the parents were of the adults not getting POS – that they wanted to see more of a breakdown by the age of the client and have that information paired with the age of the parent. In general, meeting participants were concerned that without having a better idea of the reasons behind the apparent differences, that we might direct our efforts in the wrong direction.
- (d) PUBLIC COMMENTS/INPUT: There was a general agreement that we needed to have a better understanding of the issues underlying the differences. The more we looked into the data, the more questions seemed to arise.

Regional Center Plan to Implement Proposals: For many of the proposals, SG/PRC plans to utilize a process very similar to the one in practice for the Community Placement Plan, in terms of contracts to be executed, that specify duration of the project, maximum costs, criteria for measuring success and effectiveness. In general, the contract will require the project administrator/director to address maintaining records, collecting data and tracking progress toward agreed-upon outcomes. Due the urgency of the situation to effect change, SG/PRC has already started working with a number of local, well-respected community organizations so that the awards can be executed quickly after funding is approved by DDS. Once specific proposals have been approved, baselines will be established so that progress can be tracked. Contracts will not be executed until after the award of the funds from DDS. However, SG/PRC will be ready to contract with the project administrators/directors within two weeks of the award, approximately November 1st, 2016. The proposed projects will begin no later than January 1st, 2017.

Specifically, projects like the training projects for parents will need to be funded over a period of two years. During that time, it is expected that the Community Outreach Specialists will serve very much like Resource Developers for CPP, reviewing progress reports that would be expected monthly or at least quarterly. These Specialists may attend the training sessions to observe the approach used and to assure that the training is

progressing as expected. They would assure that there are sign-in sheets to record how many people are attending training sessions. There may be identified competencies that need to be demonstrated before parents move to the next phase of training. The Specialists could review the competencies met by the parents being trained. Such competencies could include explaining the importance and purpose of the IPP or how to prepare for a fair hearing or mediation.

Closing Comments: All of these proposals are inspired by the feedback received during the disparity meetings held with community groups during February and March 2016. Families wanted to understand more about what services are provided by regional center; they wanted to know how to appeal when they were told “no” by their service coordinator; they wanted to understand why some services were available for children under three year of age but not for those over three years of age; they wanted to understand why their child behaved the way he did and what they could do about it; they wanted to have the same basic understanding about their child’s diagnosis of CP, Down Syndrome or Intellectual Disability that was being provided to those who had children with Autism. They wanted to be treated with more respect and understanding of their situation. They wanted more flexibility in accessing information, not just in writing but also in person, as well as through their smart phones. They needed more information in their native language – not just IPPs but basic information about their child’s disability and how to access generic services. All of these proposals address the issues brought to our attention through the community meetings.

Families and SG/PRC staff pointed out that DDS needs to help regional centers collect “cleaner” or clearer data upon which to base disparity recommendations. This includes taking into account the caretaker’s primary language. The CDER data only provides the client’s language. For minors, the parents or the caretaker (such as grandparent), may be a much better indicator regarding disparity than the client’s language. Also, the “Other” category is such a mixture of types of people that there is no way to know how to make sense of that data. CDER data does provide an opportunity to input father’s and mother’s ethnicity. Perhaps the parents’ ethnicity/race could be used rather than the category of “other”. “Other” is anyone who is not white; so we don’t know if people who could have appropriately been identified in another specific category were included in the “other” category instead.

As a system, regional centers also need to have a better way to track when a family refuses services. It needs to be recognized that the regional center system is a voluntary one, which also means that families can choose not to have strangers come into their homes to provide services that they may not agree are necessary. If a family is fully informed, but chooses not to have a service, then regional centers should be able to systematically record that refusal rather than include that refusal as part of “disparity” – especially as it has been construed to imply placing certain ethnic groups at an intentional disadvantage. Family values need to be respected.

Lastly, the real question remains: “Are all of the identified needs of the client being met, by regional center POS, by health insurance, by Medi-Cal, by IHSS, by CCS, by the educational system, Department of Rehabilitation? – not just by regional center POS”. And the other important question is this: “Have all of the needs related to the developmental disability been identified?” Just looking at the POS authorizations and expenditures does not take into account the whole service delivery system intended to meet the needs of people with developmental disabilities. As long as we are only looking at regional center POS, we will never really understand the reason for the differences nor truly understand the relevant issues nor how to address them.

**Understanding Barriers and Implementing Effective Strategies to Address Disparities
in Service among Californians with Developmental Disabilities**

California is both the most populous state in the nation and the most ethnically, racially, and culturally diverse. Ensuring all Californians can access services to which they are entitled, in sensitive and responsive settings, is both current policy and an ethical imperative. In spite of investment in addressing, and prominent attention paid to, racial and ethnic health care disparities, differences still exist across multiple domains in the United States, including access to care, use of services, health status, and quality of care. Data from the Centers for Disease Control continue to show national disparities in early diagnosis of autism and treatment by race and ethnicity. California is no exception.

The purpose of this three year grant is to identify and understand the barriers to service access and utilization, tailor effective strategies to address those barriers, and implement strategies that optimize access to, and utilization of, regional center services across racial and ethnic groups.

Statewide Disparities

Using existing data, regional centers' services to individuals from diverse communities can be examined by exploring three distinct sets of statistics: 1) Access to Care, by comparison of the ethnicity of individuals served by regional centers and the population as a whole; 2) Funding Disparities, by an assessment of the amount of money regional centers spend on individuals in different ethnic groups; and, 3) Service Use Rates, by an examination of the percentage of individuals, by ethnicity, who receive no funded services.

Access to Care

The following is a chart comparing estimates from the United States Census Bureau's breakdown of California ethnic groups as of July 2015 and the ethnic breakdown of Lanterman Act-eligible individuals supported by regional centers as of June 30, 2015.^{i, ii}

| Ethnicity | US Census Bureau Estimate | CDER Data |
|-----------------------------|----------------------------------|------------------|
| Asian (including Filipino) | 14.7% | 8.97% |
| Black/African American | 6.5% | 9.76% |
| Hispanic | 38.8% | 36.15% |
| Native American | 1.7% | 0.37% |
| Polynesian/Pacific Islander | 0.4% | 0.23% |
| White | 38.0% | 35.55% |
| Other/ Multi-Cultural | | 8.97% |

While not a perfect comparison, because the Census data sorts all populations into six categories, while approximately 9% of individuals supported by regional centers have an ethnicity classified as "other," important conclusions can be drawn. Most notably, individuals from Asian and Native American communities are underrepresented in active regional center cases.

Funding Disparities

According to DDS data, in Fiscal Year 2014-15 the average amount spent statewide per individual with a developmental disability on regional center-funded services was approximately \$12,500. For Caucasians, per person spending was \$18,412, compared to \$8,452 for Hispanics, \$14,479 for African Americans, and \$10,711 for Asians. For this time period, all regional centers reported that fewer funds were expended per capita on Hispanic individuals than Caucasian individuals, and fourteen also reported spending more on Caucasians than Asians.ⁱⁱⁱ

A closer examination of the statewide data reveals that expenditure patterns by ethnicity change with age. For instance, while per capita spending for all groups increased between school-age and adulthood, the rate of increases for different ethnicities is not uniform. These trends suggest a complex interrelationship between age, ethnicity, utilization of paid regional center supports, and other factors.

Service Use Rates

Approximately 20% of individuals statewide who have an active case with a regional center do not access regional center funded services in any given year. For Fiscal Year 2014-15, this percentage ranged from a low of 16% for Other ethnicities to a high of 26% for Polynesians.^{iv} A quick examination of regional center POS data suggests these broad percentages are not consistent across age groups. More detailed analysis could determine whether this is the product of unmet needs for certain age groups or is more reflective of needs being met through other sources (*i.e.*, school).

