

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

Regional Center(s): Westside Regional Center

Regional Center Contact Name/Title: Carmine Manicone, Executive Director

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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

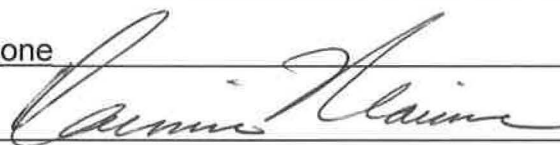
- a. Amount of funding the regional center(s) is requesting: \$1,630,550
- b. Estimated number of consumers to be impacted by the service(s): 739 clients with no POS services including 450 clients who will receive enhanced case management or services via innovative RFPs. Included are also approximately 2,250 clients and families who will be supported by parent leaders. Ultimately we anticipate up to 4,970 clients could be impacted via multifaceted approach (e.g., staff trainings, support groups and access to culturally relevant information).

III. DIRECTOR'S CERTIFICATION

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

Director's Name: Carmine Manicone

Director's Signature: _____



POS Disparities

Disparities in services have been an ongoing issue in California for racial and ethnic minorities with developmental disabilities for decades. Such disparities result in adverse outcomes, increased costs and expenditures, overutilization of inappropriate services, or underutilization of available services. Since 1992, Department of Developmental Services (DDS) has completed numerous studies indicating disparities specifically in Purchase Of Services (POS) authorized and expended by race/ethnicity (Lozano 1992; Hopfe and Taylor 2002; Wideman and Blacker 2003; Harrington and Kang 2007; Kang and Harrington 2013). In 2002, DDS released its first POS disparities report, indicating that non-Hispanic whites (whites) consume more resources and Hispanics consume fewer resources on average (POS study 1 report). DDS sought to gain a deeper understanding of this variation and surveyed service coordinators and families (POS study 2 report 2, 2004). They found a communication gap in that service coordinators reported families needing fewer services and receiving more services, while families reported the opposite. This was especially notable in the Hispanic community, as their unmet needs were 61% compared to 31% of the comparison families. It was determined that ethnic status accounted for significant variance in service needs and that well educated, higher income families have better access to services. Factors that were found to contribute to the disparity included lack of understanding of the system; language barriers; lack of bicultural providers; lack of access in their communities; lack of transportation; and the need for other services due to socio-economic differences. Reports continue to show that racial and ethnic disparities in services are an ongoing problem (Harris and Kang, 2016).

Similar to statewide findings, Westside Regional Center (WRC) has experienced racial and ethnic disparities among individuals with developmental disabilities. Reports on fiscal year 2014-15 show that both the expenditures authorized and the expenditures utilized are lower for Hispanics and Black/African-Americans compared to Whites. Specifically, Black/African-Americans constitute 22% of clients and are authorized 24% of services expenditures; Whites make up 30% of the clients and are authorized to 38% of the service funds; while Hispanic make up 33% and are authorized to 23% of services. Despite being the largest racial group at WRC, clients identifying as Hispanics receive \$11,000 less authorizations for services than Whites. Per capita expenditures are also the smallest for Hispanics (\$11,238) followed by Black/African Americans (\$17,005) and Whites (\$19,924). Hispanics receive almost \$9,000 less per capita in services than Whites. When comparing the average per capita expenditures among all racial and ethnic groups, disparities for Hispanics and Native Americans are also evident. On average, these groups utilize \$4,000 less in services than any other ethnic group. The disparities in authorizations and expenditures seem to be more evident as the individuals get older with the largest gap in expenditures and authorizations among the 22 (and up)-age group. Although some differences in utilization are due to residential placement, even among those living in non-family residential settings, there also are ethnic disparities.

Moreover, over 14% of WRC clients receive no services from the regional center system. Particularly, there are 739 Hispanic and Black/African-American clients

currently receiving no services among the 1,241 individuals receiving no services overall. Although some of these clients may have their needs met elsewhere, this also represents a gap in meeting clients' needs that should be further examined and addressed. Majority of clients with no services reside at home with their parents or guardians, who may be able to provide or advocate for needed support and care. However, it also appears that 14 children residing in foster homes and 67 clients residing in facilities like Skilled Nursing Facility, ICF Facility, and Independent and/or Supported Living did not receive any support from WRC in fiscal year 2014-15.

Target Population

WRC's proposal focuses on 4,970 underserved clients and families in the Hispanic and African American communities. This population was chosen because they are experiencing the greatest disparity in services according to our POS data. In addition, in our public forum meetings, the Hispanic and African American groups have expressed the greatest need and desire for improvement.

We will focus our efforts on the 739 clients and their family members who receive no services among those communities, as these families are most at risk for unmet needs. Up to 50% of this target group (370) will receive enhanced case management to identify and address barriers to services during the funding cycles. They will receive requested and POS funded services during the next two and a half years. In addition, we aim to reach up to approximately 2,250 clients and families through parent leaders. We expect to see an improvement in equity in our authorizations and expenditures across racial/ethnic groups.

