

Vendor name	Villa Esperanza Services
Vendor number(s)	H25258, H18081 HD0050, H06199
Primary regional center	Frank D. Lanterman Regional Center
Service type(s)	Community Care Facility (Residential)
Service code(s)	915
Number of consumers currently serving	24
Please describe your person-centered approach ¹ in the concept development process; how did you involve the individuals for whom you provide services?	For the past several years, Villa’s leadership team has had ongoing strategic sessions to assess how we will achieve HCBS compliance while sustaining strong program and financial outcomes despite local and state minimum wage disparities, insufficient reimbursement rates and staffing challenges. Villa’s philosophy has aligned with the concept of person-centered thinking since its inception. With that being said, ongoing escalating operating costs without correlating reimbursement rates have limited our ability to fully implement person-centered planning across all of our programs. Based on annual staff and client surveys, quarterly IPP meetings, and input from our executive leadership team, it was determined that our residential clients, staff and families are in need of person-centered trainings in order to fully comply with the HCBS mandates.
Does the concept address unmet service needs or service disparities? If so, how?	Our concept will address current limitations in regards to person-centered planning and community access in four homes. We will include residents, leadership, direct-care staff and families in person-centered trainings conducted by expert consultants who will also provide program evaluations and recommendations.
Barriers to compliance with the HCBS rules and/or project implementation	Villa has four homes that are in need of HCBS funds in order to achieve compliance. Allen and Wynn are level 2 homes with six residents and a staff to client ratio of 1:6; Murphy and Wagner are level 3 homes with six residents and a staff to client ratio of 1:3. Our staff in each of these ‘family-style’ homes makes a strong effort to offer regular activities and community outings to residents. Clients are encouraged to participate and choose activities and outings that interest them. Yet, if some clients want to participate and others do not, we do not have staff in place to accommodate both these choices. The program model for our four homes has been in place for over 25 years. Due to limited resources we have not had a chance to explore new approaches or provide staff trainings that may achieve stronger results and more accurately enable residents to voice their personal preferences.

¹ A person-centered approach emphasizes what is important to the individual who receives services and focuses on personal preferences, satisfaction, and choice of supports in accessing the full benefits of community living. For more information regarding person-centered practices, please visit <http://www.nasddds.org/resource-library/person-centered-practices/>

	<p>An inadequate reimbursement rate structure and ongoing local and minimum wage disparity presents obstacles in hiring and retaining staff. As a Pasadena-based service provider we must abide by the local legal minimum wage of \$12 per hour. Yet, our current reimbursement rate per client is at \$11 per hour.</p>
<p>Narrative/description of the project. Identify which HCBS federal requirements are currently out of compliance; include justification for funding request</p>	<p>Founded in 1961, by a group of mothers who believed their special needs children deserved quality care and education, Villa has grown into a thriving multi-service agency offering a lifetime of care and services. Since inception, Villa has advocated and advanced services for individuals with I/DD disabilities.</p> <p>The new HCBS rules will require us to reevaluate how we can better implement personal choice and expand our level of community integration for the individuals we serve. We are currently out of compliance with Federal Requirements #1, #4, #5 and #7. We are requesting HCBS compliance funding to provide person-centered trainings to our leadership team, residents of our homes, direct-care staff and families. Expert consultants will provide several training sessions and evaluate ways in which we can restructure how we are serving the individuals residing in four of our homes to achieve stronger outcomes. Grant funding will help backfill staff during trainings.</p> <p>Our project will include:</p> <ul style="list-style-type: none"> • Recommendations how to structure a more effective person-centered approach. • Multiple training sessions for residents, leadership team, direct-care staff, families/caregivers. • Train the Trainer sessions for key program staff.
<p>Estimated budget; identify all major costs and benchmarks — attachments are acceptable</p>	<ul style="list-style-type: none"> • (2) 3-hour sessions for Leadership Team; (2) 2-hour evening sessions with families; (5) 30-minute sessions with residents; Evaluation of homes and recommendations. <u>\$8,800</u> • (4) 4-hours sessions for 32 direct care staff <u>\$4,224</u> • Payroll costs for 32 staff to attend training sessions and backfilling staff during trainings <u>\$17,845</u>
<p>Requested funding for 2017-18</p>	<p>\$30,869</p>
<p>Estimated timeline for the project</p>	<ul style="list-style-type: none"> • <u>July – August</u>: Person-centered trainings for leadership, clients, families; Program assessment and recommendations. • <u>Sept – Nov</u>: Direct care staff to attend (4) half-day training sessions • <u>Dec</u>: Train the Trainer sessions