Target Populations

All twenty-one regional centers support the funding of this grant to better understand and implement effective strategies to address barriers to access and service utilization. The target population is individuals statewide who are members of ethnic and racial groups with unmet needs related to their own or their family members' developmental disabilities. DDS data suggests that statewide, individuals who are not Caucasian access, on average, fewer paid supports through regional centers. Unanswered questions related to this include:

- Is family income, ethnicity, or limited English proficiency (also known as "linguistic isolation")^v the better predictor of the level of regional center-funded services that an individual will access?
- Are there differences in care-seeking behavior due to differing cultural beliefs and preferences?
- Does personal or family choice drive the level of regional center funded services that are accessed?
- Are there inequities prevalent in the developmental disabilities services system based on a lack of culturally competent services, linguistic barriers, socioeconomic, access to other community resources, or other factors that in some way limit access to services and negatively impact utilization of services?
- Why are expenditure patterns different between different ethnic groups when examining them by age group?

Even when controlling for other factors, ethnic disparities exist in the utilization of healthcare and social services. Regional centers have been grappling with the issue of access and utilization of purchased services for more than twenty-five years. In that time, it has become apparent that the issue is an incredibly complex one, influenced by ethnicity, race and culture, socioeconomic status, language barriers, and education levels. Literature and studies indicate the complex nature of the issue:

- A study in 2002 found that differences in service delivery were attributable to age, individual characteristics, and residential setting.^{vi} This sentiment was echoed in a report from the Department of Developmental Services (DDS) to the Legislature in 2003^{vii}.
- Several analyses of the issue have pointed to challenges associated with poverty as well as limited English proficiency and literacy as larger determinants of access to services.
- A 2014 national study examining healthcare disparities in adults with intellectual and developmental disabilities noted that “[even] when income, health insurance, and access to care are accounted for, disparities remain.” A limitation of that study was the inability to draw causal conclusions between ethnicity and health care utilization.^{viii}
- A 2016 study examining differences in regional center expenditures for individuals diagnosed with Autism Spectrum Disorder across demographic categories notes the state’s lack of comprehensive information on family income and other public or private benefits individuals receive.^{ix}

Summary of Public Forums

SG/PRC held its public forum on this topic on Tuesday, August 23, 2016. Approximately 15 people were in attendance. At that meeting Carol Tomblin, SG/PRC’s Director of Compliance and Outreach, presented participants with a description of the proposed project, in addition to other ideas for addressing differences in utilization at the local level.

Additionally, thirteen other regional centers presented the concept to their respective communities at a variety of stakeholder meetings held throughout the state between August 22, 2016, and September 8, 2016.

Separately, the premise of the study was presented at all four DDS-hosted meetings throughout the state in August 2016. At these meetings, DDS noted that a predominant strategy identified by regional centers over time at meetings on similar topics was the need to “create focus groups within specified ethnic communities to learn more about individual challenges they face in accessing services.” Particularly at the meeting held in Los Angeles on August 26, 2016, audience members reiterated support for the concept of a research study to better inform future strategies. In addition, the need to better understand the reasons for underutilization of regional center services and the need for a study were raised at the three additional DDS stakeholder meetings.

Recommendations to Reduce Service Disparities

SG/PRC is requesting funding from DDS for a three-year project that will identify the underlying reasons for variances in utilization of regional center-funded services by different ethnic/racial groups and recommend systemic solutions for ameliorating this. Additionally, using information garnered from the data, each regional center will work through its staff and Cultural Specialist to implement effective strategies at the local level.

As noted above, there are several unanswered questions related to the impact of ethnicity and other factors on utilization of regional center-funded services. SG/PRC recommends conducting an intensive three year research project while simultaneously funding support for local regional centers' staff and Cultural Specialists. On a flow basis, as data becomes available, it will be used to immediately inform the work of the regional center and the Cultural Specialists as they seek to ensure equal access to needed services by diverse communities.

SG/PRC intends to contract with the Association of Regional Center Agencies (ARCA) to carry out this work. ARCA represents the network of all twenty-one non-profit regional centers that coordinate services for, and advocate on behalf of, California's nearly 300,000 people with developmental disabilities.

Strategy for Implementation

Regional centers throughout the state implement practices encouraged by the National Standards for Culturally and Linguistically Appropriate Services (CLAS), including:

- Ensuring that the workforce and governing board is representative of the community;
- Training the workforce and governing board on cultural and linguistic competence;
- Providing language assistance to non-English-speaking individuals and families, including ensuring that information is communicated with as little jargon as possible; and,
- Partnering with community organizations to ensure cultural and linguistic competency. ^{x, xi}

Some regional centers have done additional innovative work in this area for some time, such as the *Promotora* project through Frank D. Lanterman Regional Center, and the Stanford Design School projects completed by both Golden Gate and San Andreas Regional Centers.

In Fiscal Year 2016-17 each regional center was provided with funding for a Cultural Specialist to work within their area to enhance the services for individuals and families from diverse communities. Under the guidance of a steering committee, ARCA will provide staff and research support to the twenty-one regional centers' staff and Cultural Specialists in this area. For the research and data analysis components of the three-year project, ARCA will subcontract with Children's Hospital Los Angeles (CHLA). CHLA staff have been identified as well-suited to this work (see attachments).

Cultural Specialists will utilize the information provided through these various avenues to inform their efforts to make the services provided at the local level more responsive to the needs of individuals from diverse communities. One example of the type of local change that can be made comes from a listening

project that was undertaken at SG/PRC last year. Families explained that they only felt comfortable with respite workers from their same ethnic background, who are in limited supply and often reserved in advance. As respite was authorized in monthly increments, scheduling time with the preferred worker was difficult and available services were not utilized. In response to understanding the specific barrier to service, SG/PRC was able to successfully address this barrier at the local level by shifting to quarterly respite authorizations.

YEAR 1

In the first year of the project, CHLA will develop twenty-one individual community profiles to assist the regional centers' work while an in-depth systemic examination of this issue is undertaken. Profile creation will be based on existing data, but also informed by each center's locally-known issues, obtained via one-on-one interviews with the directors of each regional center and key personnel.

With these community profiles, cultural specialists will be immediately able to better reach specific unserved and underserved populations in their areas. For example, one regional center noted underrepresentation of Native Americans in its Early Start program. In an effort to better serve this population, the regional center identified tribal leaders in its catchment area and began work with them and Public Health Nurses to increase participation of this population in Early Start.

These profiles will be created from regional center service data and publicly-available information. Service data includes services provided, demographics of individuals with developmental disabilities (including primary language), National Core Indicators data, available indicators regarding family income (*i.e.*, Medi-Cal Aid Codes), and other related data. Publicly-available information includes the US Census, the California Health Interview Survey (CHIS), and other relevant sources.

The community profiles developed by CHLA will categorize regional centers based on community characteristics (*e.g.*, ethnic composition, housing, socioeconomic status (SES), available health services, insurance coverage rates, immigrant populations, urban/rural communities). This will also inform second-year work, which will include more in-depth data collection.

These profiles have immediate benefits to the community. In one case, where a center began a semi-formal examination of detailed data, they found that the utilization of authorized respite services by monolingual Spanish speaking families was lower than for other populations in their catchment area. During a meeting with parents, the regional center representatives were informed that many families are not comfortable receiving these types of services within the home setting. The development of community profiles will allow for the more systemic identification of similar issues that can then be targeted in a more timely way by individual regional centers.

The twenty-one community profiles will not only provide regional centers a clear focus for their individual outreach efforts but will serve as the source of data used to identify a sample of 8-10 regional centers that are representative of the state. Given that each regional center operates as a unique non-profit organization, CHLA will ensure it focuses on the range of organizational structures and cultures in the overall study. When selecting sites for in depth examination, CHLA will consider: 1) regional center

organizational cultural differences and structure and, 2) community characteristics (e.g., ethnicity, immigration status, SES, rural/urban).