Public Forum

WRC held two public forums to discuss the disparity in POS data and gather input and comments from various stakeholders. On August 10, 2016 from 4pm to 6pm we held an Equity Task Force meeting to gain perspective from approximately 40 stakeholders including clients, parents, board members, vendors, advocates, and staff. On August 16, 2016 a public forum was held at the Westside Regional Center to discuss ABX2 1 – Developmental Services Funding Increase. From 4pm to 6pm, over 70 stakeholders, including consumers and families, Regional Center staff, advocates, providers, and protection/advocacy agencies, came together to review POS data and to develop ideas and recommendations to reduce disparities among WRC catchment area's most underserved populations. Several ideas and strategies were proposed by WRC management in four thematic areas – 1) Improve Trust, 2) Improve Communication, 3) Improve Service Experiences and 4) Improve Access to Services. The four areas were created upon examination of the results from an online questionnaire completed by 64 WRC staff, Westside Family Resource and Empowerment Center (WFREC) staff, and

multidisciplinary vendors. The participants reflected on barriers to receiving appropriate services, ways of addressing them, perceived reasons for not utilizing appropriate services, and proposed ideas for outreach to underserved communities. These thematic areas were further discussed and modified by the members of the public forum.

(1) With regard to trust, community stakeholders described not receiving information from service coordinators and believe that information is hidden. They described differences in perceptions of the service coordinators and families regarding services needed and received, and feel that Service Coordinators (SCs) needed to be more accountable for giving erroneous information. Families also described a sense of intimidation in speaking with SCs and recommended training for SCs and vendors on cultural competency, including the ability to assess client's needs, regardless of race/ethnicity.

In response to the inconsistency in information, it was proposed to increase the use of various types of media communication as a means of more fairly distributing information. It was suggested that WRC should ensure that families are receiving consistent printed and online information regarding types of services available (made available in family's primary language). Families and staff proposed that the WRC website should be used as a culturally relevant, accessible portal to increase transparency and trust, and to include all of the information on available services and providers. Families described a strong sense that they "didn't know what to ask" and that the information should be more transparent and available to all. A mobile-friendly website was proposed with culturally relevant information in Spanish. Families described the need for learning portals, designed for varying levels of abilities of users. Stakeholders also recommended updating and including parents in a more consistent manner, including through email lists or texts. They recommended web-based information and making information simple.

To improve trust between the two parties, it was also recommended that WRC make a greater effort to provide parent-to-parent outreach and training, where mentor parents provide outreach and coaching to families. In particular, a program for fathers or father-to-father outreach was recommended. Families recommended that service coordinators should participate in support groups to develop trust. They also wanted parents involved in the process of obtaining services and recommended developing parent/family advocates for assistance with appeals. Recommendations also included connecting families, both online and in person, to share resources such as respite providers. WRC should also develop partnerships with established community ambassadors to provide outreach to underserved populations. Additionally, stakeholders suggested WRC reach out to the underserved communities to provide workshops in their communities focusing on parent concerns.

(2) Improved communication between underserved communities and the regional center was a priority. Stakeholders emphasized the need that all SCs be trained to provide the same information to all families. They described the need for impartiality and standardization between families when requesting a service. They described the need to make it easier to request a service and to have parents be more involved in the process. Staff trainings to increase cultural competency and active listening and assessment skills among the SCs were recommended. In addition, SCs require more training in what services are available and what their responsibility is in making sure services are offered to and obtained by consumers/client families. Families described the need for having all of these trainings be ongoing and comprehensive and to include new and existing SCs.

(3) With regard to the service experience, families described frustration and a sense that they often receive an initial verbal “no” from SCs when asking for services. It was proposed that WRC develop surveys for consumers and families to regularly evaluate satisfaction with services provided. Stakeholders recommended that this program for equity have measurable goals that are relevant to families – for example, how many families were assisted and if the program improved their lives. They also recommended rewarding high performing SCs based on their ability to get results for clients and families, rather than solely being bilingual.

(4) Access to services is another continuing concern. Stakeholders described limited choices and quality of culturally competent vendors and difficulty with changing vendors. To improve access to services, WRC plans to develop Requests for Proposals (RFP) to attract vendors to provide services in underserved areas. Currently, low income families in underserved neighborhoods need to travel to Santa Monica, Culver City, Torrance and West LA, with a travel time of up to 2-2.5 hours, to access services unavailable in their own neighborhoods. This can be a challenge to a family dependent on public transportation. In response to this, proposed possibilities included that WRC contract to provide consumers/families transport to appointments and that WRC should also propose RFPs or additional funding to service providers if they increase night and weekend hours. Stakeholders also described lack of child care as a barrier to accessing services.

The public forum was divided into 4 smaller groups to allow for in-depth discussion on the merits and drawbacks of the proposals and to suggest additional ideas. The group seemed to believe the proposals are positive because they include everyone involved in the process of service delivery: self-advocates, consumers (and family), SCs, and providers. Attendees were pleased that the ideas include training opportunities for all involved to increase understanding and delivery. It was also beneficial that families felt more empowered to ask for services, if and when these ideas are implemented.