Simultaneously, ARCA staff will develop supports to enhance the work of Cultural Specialists and other key staff at regional centers as they focus on enhancing services to diverse communities. Specifically, this will include:

- Convening regular teleconferences among the Cultural Specialists statewide to provide a forum for networking and the sharing of best and promising practices;
- Providing Cultural Specialists with information about research in the field of healthcare and social service disparities, including the impact of structural barriers such as healthcare literacy.^{xii}
- Supplying Cultural Specialists with information regarding research-based techniques for performing outreach to diverse communities.
- Alerting Cultural Specialists to training opportunities regarding outreach and service to diverse communities.
- Arranging two direct trainings identified as needful based on a survey of Cultural Specialists regarding practices for outreach and service to individuals and families from diverse communities.

YEAR 2

In the second year of the project, the above supports for regional center Cultural Specialists will continue. As the project progresses, the topics of discussion will evolve. For instance, during Year 2 it is expected that Cultural Specialists will explore together the ways that information from each center's community profile is beginning to change practices.

From a data analysis perspective, the second year will move from aggregate and regional data to highly targeted understandings of micro-community needs. This will allow Cultural Specialists to continue to focus on catchment-wide issues while also better addressing smaller, sub-regional disparities in service.

For these purposes, work will focus on surveys of community stakeholders (e.g., community organizations, family resource centers and key leaders), as well as vendored service providers from the 8-10 regional centers selected at the conclusion of Year 1. In collaboration with the regional centers, CHLA will also organize in-person focus groups with individuals with developmental disabilities and family members, as well as service coordinators, at the selected regional centers.

Using the community profiles developed in Year 1 to appropriately target their work, and using a "community-engaged" approach CHLA, will recruit individuals with developmental disabilities and family members. Key to this effort are the regional centers and accessing their surrounding communities by attending meetings, working with community partners such as the SCDD (as well as non-disability specific organizations), sending out informational letters, and other means to identify an appropriate number of participants. Each focus group will include 8-10 participants and be linguistically accessible to the groups being targeted. CHLA will convene two or three focus groups of individuals with developmental disabilities and family members at each site as well as two or three groups of service

coordinators at each site. The purpose of the focus groups will be to better understand the barriers to service access leading to recommendations to address the barriers. Gaining a better understanding of the reasons why regional center consumers are not accessing purchased services is an example of a particular area of focus. Throughout this process, CHLA will engage the advisory group on the interpretation and implications of the findings with respect to policy and intervention development.

YEAR 3

The third year will consist of the implementation of a self-sustaining ongoing support protocol for Cultural Specialists. ARCA staff will continue to support the Cultural Specialists through ongoing meetings and forums for the sharing of individual regional center work. It is also anticipated that sustainable informal relationships will develop between Cultural Specialists who are targeting their work to similar populations.

As CHLA's initial analysis of quantitative and qualitative data is completed, ARCA staff will also provide Cultural Specialists with information regarding identified barriers to service delivery and additional regional center-specific strategies to address them.

Year 3 will also provide an opportunity for regional centers to identify communities or sub-communities that they continue to see as underrepresented in their eligibility or expenditure data. CHLA will conduct focus groups in those areas to better understand the unique dynamics that are driving the identified issues.

During Year 3 there will be an exploration of systemic structural barriers that exist in California's developmental services system that prevent specific populations from accessing needed services or supports statewide. These could include legal limitations on service delivery that have an unintended disproportionate impact on specific populations. ARCA staff will document these findings with the assistance of the regional center Cultural Specialists in order to provide recommendations for additional work in this area.

Plan Delivery and Duration

As noted above, SG/PRC will contract with ARCA to carry out the three-year project as well as to provide support to the state's twenty-one regional centers' staff and Cultural Specialists. The chart below provides additional information regarding the timeframes for each of these activities.

| Activities/Deliverables | Timeframe (Beginning and End Dates) | Agency Responsible |
|--|--|-----------------------|
| 1. Staff meetings of key RC personnel and Cultural Specialists | Jan 2017 – June 2019 | ARCA |
| 2. Research effective practices for serving diverse communities and providing information to key RC personnel and Cultural Specialists | Jan 2017 – June 2019 | ARCA |
| 3. Establish and provide staff support to a project | Jan 2017 – Dec 2018 | ARCA |

| | | |
|--|------------------------|------|
| advisory committee | | |
| 4. Analyze regional center purchase of service data and examine the correlation between paid supports and other factors such as ethnicity, primary language, and socioeconomic status | Jan 2017 – June 2017 | CHLA |
| 5. Analyze available information to begin to develop community profiles and data analyses for each regional center area | Jan 2017 – June 2017 | CHLA |
| 6. Survey key RC personnel and Cultural Specialists to identify needed areas for training | February 2017 | ARCA |
| 7. Conduct one-on-one interviews with each regional center Executive Director/key personnel | March 2017 – June 2017 | CHLA |
| 8. Arrange for and conduct two trainings on identified topics via webinar for key RC personnel and Cultural Specialists that will be retained for future regional center staff training purposes | March 2017-June 2017 | ARCA |
| 9. Provide each regional center with a community profile based on its POS data as well as demographic information from its catchment area | June 2017 | CHLA |
| 10. Survey key RC personnel and Cultural Specialists to identify additional needed areas for training | July 2017 | ARCA |
| 11. Conduct surveys of service providers and community members in the selected regional center catchment areas | Sept 2017 – Dec 2017 | CHLA |
| 12. Work with selected regional centers and communities to identify focus group participants | Sept 2017 – Dec 2017 | CHLA |
| 13. Arrange for and conduct two additional trainings on identified topics via webinar for key RC personnel and Cultural Specialists that will be retained for future regional center staff training purposes | Sept 2017-June 2018 | ARCA |
| 14. Analyze data from the focus groups in the selected regional center catchment areas | Jan 2018 – June 2018 | CHLA |
| 15. Disseminate research results and recommended strategies to key RC personnel and Cultural Specialists | July 2018 – June 2019 | ARCA |

| | | |
|--|-----------------------|-----------|
| 16. Identification of additional needed focus groups | July 2018 - June 2019 | CHLA |
| 17. Conduct additional requested focus groups | July 2018 - June 2019 | CHLA |
| 18. Identify systemic barriers to service delivery | July 2018 - June 2019 | ARCA/CHLA |

Anticipated Cost and Monitoring of Effectiveness

It is anticipated that the proposed project will run from January 2017 through June 2019. It is expected that the funds for the project will be encumbered during Fiscal Year 2016-17 and expended over three fiscal years as follows:

- Fiscal Year 2016-17: \$220,360;
- Fiscal Year 2017-18: \$368,970; and,
- Fiscal Year 2018-19: \$310,370.

Service effectiveness will be evaluated by tracking the progress in achieving the deliverables described above, by recording the number of individuals (professionals, self-advocates, and family members) involved in the research study, and monitoring the policy changes at the local and statewide level that results from these efforts.

Timeframe and Contracts

SG/PRC anticipates beginning this project upon approval of the requested funding. No later than January 2017, SG/PRC will have entered into the necessary contract with ARCA. Subsequently, ARCA will enter into the required contract with CHLA.

Qualitative and Quantitative Outcomes

It is expected that as a result of funding this proposal, the following data will be collected during Year 1:

- Research-based effective practices for serving diverse communities;
- Third-party analysis of regional center purchase-of-service data;
- Analysis of each regional center's catchment area (i.e., demographics);
- Survey results of key regional center personnel related to training needs; and,
- Qualitative data from one-on-one interviews with key regional center staff.

Quantitative data from the regional centers (i.e., demographic information, POS data), Census Bureau and the California Health Interview Study will be summarized and reviewed to construct community profiles and data analyses for each of the twenty-one regional centers. ARCA will maintain information about the number of key regional center staff and Cultural Specialists who participate in meetings, webinars, and other training opportunities.

Based upon the foundational data collected during Year 1 that culminates in the development of twenty-one individual community profiles, the focus of the data collection during Years 2 and 3 becomes primarily qualitative. Focus groups and one-on-one interviews will be recorded and transcribed, yielding

qualitative data that CHLA will analyze in a consistent and measurable manner. CHLA will complete simultaneous data collection, analysis, and theory construction. As the data are collected, they are immediately analyzed for patterns and themes, taken back to the field for more study, and analyzed further. This will allow CHLA to determine at what point it has reached theoretical saturation, which is the point when a concept has been sufficiently developed and further observations are unnecessary. Additionally, beginning in Year 2, further quantitative data describing the characteristics of participants involved in the focus groups will also be summarized to aid in understanding the populations involved.

The following records will be maintained throughout the life of the grant:

- Agendas and minutes for meetings of regional center Cultural Specialists;
- Copies of information disseminated to Cultural Specialists regarding best practices and the results of the research study;
- Information regarding local practices that have changed in response to the study or other best practice data;
- Training materials and attendance data from the four webinars that are conducted on the topics identified;
- Field notes from focus groups and one-on-one interviews; and,
- Agendas, minutes, and attendance data for the grant advisory committee.

It is expected that as a result of funding this proposal, no fewer than the following number of individuals will be reached throughout the grant period:

- 150 professionals (including regional center staff members and others) and 200 family members or individuals supported by the regional center will participate in interviews and focus groups.
- 50 regional center employees will participate in each of four webinars on topics related to service to diverse communities.
- It is estimated that 1,000 individuals with developmental disabilities and/or their family members who are unserved or underserved will access or increase utilization of regional center services.

SG/PRC anticipates that the results of this project of community analysis, further study, and staff support will inform local and statewide efforts to serve individuals from diverse communities and their families for years to come. If systemic barriers are identified, these findings will serve as the basis to recommend needed policy reforms.

ⁱ <http://www.census.gov/quickfacts/table/PST045twenty-one5/06>

ⁱⁱ http://www.dds.ca.gov/FactsStats/docs/QR/Jun2015_Quarterly.pdf

ⁱⁱⁱ California, Department of Developmental Services, Purchase of Services (POS) Disparity Data: Welfare and Institutions Code Section 4519.5-4519.6 (Sacramento 2016) 19.

^{iv} California, Department of Developmental Services, Purchase of Services (POS) Disparity Data: Welfare and Institutions Code Section 4519.5-4519.6 (Sacramento 2016) 25.

^v http://www.norcalunitedway.org/sites/norcalunitedway.org/files/Struggling_to_Get_By_3.pdf#page=53

^{vi} California, Department of Developmental Services, A Statewide Descriptive Statistical Analysis of Variation in Purchase of Services Categories for 1995-1996 and 1999-2000: Volume 1(Sacramento, 2002) 1.

^{vii} California, Department of Developmental Services, Purchase of Services Study II: Report #1: Modeling the Variation in Per Capita Purchase of Services Across Regional Centers (Sacramento 2003) xi.

^{viii} Scott HM, Havercamp SM (2014) Race and Health Disparities in Adults with Intellectual and Developmental Disabilities Living in the United States. *Intellectual and Developmental Disabilities* 52(6): pp 409-418.
doi:10.1352/1934-9556.52.6.409

^{ix} Leigh JP, Grosse SD, Cassady D, Melnikow J, Hertz-Picciotto I (2016) Spending by California's Department of Developmental Services for Persons with Autism across Demographic and Expenditure Categories. *PLOS ONE* 11(3): e0151970. doi:10.1371/journal.pone.0151970

^x <https://www.thinkculturalhealth.hhs.gov/Content/clas.asp>

^{xi} <http://www.cdc.gov/healthliteracy/culture.html>

^{xii} https://www.adrc-tae.acl.gov/tiki-download_file.php?fileId=29294

| BIOGRAPHICAL SKETCH | | | |
|---|--------|--|-----------------|
| NAME Smith, Kathryn A. Navarette | | POSITION TITLE Co- Investigator | |
| eRA COMMONS USER NAME KATSMITH | | | |
| EDUCATION/TRAINING | | | |
| INSTITUTION AND LOCATION | DEGREE | YEAR(s) | FIELD OF STUDY |
| University of California Los Angeles, School of Public Health | Dr.P.H | 2011 | Health Services |
| University of California Los Angeles (UCLA) | M.N. | 1978 | Nursing |
| California State University Long Beach | B.S.N. | 1977 | Nursing |

A. POSITIONS

Academic Appointments

- 2014-Present Associate Professor of Clinical Pediatrics, Keck School of Medicine, University of Southern California (USC)
2006-2014 Assistant Professor of Clinical Pediatrics, Keck School of Medicine, University of Southern California (USC)
1986-Present Assistant Clinical Professor, University of California, Los Angeles (UCLA), School of Nursing, Los Angeles, CA

Professional Experience and Appointments

- 1979-1988 Clinical Nurse Specialist, Pediatrics – Orthopaedic Hospital, Los Angeles, CA
1988-1990 Public Health Nurse Specialist/Community Care Coordinator – Los Angeles County, California Children Services, Automated Case Management System/Community Based Care Coordination Project, Los Angeles, CA
1990-1992 Project Director – Early Intervention Management Information Systems Development Project, Los Angeles, CA
1990-1993 Co-Director, National Center for Case Management and Automation
1993-1998 Co-Director, ACCESS-MCH: Automation and Care Coordination Enhancing Services Systems in MCH
1996-2001 Director, Establishing a Community Based Interagency Services System for Children with Special Health Care Needs in Los Angeles County
1998-Present Associate Nursing Director, University of Southern California, University Center of Excellence in Developmental Disabilities, Children's Hospital Los Angeles
1998-2004 Director, An Integrated Medical Home Training Program for Providers and Families of Children with Special Health Care Needs
2000-2003 Director, Building Medical Homes for Children with Special Health Care Needs
2001-2004 Director, The California Medical Home Project
2004-Present Assistant Director, MCH Training Program, UCLA Center for Healthier Children, Families and Communities
2006-Present Associate Director for Administration, University of Southern California, University Center of Excellence in Developmental Disabilities, Children's Hospital Los Angeles
2008-Present Director, Rett Clinic, University Center of Excellence in Developmental Disabilities, CHLA
2008-Present Nurse Care Manager, Boone Fetter Autism Clinic, Children's Hospital Los Angeles
2009-Present Co-Director, Spina Bifida Center, Children's Hospital Los Angeles
2010-Present Senior Site Coordinator, Autism Treatment Network, Children's Hospital Los Angeles

Other Experience and Professional Memberships

- 1994-Present March of Dimes Birth Defects Foundation, Southern California Chapter. Education Committee, 1994-1997; Board of Directors 1997-1998; Executive Committee 1997-1998; Chair 1997-1998; Professional Education Committee 1997-2002; Chair, Professional Education Committee 1998-2002; Program Services Committee 1998-Present; Chair, Program Services Committee 2002-2004
2000-Present Chair, Los Angeles County California Children Services Workgroup