Some of the additional obstacles proposed by the group were linguistic and various other barriers. There was discussion about the perception of communication vs. actual communication. Families expressed feeling intimidated by the SC rather than viewing the coordinator as a partner. At times, consumers who are heavily burdened are so accustomed to lack of services, it's easier to take no for an answer from a SC than to appeal. Often times, families are unaware that there is the option to appeal (again addressing service delivery). When parents are aware of the appeal process they may feel guilty appealing, as they don't want to appear ungrateful for the services they already receive. Another obstacle to making these suggestions work is caseload ratios. It seemed difficult to ask SCs to provide more customized services if they have an insurmountable number of cases causing them to work in triage mode. There was sentiment shared that the proposals are heavily parent-focused. Additionally, the attendees thought that there needs to be more involvement, and "buy-in" from the community, providers and also from the service coordinators.

Overall, general perception of the forum was of optimism. Families and other stakeholders, despite frustrations, felt optimistic that WRC is heading in the right direction by addressing these issues.

Proposal to Reduce Disparities

Strategy

WRC proposes a multifaceted approach to improve equity and address the disparities highlighted in the POS expenditures data and the barriers identified in public forums. WRC aims to focus on:

- (1) developing more trusting relationships between the regional center and clients/families,
- (2) improving communication between families and WRC staff,
- (3) increasing access to culturally-competent services for clients that work for their community needs,
- (4) monitoring and improving how clients and families experience their regional center service delivery and how satisfied they are with those services.

Research has shown that effective interventions include use of a multifaceted approach, culturally and linguistically appropriate methods, improved access to services, partnerships with stakeholders, and community involvement (Cooper, 2002). Our proposal incorporates all of the features of a successful intervention and we hope that

funds made available by the Department of Developmental Disabilities will support our plans to address the disparities and to build equity in POS.

Strategy One: Develop more trusting relationships between Regional Center staff and Hispanic and African American clients and families.

A culturally competent service delivery system can help improve quality of care, satisfaction with care, clients' outcomes, and can contribute to the elimination of racial and ethnic disparities. A system can start a process of providing culturally competent service delivery by training its staff on cultural competency and cross-cultural issues.

Cultural competency is defined as the ability of providers and organizations to effectively and respectfully deliver care coordination/services that meet the social, cultural, and linguistic needs of clients and their family members. This is supported by studies done by Magana and colleagues (2012) showing that improvements in providers' cultural sensitivity and behavior during interactions with clients and families may reduce disparities in service utilization, particularly among Hispanic children.

In order to develop more trusting relationships, our communities must feel a sense of (1) respect, (2) inclusion, (3) transparency and (4) choice. In order to increase a sense of mutual respect and inclusion, WRC will begin with a cultural competency self-assessment, such as the Communication Climate Assessment Toolkit, to organize and inform our initiative. We will then conduct knowledge- and skill-based trainings about building cultural capacity, identifying and utilizing best practices in the field. The trainings in cultural competency may include topics and practices that involve awareness of influences that sociocultural factors have on client-provider relationships, recognition of personal biases against people of different cultures, mutual respect for qualities and experiences that are different from your own, addressing conflict that may be due to cultural factors and acceptance of the responsibility to combat biases. Furthermore, cultural competency skills include deep listening, reflection and self-recognition of implicit bias, de-biasing, and perspective taking. Specific training modules will be added for all intake department personnel on culturally and linguistically appropriate education, support, and screening of incoming families.

The foundational trainings will be completed by the fourth quarter of fiscal year 16-17 by 75% of staff (including board members, executive team, management, SCs and all other client-facing personnel) and by December 2017, by 95% of staff. We will also invite up to 100 vendors, advocates and support group members to participate in the training program. WRC will continue ongoing quarterly training throughout fiscal year 17-18 and throughout fiscal year 18-19 and will expect at least a 75% annual participation rate from staff and other stakeholders. In order to sustain institutional change, we will incentivize staff to attend the ongoing training program. In order to ensure that we have increased our cultural capacity, we will also ensure that our

institutional policies, procedures, norms and guidelines are culturally competent and are put into practice. In order to monitor changes, we will survey all participants before and after the trainings to observe improvements in knowledge, skills and attitudes, as well as surveying clients/families for their experiences, using questionnaires and/or focus groups.

In order to increase a sense of inclusion, WRC will develop special multi-disciplinary staffing opportunities for service coordinators to present cases and discuss barriers and unmet needs. Cultural diversity specialist and parent educators will also be available at the staffing. Parent educators will encourage families to discuss any unmet needs with their service coordinators and WRC will take those as opportunities for problem identification and resolution through a systems change process. WRC will also work with the Westside Family Resource and Empowerment Center (WFREC) and other community-based groups to engage underserved families more in the processes of regional center service provision.

In order to improve a sense of openness, WRC will work through website and media message improvement and development of videos to cut across cultures and ensure sense of equal access to information. WRC would like to focus its efforts on improving access to current, culturally competent information for clients and families. Re-designing and improving our website would allow easy access and navigation in multiple languages for the community to learn about WRC's initiatives, programs, providers and vendored agencies, along with other government resources.

Strategy Two: Improve communication between clients, families, and WRC staff by adopting culturally and linguistically appropriate services and providing support and education on how to advocate for services for families.