B. PUBLICATIONS

- Betz, CL, Smith, K, and Macias, K. Testing the Transition Preparation Training Program: A Randomized Controlled Trial. International Journal of Child and Adolescent Health: Special Issue on: Youth Health Care Transition, 2010; 3(4).
- Smith, K. Health promotion through community care. In: Children and their Families: The Continuum of Care (2nd edition, Bowden, V. and Greenberg, C. [editors]). Wolters Kluwer Health/ Lippincott Williams and Wilkins, Philadelphia, PA, pp 62-74, 2010.
- Smith, K. and Savage, T.A.: Policies, legislation and ethical/legal issues. In: Nursing Care for Individuals with Intellectual and Developmental Disabilities: An Integrated Approach (1st edition, Betz, C.L. and Nehring, W.M., [editors].) Brookes Publishing, Baltimore, MD, pp 355-370, 2010.
- Betz, C.L., Smith, K.N., & Macias, K. Testing the transition preparation training program: A randomized controlled trial. International Journal of Child and Adolescent Health, 2010, 595-608, 201.
- Freeman, K.A., Smith, K., Adams, E., Mizokawa, S. and Neville-Jan, A. Is continence status associated with quality of life in young children. Accepted for publication by the Journal of Pediatric Rehabilitation Medicine: An Interdisciplinary Approach, 2014.
- Betz, C.L., Smith, K.N., Macias, K., & Bui, K. Internet Use by Adolescents with Spina Bifida, Pediatric Nursing, in press, 2014.

C. ONGOING RESEARCH SUPPORT

- CDC, National Spina Bifida Patient Registry, PI/Project Director, 9/1/2014 – 8/31/2019; 1 U01 DD001069.
- CDC, National Spina Bifida Urological/Renal Protocol- Urologic Management to Preserve Renal Function Protocol for Young Children with Spina Bifida, 0-5 Years, PI/ Project Director, 9/1/2014 – 8/31/2019; 1 U01 DD001068.

BIOGRAPHICAL SKETCH

NAME

Kubicek, Katrina

POSITION TITLE

Assistant Director

EDUCATION/TRAINING

| INSTITUTION AND LOCATION | DEGREE | YEAR(s) | FIELD OF STUDY |
|------------------------------------|--------------|---------|--------------------------|
| University of Texas, Austin | B.A. | 1996 | Anthropology |
| Tulane University, New Orleans, LA | M.A. | 1998 | Cultural Anthropology |
| University of Southern California, | PH.D student | current | Health Behavior Research |

A. Positions and Honors

| | |
|--------------|--|
| 2000-2001 | Project Coordinator, University of Texas, San Antonio, TX |
| 2001-2005 | Senior Research Associate, Lodestar Management/Research, Los Angeles, CA |
| 2005-2012 | Lecturer, California State University of Los Angeles, Los Angeles, CA |
| 2008-2010 | Senior Research Manager, Children's Hospital Los Angeles, Los Angeles, CA |
| 2010-present | Program Manager, Children's Hospital Los Angeles Assistant Director of Community Engagement program, SC CTSI, Los Angeles, CA |

B. Selected Peer-reviewed Publications

1. Kipke MD, **Kubicek K**, Weiss G, Wong C, Lopez D, Iverson E, Ford W. The health and health behaviors of young men who have sex with men. *Journal of Adolescent Health*, 40, 342-350. *Journal of Adolescent Health*, 2007; 40(4): 342-350. PMC2955360.
2. **Kubicek K**, Weiss G, Iverson, E., Kipke MD. Deconstructing the complexity of substance use among young men who have sex with men (YMSM) by optimizing the role of qualitative strategies in a mixed methods study. *Substance Use and Misuse*, 45, 754-776. *Substance Use and Misuse*, 2010; 45: 754-776.
3. **Kubicek, K**, Weiss G, Beyer W, Kipke MD. Using Photovoice as a tool to adapt an HIV prevention intervention for African American young men. *Health Promotion Practice*, 2012; 13(4): 535-543.
4. **Kubicek, K.**, Robles, M., Chen, C., Valino, H., & Richman, N. A community-based participatory research project to adapt asthma education for after-school programs. *Journal of Primary Prevention*. In press.
5. Burner, E., Menchine, M., **Kubicek, K.**, Robles, M. & Arora, S. Perceptions of successful cues to action and opportunities to augment behavioral triggers in diabetes self-management: Qualitative analysis of a mobile intervention for low-income Latinos with diabetes. *Journal of Medical Internet Research*, 2014; 16(1): e25. PMC3936269.

C. Research Support

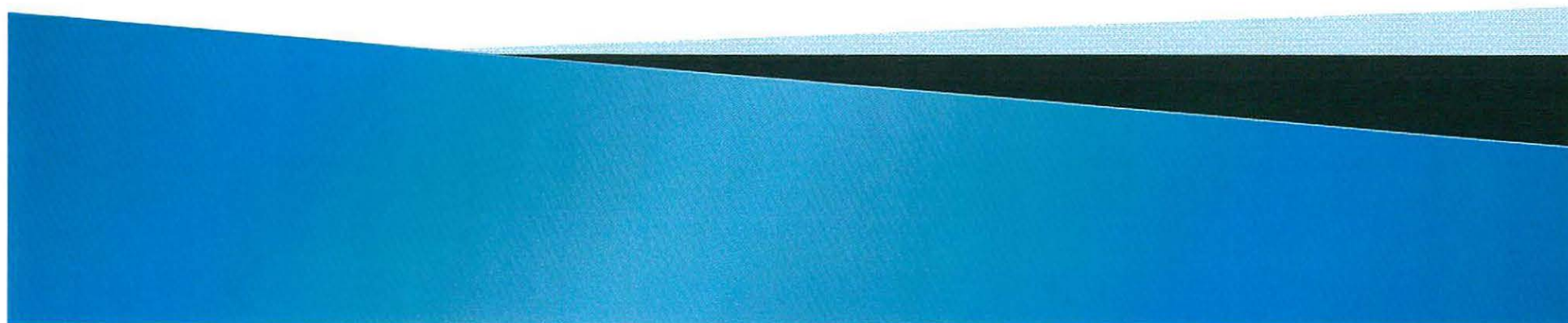
Ongoing Research Support

8UL1TR000130 (Buchanan) 07/01/2010–
 03/31/2015
 (Kipke – Sub award PI)
 USC/NIH (NCRR) Los Angeles Basin Clinical and Translational Science Institute.
 Role: Assistant Director of Community Engagement Program

D10-CHLA-048 9/01/2011 -
 8/31/2014 (No Cost Extension)
 California HIV/AIDS Research Program
 Young Men's Relationships: Opportunities for HIV Prevention
 Role: Principal Investigator