Our goal will be to ensure that all WRC communication will be culturally and linguistically appropriate. A multimodal (e.g. printed material, video, website), multilingual, and culturally sensitive "Orientation to Regional Center" training will be developed for families with clients with the lowest service utilization and all incoming families (via the Intake Department). The orientation may be used by all clients and families, but has particular focus on cultural inclusion, and will cover topics such as required regional center documentation, client/family-service coordinator partnerships, person-centered planning and services, and appeal processes. Additional feedback about the curriculum will be obtained from the stakeholders via community meetings and focus groups. This orientation should give clients and families a chance to understand their journey and how to get to where they want to go. It will also assure that all information is culturally competent, consistent, and current.

Communication also requires linguistic ability. WRC will increase requested translation services by utilizing bilingual SCs as well as contracted translation services. We will ensure that these translation services are culturally and linguistically competent by

training all bilingual personnel utilizing "The Guide to Providing Effective Communication and Language Assistance Services".

Recognizing the role of parent-to-parent education in helping to empower parents to utilize all services to which their children with disabilities are entitled to, WRC, in collaboration with families and WFREC, will develop training opportunities for parents. Utilizing the Promotora model, a special group of parent leaders/educators will be recruited to increase the parent-professional collaborations. These parent leaders will first enhance their knowledge about the regional center system: roles and responsibilities of SCs, documentation, timelines, services, and appeal processes. Next, utilizing Train-the-Trainer model, parent leaders will be able to teach advocacy to other parents and provide outreach to underserved and under resourced areas. Parent leaders will also support other parents and families in bridging the communication gap, reducing feelings of stigma and isolation, providing information about parents' rights to the services their young and adult children are entitled to, and assisting with accessing resources. The Intake Department will also introduce and connect incoming parents with parent leaders. Their vital role will provide parent-led solutions to address disparities in service utilization. Parent leaders will provide any needed assistance to adult client leaders, who may form peer support networks. Parent and client leaders who have experienced the challenges of navigating and understating the developmental disability system, first hand, can educate other clients, parents, and families regarding what to expect at, before and after meeting with SCs. They can also provide additional support and education for clients and families in accessing the services. Parent and client leaders will also be able to create culturally sensitive and language-specific support groups to connect families and enable them to support each other. Research has shown that parents with access to support show improvements in parental self-esteem and decrease in parental stress (Davis and Spurr, 1998; Mazurek et al., 2004). In particular, they may focus on developing a program for father-to-father outreach and support that was mentioned during the public forum.

Strategy Three: Improve access to services by paying special attention to clients receiving the lowest, per capita, service expenditures. This strategy would include finding providers to serve under resourced areas, and developing a group of 3 SCs who will be trained in engaging culturally diverse underserved families to provide enhanced case management to our target group.

Bierman and colleagues (1998) state that access to services requires three distinct steps: gaining entry, accessing location where needed services are provided, and finding providers with whom the client can communicate and trust. WRC will study the disparities in gaining entry amongst the two ethnic groups with the lowest per capita service authorizations and expenditures. Data shows that these groups receive fewer funds in service authorizations and utilize fewer services. Clients receiving no services or very few services require our attention and concentration. Some of the clients may

not need any services, but there may be many others who are overlooked. With regard to getting needed services, in 2011, only 68% of Hispanics and 68% of African Americans served by regional centers stated that they get the services they need versus 80% of Whites (NCI data).

In order to address their needs and improve equity in service use, we must understand the barriers. Cooper and colleagues (2002) conceptualized barriers to accessing health care services for vulnerable groups on three levels (1) personal/family (e.g. family involvement and acceptability of care, clients' preferences and expectations, personal beliefs, education and income), (2) structural (e.g. availability of services, how services are organized, timeliness of appointments, transportation), and (3) financial (e.g. insurance coverage, reimbursement levels, public support). WRC will examine the type of barriers to services that culturally diverse clients and families may encounter. This will be accomplished by a group of newly hired culturally diverse SCs who will provide enhanced case management for identified clients from the target group. These SCs will reestablish relationships with clients/families from our target group in order to identify appropriate services and guide clients/families through their appropriate utilization. These SCs will also collaborate with parent educators who will be available to provide support to the clients and their families through this process. These enhanced case management techniques will allow monitoring progress of the target group and immediate client/family-centered problem solving. Once client and family are satisfied with available services and their situation is stable, the enhanced case management SC will reconnect them with their former SCs for standard case management.

WRC also proposes to implement an automated follow-up system to augment current case management. The automated follow-up system will help SCs stay connected with clients/families post IPP/IFSP meetings and to remind them via phone calls, texts, and email messages about services authorized but not yet used. This will act as a reminder to either reach out to the service coordinator for clarifications about the services or to schedule appointments with vendors.

In addition, WRC proposes to address complex needs of clients by finding culturally competent providers whom the communities trust to provide innovative services for clients. We will develop Request For Proposals and share these with our underserved communities through the Equity Task Force and other forum, to create culturally sensitive services for children and adults living in the under-resourced communities. The services for adults may focus on developing tailored services to offer appropriate services to adult clients choosing to live with their families or relatives. In addition, alternative transportation options will be explored to develop safe and reliable transportation services for WRC clients and their families during non-regular working hours or on the weekends.

Strategy Four: Improve how clients and families experience services by monitoring our performance and client and family satisfaction and rapidly improving those experiences when needed to maintain and enhance the consumer service experience.

The National Center of Cultural Competence from Georgetown University Child Development Center, University Center for Excellence in Developmental Disabilities suggests that engaging in frequent self-assessments helps organizations to (1) measure the degree to which they effectively address needs and preferences of culturally and linguistically diverse groups, (2) establish partnerships that involve clients, families, and community stakeholders, (3) improve access and utilization of services, (4) increase satisfaction with services received, and (5) determine individual and collective strengths and areas that need improvement. There are numerous benefits to self-assessment and WRC would like to utilize it to promote development among its staff and enhance their abilities to deliver culturally competent services and supports to clients and their family members.

WRC will utilize a comprehensive approach to self-monitoring and improvement of POS disparities. We will utilize the new Cultural Diversity Specialist and the proposed new Family and Client Equity Support Specialist to facilitate coordinating, monitoring, and to oversee improvement cycles. Visually appealing graphics may be prepared, among other needed reports, and provided to SCs, management, executives, the board, parent groups and other stakeholders at regular intervals. Progress towards the goals will be measured over time and presented publicly.

WRC's self-assessment via multimodal, multilingual client satisfaction questionnaire will offer WRC a snapshot of the where the agency is at any given time. Utilizing online survey software, WRC will collect client satisfaction metrics and use this information to enhance its capacity to deliver services that are culturally competent and appropriate to the needs and circumstances of clients and their families. This process will be ongoing to keep track of improvements and areas of underperformance.

Although our strategies aim to address local needs and barriers, we are open to statewide collaboration with other regional centers and with the Department of Developmental Disabilities to address reductions of disparities in POS and to create equity in services.

Plan

Below are proposed goals, objectives, and timelines to address the multifaceted approach to address the disparities highlighted in the purchase of service expenditures data and the barriers highlighted in public forums.

Strategy	Goal	Objective	Timeline
1. Improve trust	1. Develop and implement cultural competency training.	Objective 1.1: WRC will develop training guidelines and identify trainer(s) who will share training role with underserved clients/families for the cultural competency training.	Within 6 months of the funding award

		<p>Objective 1.2: WRC will train 75% of staff (including board members, executive team, management, service coordinators and all other client-facing personnel) and at least 100 vendors, advocates, and support group members. We will train 95% of staff by December, 2017.</p> <p>Objective 1.3: WRC will continue offering ongoing quarterly cultural competency trainings, including learning and skill building circles, with annual participation of at least 75% of staff and other stakeholders.</p> <p>Objective 1.4: WRC will monitor changes in participants' knowledge, attitudes, and behaviors via pre and post-tests and follow-up questionnaires.</p>	<p>By the fourth quarter of fiscal year 16-17</p> <p>Ongoing</p> <p>Ongoing</p>
	2. Develop special multi-disciplinary staffing.	<p>Objective 2.1: Cultural Diversity Specialist will organize multi-disciplinary staffing opportunities for SCs to present cases and discuss barriers and unmet needs.</p> <p>Objective 2.2: Cultural Diversity Specialist in partnership with SC, will follow-up on resolutions proposed during staffing within 3 months of each meeting.</p>	<p>Within 6 months of the funding award</p> <p>Ongoing</p>
	3. Improve website and media message.	<p>Objective 3.1: WRC will redesign its current website to make it more accessible and easy to navigate services available for clients in various age groups and their families.</p>	<p>Within the first year of the funding award</p>
2. Improve communication	4. Develop and implement culturally sensitive parent-to-parent training model.	<p>Objective 4.1: WRC, in partnership with WFREC, will develop "orientation to WRC" video training modules, utilizing multilingual and multimodal approach and train all families, focusing on incoming families (via intake dept.) and families underutilizing services.</p> <p>Objective 4.2: WRC, in partnership with WFREC, will recruit, train, and compensate parent and client leaders who will provide outreach and coaching to other parents/clients on accessing</p>	<p>Within the second year of the funding award</p> <p>Within the first year of the funding award.</p>

		<p>services, appeal process, and existing menu of services available.</p> <p>Objective 4.3: WRC will monitor outreach and recruitment via sign-ins and any changes in families' understanding and skills via interactive questions in the modules. Feedback on module improvement will be solicited by surveys at the end of the modules.</p>	Ongoing
	5. Assure that communications are culturally and linguistically appropriate.	Objective 5.1: Increase culturally and linguistically appropriate translation services by utilizing bilingual service coordinators and contracted translation services.	During the second year of funding
3. Improve access to services	6. Identify barriers to service utilization of the target group.	<p>Objective 6.1: WRC will identify individuals with no purchase of services.</p> <p>Objective 6.2: WRC will conduct needs assessments (e.g. interviews, surveys) with the target group to identify barriers to service utilization and any unmet needs.</p>	<p>Within 6 months of the award funding</p> <p>During the first year of funding</p>
	7. Enhance case management for the target group.	<p>Objective 7.1: WRC will utilize an automatic follow-up system to stay connected with the target group and alert them via phone calls, texts, email messages, etc. about unused services.</p> <p>Objective 7.2: WRC will develop an enhanced case management to address individual needs and barriers identified in 6.2.</p> <p>Objective 7.3: At least 50% of individuals in the enhanced case management group will receive requested and funded POS service in the next two years.</p> <p>Objective 7.4: At least 50% of individuals in the enhanced case management group will show improvements in at least one domain of quality of life indicators in the next two years.</p>	<p>During the second year of funding</p> <p>During the first year of funding</p> <p>End of the second year of funding</p> <p>End of the second year of funding</p>