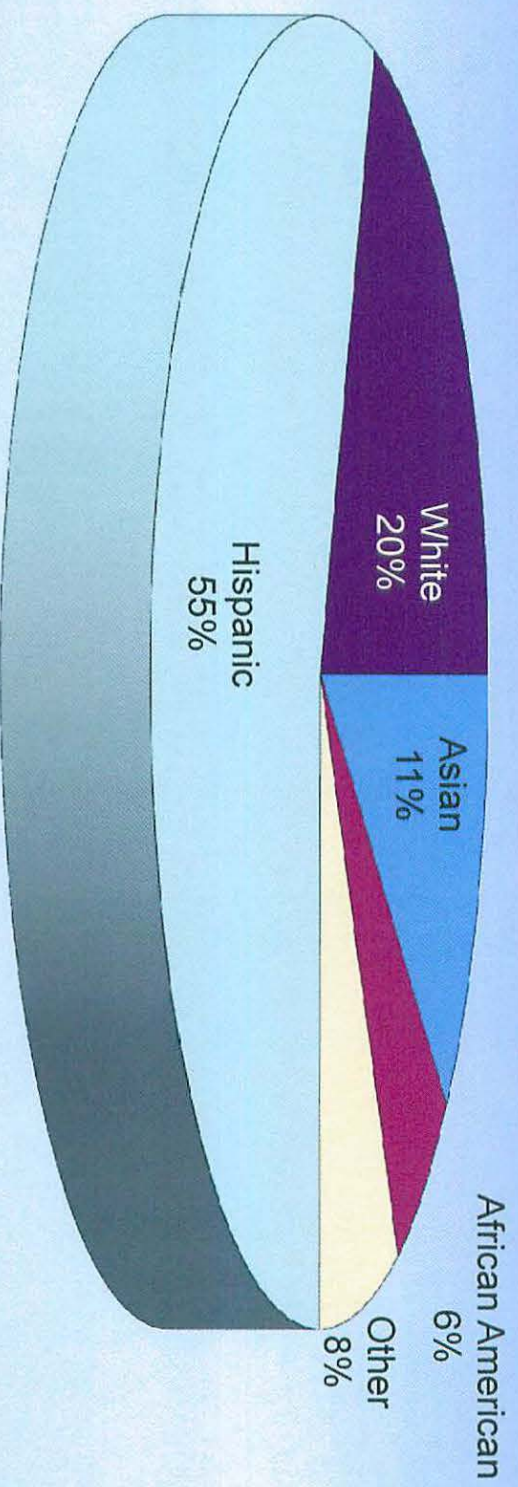
San Gabriel/Pomona Regional Center (SG/PRC)

Purchase of Services (POS)
Disparity Data for Fiscal Year
2014/2015



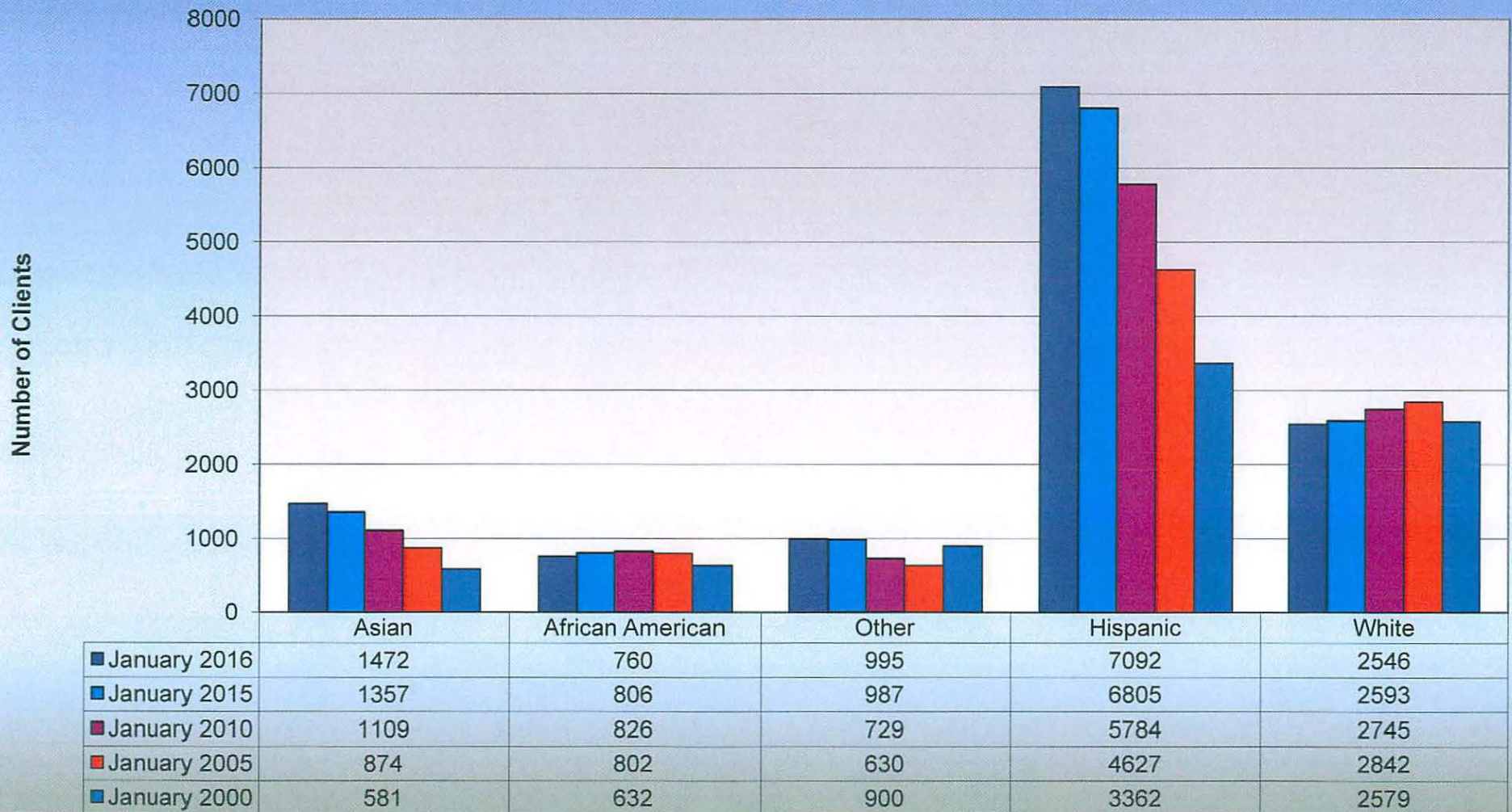
Facts - By Ethnicity

Clients by Ethnicity
As of January 1, 2016



Clients by Ethnicity

Clients by Ethnicity
As of January 1, 2016



Review of Changes – Fiscal Years 2013/2014 and 2014/2015

Total Annual Expenditures by Ethnicity or Race for All Ages

| Ethnicity | Total Eligible Consumers | | | Receiving POS | | | |
|------------------------|--------------------------|---------|----------|---------------|---------|-----------|-----------|
| | FY 2014 | FY 2015 | % Change | FY 2014 | FY 2015 | FY 2014 % | FY 2015 % |
| Asian | 1,027 | 1,208 | 18% | 790 | 964 | 77% | 80% |
| Black/African-American | 830 | 838 | 1% | 633 | 650 | 76% | 78% |
| Filipino | XX | 318 | | XX | 232 | XX | 73% |
| Hispanic | 6,749 | 7,552 | 12% | 4,841 | 5,658 | 72% | 75% |
| White | 2,756 | 2,742 | 0% | 2,250 | 2,230 | 82% | 81% |