	8. Develop Request for Proposals (RFPs) to attract vendors to increase service availability.	<p>Objective 8.1: WRC will identify needed services in order to develop RFP for innovative services in the community.</p> <p>Objective 8.2: WRC will develop and issue RFPs for community-based programs/vendors to create innovative services for children and adults living in underserved or under-resourced areas.</p> <p>Objective 8.3: WRC will contract with alternative or innovative transportation agencies to develop or enhance transportation services for WRC clients and families.</p>	<p>Within the first 6 months of funding award</p> <p>Within the first year of funding award</p> <p>During the first year of funding</p>
4. Improve satisfaction	9. Develop and conduct self-assessment tools for clients, family members, providers, and WRC staff to assess and monitor satisfaction with services.	<p>Objective 9.1. WRC will monitor, track data, and oversee improvement cycles of POS disparities.</p> <p>Objective 9.2: WRC will develop assessment-tools (e.g. client satisfaction survey) and perform ongoing assessments of its service delivery.</p> <p>Objective 9.3: WRC will establish a baseline of client's satisfaction ratings and monitor changes over the two years.</p>	<p>Ongoing</p> <p>During the first year of funding.</p> <p>Ongoing</p>

Budget

	Fiscal Year		
	2016-17	2017-18	2018-19
Jan-June			
Training			
Staff training	\$25,000	\$25,000	\$20,000
Parent leader training	\$15,000	\$5,000	\$5,000
Outreach			
Parent support group meetings	\$0	\$5,000	\$5,000
Parent support workshops	\$0	\$1,000	\$1,000
Childcare stipends	\$12,500	\$25,000	\$25,000

Transportation			
Alternative Transportation	\$10,000	\$20,000	\$20,000
Mileage	\$1,250	\$5,000	\$5,000
Technology/Equipment			
Equipment for parent leaders	\$10,000	\$0	\$0
Automatic call system	\$0	\$15,300	\$15,300
Dashboard	\$75,000	\$0	\$0
Online survey software and questionnaire tool	\$11,000	\$11,000	\$11,000
Communication			
Phone reimbursement for parent leaders	\$1,200	\$5,000	\$5,000
Website development and maintenance	\$5,000	\$10,000	\$5,000
Translation services	\$0	\$5,000	\$5,000
Materials			
Outreach materials for parent leaders	\$0	\$1,000	\$1,000
Orientation materials (e.g. video, webinar)	\$50,000	\$0	\$0
Orientation printed materials	\$0	\$5,000	\$5,000
Focus groups stipends	\$6,000	\$3,000	\$0
Request for Proposals (RFP)			
Children services	\$0	\$10,000	\$10,000
Adult services	\$0	\$10,000	\$10,000
Positions			
Family and Client Equity Support Specialist (1)	\$18,200	\$36,400	\$36,400
Parent leader positions (20)	\$52,000	\$208,000	\$208,000
Enhanced case management SCs (3)	\$60,000	\$240,000	\$240,000
BUDGET GRAND TOTAL	\$352,150.00	\$645,700.00	\$632,700

Budget Justifications

Training

1. Staff training

- a. FY 16-17: Initial cultural competency training: \$2,500 per each group training x 6 groups of 30 people each = \$15,000 (reaching 180 staff)
- b. FY 16-17: Additional initial training: \$2,500 per group x 4 groups of 30 people each = \$10,000 (reaching 120 staff and vendors)

- c. FY 17-18: Ongoing staff/vendor training: \$2,500 per group x 10 groups of 30 people each = \$25,000 (reaching 300 people)
- d. FY 18-19: Ongoing staff/vendor training: \$1,000 per day x 20 trainings for small groups of 20 people = \$20,000 (reaching 200 people)
- 2. Parent leader training
 - a. FY 16-17: Curriculum development: \$15,000
 - b. FY 17-18: Training for up to 20 parent leaders: \$5,000
 - c. FY 18-19: Training for up to 20 parent leaders: \$5,000

Outreach

- 1. Parent support group meetings
 - a. FY 17-18: rent for community meetings: \$5,000
 - b. FY 18-19: rent for community meetings: \$5,000
- 2. Parent support workshops
 - a. FY 17-18: refreshments for families during community workshops: \$1,000
 - b. FY 18-19: refreshments for families during community workshops: \$1,000
- 3. Childcare stipends
 - a. FY 16-17: \$25/hour per provider x 10 childcare providers x 2hour per meeting x 25 meetings per year = \$12,500
 - b. FY 17-18: \$25/hour per provider x 10 childcare providers x 2hour per meeting x 50 meetings per year = \$25,000
 - c. FY 18-19: \$25/hour per provider x 10 childcare providers x 2hour per meeting x 50 meetings per year = \$25,000

Transportation

- 1. Alternative Transportation
 - a. FY 16-17: \$200 per trip x 50 trips for families = \$10,000
 - b. FY 17-18: \$200 per trip x 100 trips = \$20,000
 - c. FY 18-19: \$200 per trip x 100 trips = \$20,000
- 2. Mileage reimbursement for parent leaders
 - a. FY 17-18: Up to 38 miles per month x .55 per mile x 12 months x 20 parent leaders = \$5,000
 - b. FY 18-19: Up to 38 miles per month x .55 per mile x 12 months x 20 parent leaders = \$5,000

Technology/Equipment

- 1. Equipment for parent leaders
 - a. FY 16-17: 20 iPads x \$500 per iPad = \$10,000
- 2. Automatic call system
 - a. FY 17-18: 8500 clients x 5 calls per client per month x 12 months = \$15,300 per year. This option is available through "call-em-all", simple voice broadcasting and SMS for everyone.
 - b. FY 18- 19: 8500 clients x 5 calls per client per month x 12 months = \$15,300 per year. This option is available through "call-em-all", simple voice broadcasting and SMS for everyone.

3. Dashboard
 - a. FY 16-17: \$75,000 for a late-binding end data warehouse that will let us look at the data sets together – CDER, POS, and data from satisfaction surveys, etc.
4. Online survey software and questionnaire tool
 - a. FY 16-17: \$11,000 for Qualtrics or Voxco annual license for online survey software with up to 10,000 responses and SMS feature/phone survey IVR.
 - b. FY 17-18: \$11,000 for Qualtrics or Voxco annual license for online survey software with up to 10,000 responses and SMS feature/phone survey IVR.
 - c. FY 18-19: \$11,000 for Qualtrics or Voxco annual license for online survey software with up to 10,000 responses and SMS feature/phone survey IVR.

Communication

1. Phone reimbursement for parent leaders
 - a. FY 15-16: 20 parent leaders x \$20/month of cell phone reimbursements x 3 months =\$1,200
 - b. FY 17-18: 20 parent leaders x \$20/month of cell phone reimbursements x 12 months =\$4,8000
 - c. FY 18-19: 20 parent leaders x \$20/month of cell phone reimbursements x 12 months =\$4,8000
2. Website development and maintenance
 - a. FY 16-17: \$5,000 to secure a web developer and begin designing phase
 - b. FY 17-18: \$15,000 for redesigning the site
 - c. FY 18-19: \$5,000 for maintenance and site updates
3. Translation services
 - a. FY 17-18: \$5,000 for translation of newly developed documents
 - b. FY 18-19: \$5,000 for translation of newly developed documents

Materials

1. Outreach materials for parent leaders
 - a. FY 17-18: \$1,000 for copies of materials to be shared with community members during meetings, fairs, etc.
 - b. FY 18-19: \$1,000 for copies of materials to be shared with community members during meetings, fairs, etc.
2. Orientation materials
 - a. FY 17-18: \$50,000 for developing, shooting, and editing an orientation video about WRC services
3. Orientation printed materials
 - a. FY 17-18: \$5,000 for development and printing of orientation to WRC materials to accompany the video
 - b. FY 18-19: \$5,000 for development and printing of orientation to WRC materials to accompany the video
4. Focus groups stipends
 - a. FY 16-17: \$50 per person x 15 people per focus group x 8 focus groups = \$6,000

- b. FY 17-18: \$50 per person x 15 people per focus group x 4 focus groups = \$3,000

Requests for Proposals (RFP)

1. RFP for a vendor to develop innovative services meeting needs of children in underserved areas:
 - a. FY 17-18: \$10,000 for at least 20 clients
 - b. FY 18-19: \$10,000 for at least 20 clients
2. RFP for a vendor to develop innovative services meeting needs of adults in underserved areas:
 - a. FY 17-18: \$10,000 for at least 20 clients
 - b. FY 18-19: \$10,000 for at least 20 clients

Positions

1. Family and Client Equity Support Specialist
 - a. FY 16-17: \$35/hour x 520 hours per year = \$18,200
 - b. FY 17-18: \$35/hour x 1040 hours per year = \$36,400
 - c. FY 18-19: \$35/hour x 1040 hours per year = \$36,400
2. Parent leader positions
 - a. FY 16-17: \$20/hour x 130 hours per year x 20 positions = \$52,000, each position may impact approximately 12 families per quarter. Total impact 250 families per quarter.
 - b. FY 17-18: \$20/hour x 520 hours per year x 20 positions = \$208,000, each position may impact approximately 50 families per year. Total impact 1,000 families per year.
 - c. FY 18-19: \$20/hour x 520 hours per year x 20 positions = \$208,000, each position may impact approximately 50 families per year. Total impact 1,000 families per year.
3. Enhanced case management service coordinators
 - a. FY 16-17: 3 positions x \$20,000 per 3 months of service = \$60,000. Each enhanced case management SC may serve up to 30 people per quarter.
 - b. FY 17-18: 3 positions x \$80,000 per year per position = \$240,000. Each enhanced case management SC may serve up to 124 people per year.
 - c. FY 18-19: 3 positions x \$80,000 per year per position = \$240,000. Each enhanced case management SC may serve up to 124 people per year.