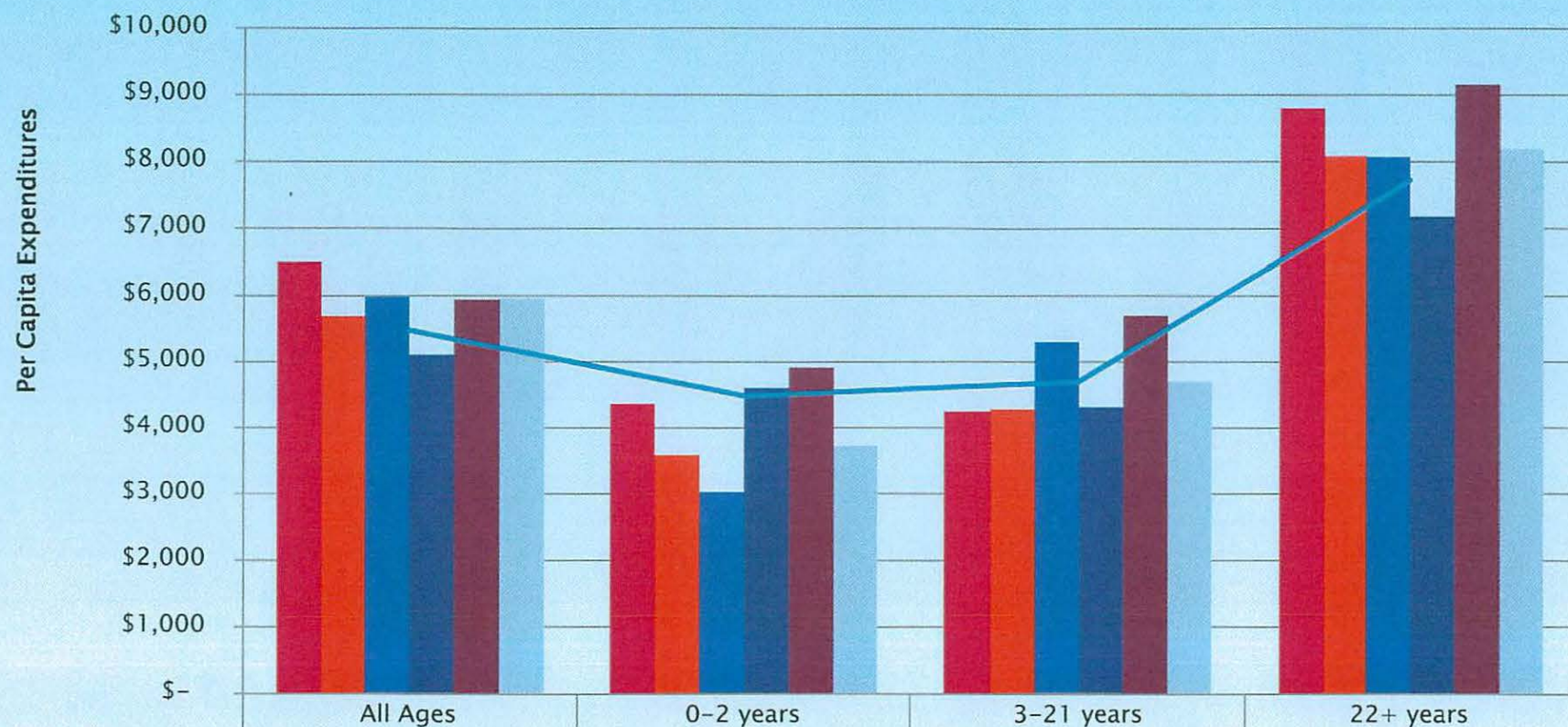
Review of Fiscal Year 2014/2015

Consumers Living at Home Compared with Total Consumers by Ethnicity or Race -- For All Ages

| Ethnicity | Total Eligible FY 2015 | Total In Home FY 2015 | % Living at Home | Per Capita Authorized | Per Capita Expenditure | % POS Utilized |
|------------------------|---------------------------|-----------------------------|---------------------|--------------------------|---------------------------|-------------------|
| Asian | 1,208 | 1,094 | 91% | \$ 8,641 | \$ 6,500 | 75% |
| Black/African-American | 836 | 490 | 58% | \$ 7,447 | \$ 5,688 | 76% |
| Hispanic | 7,552 | 6,688 | 89% | \$ 6,912 | \$ 5,103 | 74% |
| White | 2,742 | 1,348 | 49% | \$ 7,774 | \$ 5,955 | 77% |

Per Capita across all ages and all groups for consumers living at home, the average expenditures = \$5,472.00

Living at Home per Capita Expenditures Disparity Data FY 14-15



| | | | | |
|------------------------|---------|---------|---------|---------|
| Asian | \$6,500 | \$4,362 | \$4,251 | \$8,802 |
| Black/African American | \$5,688 | \$3,583 | \$4,280 | \$8,084 |
| Filipino | \$5,977 | \$3,022 | \$5,300 | \$8,065 |
| Hispanic | \$5,103 | \$4,597 | \$4,310 | \$7,177 |
| "Other" | \$5,941 | \$4,911 | \$5,697 | \$9,149 |
| White | \$5,955 | \$3,724 | \$4,696 | \$8,190 |
| Average | \$5,472 | \$4,482 | \$4,694 | \$7,720 |

Review of Fiscal Year 2014/2015

Consumers Living at Home over 22 Years of Age by Ethnicity or Race

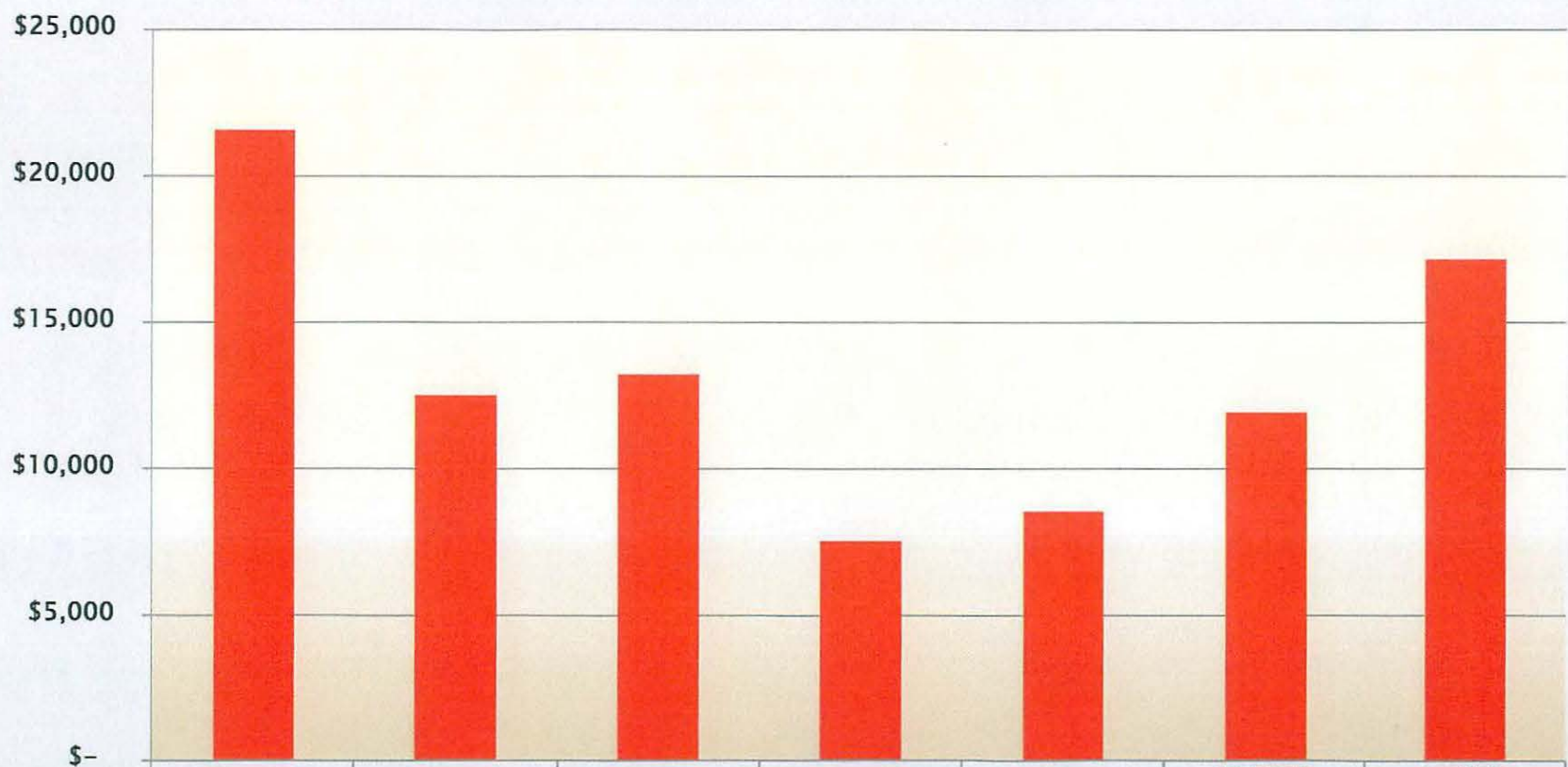
| Ethnicity | Total Consumers | Per Capita Authorized | Per Capita Expenditure | % POS Utilized |
|------------------------|-----------------|-----------------------|------------------------|----------------|
| Asian | 303 | \$ 10,231 | \$ 8,802 | 86% |
| Black/African-American | 195 | \$ 9,458 | \$ 8,084 | 86% |
| Hispanic | 1,670 | \$ 8,577 | \$ 7,177 | 74% |
| White | 557 | \$ 9,897 | \$ 8,170 | 84% |
| Total | 2,989 | | | |

Per Capita expenditures across all ethnic groups for consumers over the age of 22 years living at home, averaged \$7,720 compared to all average for all age groups of \$5,472.

Hispanic consumers 22 years and older had approximately \$1,300 less authorized and \$1000 less utilized in POS expenditures than white consumers 22 years and older. Although Hispanic consumers were authorized less than all other ethnic groups, the utilization was also lower than the other three major groups.

Per Capita Expenditures

Per Capita Expenditures by Language
Per Disparity Data FY 14/15



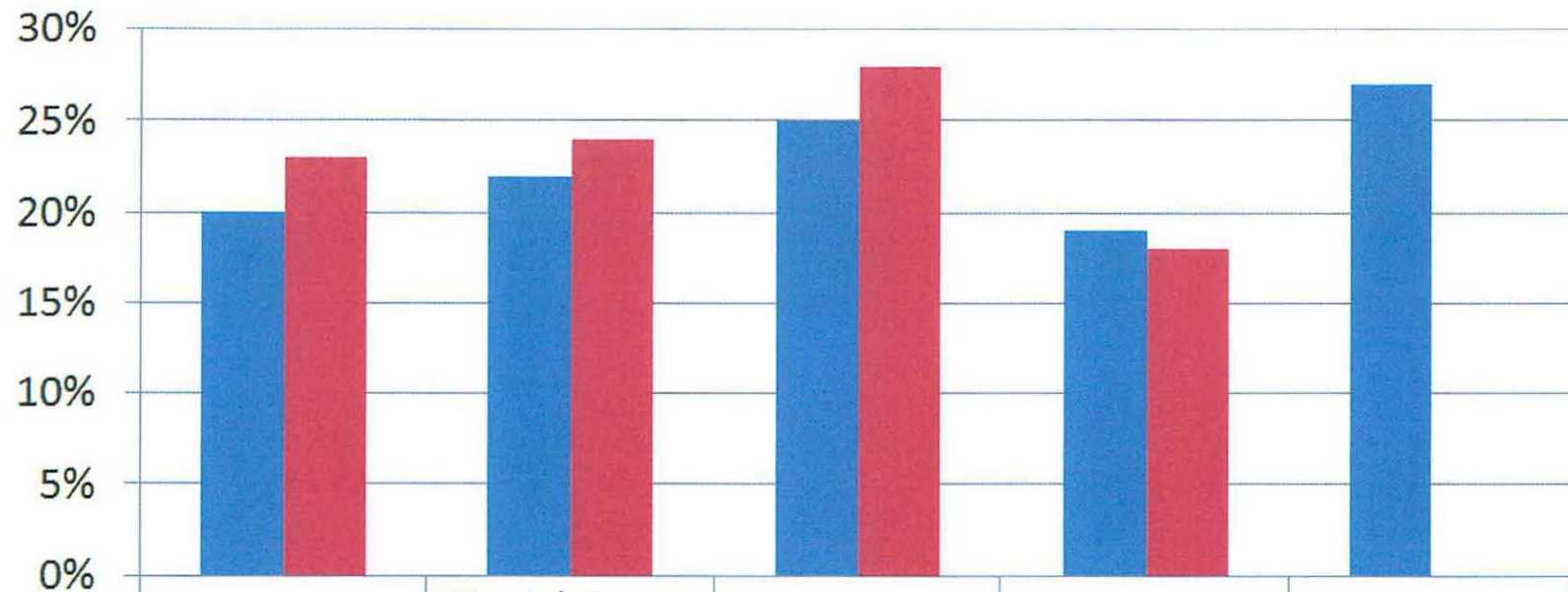
| | | | | | | | |
|---------------------------|----------|----------|----------|---------|---------|----------------|-----------------|
| ■ Per Capita Expenditures | ASL | ENGLISH | TAGALOG | SPANISH | ASIAN | MIDDLE EASTERN | OTHER LANGUAGES |
| | \$21,589 | \$12,512 | \$13,210 | \$7,520 | \$8,539 | \$11,931 | \$17,145 |

Review of Changes – Fiscal Year 2014 compared with FY 2015 -- by Languages

Total Annual Authorized Services and Expenditures by Language for All Ages

| Language | Total Eligible Consumers | | Total Authorized POS | | Per Capita Authorized | | Per Capita Utilized | | Percent Utilized | |
|------------|--------------------------|---------|----------------------|---------------|-----------------------|----------|---------------------|----------|------------------|---------|
| | FY 2014 | FY 2015 | FY 2014 | FY 2015 | FY 2014 | FY 2015 | FY 2014 | FY 2015 | FY 2014 | FY 2015 |
| Asian | 505 | 607 | \$5,986,530 | \$13,854,699 | \$11,855 | \$11,489 | \$9,845 | \$9,261 | 83% | 81% |
| Korean | | 59 | | \$924,770 | | \$15,674 | | \$13,740 | | 88% |
| Cantonese | | 155 | | \$1,498,866 | | \$9,670 | | \$7,944 | | 82% |
| Mandarin | | 240 | | \$2,076,602 | | \$8,853 | | \$6,953 | | 80% |
| Vietnamese | | 109 | | \$1,350,858 | | \$12,393 | | \$9,219 | | 74% |
| English | 8,659 | 9,604 | \$110,250,429 | \$139,114,724 | \$12,732 | \$14,485 | \$11,043 | \$12,512 | 87% | 86% |
| Spanish | 3,200 | 3,389 | \$25,779,519 | \$31,393,243 | \$8,056 | \$9,263 | \$6,746 | \$7,521 | 84% | 86% |
| Tagalog | | 54 | | \$795,051 | | \$14,723 | | \$13,210 | | 90% |

Comparison of % of No POS by Ethnicity



| | Asian | Black/African American | Hispanic | White | Filipino |
|---------|-------|------------------------|----------|-------|----------|
| FY 2015 | 20% | 22% | 25% | 19% | 27% |
| FY 2014 | 23% | 24% | 28% | 18% | N/A |

Review of Changes -- Fiscal Year 2014 compared with Fiscal Year 2015

Consumers with NO Purchase of Services by Ethnicity or Race -- For All Ages

| | Total Eligible Consumers | | | No POS Expenditures | | | |
|------------------------|--------------------------|---------|----------|---------------------|---------|----------|----------|
| Ethnicity | FY 2014 | FY 2015 | % Change | FY 2014 | FY 2015 | FY 2014% | FY 2015% |
| Asian | 1,027 | 1,208 | 18% | 237 | 244 | 23% | 20% |
| Black/African-American | 830 | 836 | 1% | 197 | 186 | 24% | 22% |
| Filipino | XX | 318 | | XX | 88 | XX | 27% |
| Hispanic | 6,749 | 7,552 | 12% | 1,908 | 1,894 | 28% | 25% |
| White | 2,756 | 2,742 | -0.2% | 506 | 512 | 18% | 19% |