Timeframe

The timelines for our goals and objectives are included in the plan. Majority of the work proposed in the plan will be coordinated by the newly hired Cultural Disparity and Family and Client Equity Support Specialist with assistance from enhanced case management service coordinators and existing staff from various departments within WRC and our partner-agency, WFREC. We will start implementing our plan as soon as we fill the Cultural Disparity Specialist position. We will also execute contracts with

vendors and provide them with funding to develop innovative services for children and adults. We will also contract with parent leaders, trainers, a web developer, a videographer, and a variety of organizations providing the following services: translation, online survey development, and automated calling services.

Outcome Tracking

Current information from POS data is inadequate to understand or eradicate disparities. Regional Center of Orange County, who has been using the data for years, reports that issues with POS data include (1) no information on cost or utilization of group-contracted RC resources or non-RC generic resources (2) inaccurate consumer counts—total numbers are greater than actual caseloads and a one-time service is counted the same as an ongoing year-round service (3) consumers who have more than one diagnosis are over-counted in multiple categories (4) insufficient information on socioeconomics/income, and many other important client factors that affect utilization of POS funds.

Data from the National Core Indicators (NCI) surveys are also inadequate. They do not include insufficient representation of individual regional centers (for example, some past questions had only 51 families answer) so we are not able to analyze our own information. Age ranges for POS and for NCI differ so they are not comparable. There is no Early Start data in NCI. There is also no ability to follow data and make changes in real time. In addition, there are no data on specific “unmet needs”. It is unclear how much of NCI results are taken from the CDER/CMF and how much is actual survey data from clients or families, making the sources of the data questionable. Finally, the survey is only in English and Spanish and there were extremely low rates of Spanish response.

Thus, an essential component of our proposal is a self-monitoring and action system in order to ensure that our goals are met. Our Cultural Diversity and Family and Client Equity Support Specialists will undertake self-monitoring efforts, including use of existing data and will translate those data into easily understandable graphics. These graphics will be provided to service coordinators, management, executives, the board, parent groups and other stakeholders at regular intervals. Progress towards the goals will be measured over time and presented publicly. These may include quantitative data on:

- (1) Progress on the Communication Climate Assessment Toolkit
- (2) POS data by race/ethnicity and specifically on our target populations, including those without services
- (3) Enhanced data by race/ethnicity obtained from CDER, POS
- (4) Enhanced case management client outcomes
- (5) Client satisfaction outcomes
- (6) Training outcomes and
- (7) RFP outcomes

Qualitative data will be obtained through focus groups, semi-structured interviews or satisfaction surveys. These will be occurring throughout the proposal period, including pre-tests and post-tests.

References

- Bierman A, Magari ES, Jette AM, et al. Assessing access as a first step toward improving the quality of care for very old adults. *J Ambul Care Manage*. 1998 Jul;121(3):17-26.
- Bronheim, S. Cultural competence: it all starts at the front desk. <http://gucchd.georgetown.edu/hcc>. Accessed on Aug 16, 2016.
- Cooper LA, Hill MN, Powe, NR. Designing and evaluating interventions to eliminate racial and ethnic disparities in health care. *J Gen Intern Med* 2002;(17):477-486.
- Davis H, Spurr P. Parent counselling: an evaluation of a community child mental health service. *J of Child Psych and Psychiatry*. 1998(39):365-376.
- Harrington C, Kang T. Disparities in service utilization and expenditures for individuals with developmental disabilities. 2007.
- Harrington C, Kang T. Disparities in service use and expenditures for people with intellectual and developmental disabilities in California in 2005 and 2013. *Intellectual and Developmental Disabilities*. 2016 Vol 54(1):1-18.
- Hopfe B, Taylor S. A statewide descriptive statistical analysis of variation in purchase of service categories. Jan 31, 2002. (POS study 1)
- Lozano, BA. The ethnic distribution of services purchased by regional centers. May 20, 1992.
- Magaña S, Parish SL, Rose RA, Timberlake M, and Swaine JG. Racial and ethnic disparities in quality of health Ccare among children with autism and other developmental disabilities. *Intellectual and Developmental Disabilities* August 2012, Vol 50, (4):287-299.
- Mazurek MB, Alpert-Gillis L, Feinstein NF, Crean HF, Johnson J, Fairbanks E, Small L, Rubenstein J, Slota M, Corbo-Richert B. Creating opportunities for parent empowerment: program effects on the mental health/coping outcomes of critically ill young children and their mothers. *Pediatrics* Jun 2004, 113(6):e597-e607.
- Goode T, Sockalingam S, Bronheim S, Brown M, Jones W. National center for cultural competence, a planner's guide: infusing principles, content and themes related to cultural and linguistic competence into meetings and conferences. Winter 2000:1-8.
- Widaman K, Blacher J. Modeling the variation in per capita purchase of services across regional centers. Aug 2003. (POS study 2)