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

Regional Center(s):  Far Northern

Regional Center Contact Name/Title: Larry Withers, Associate Director of Client Services

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Email Address: lwithers@farnorthernrc.org

Phone Number: (530) 895-8633

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: $671,000

b. Estimated number of consumers to be impacted by the service(s): 800-1,000

III. DIRECTOR’S CERTIFICATION

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

Director’s Name:  [Signature]

Director’s Signature:  [Signature]
Far Northern Family and Community Support Program:
A Proposal to Reduce Disparities in the Purchase of Service

Introduction

The California regional center system is unique. It is the only service delivery system in the country for individuals with developmental disabilities where services are an entitlement and waiting lists for services are illegal. Unlike most other states, the vast majority of services are provided to all families regardless of income. Although this system is unique, it shares a problem all too common in America - a strong and noticeable gap between the services offered and provided to ethnic and racial minorities when compared to Caucasians.

Far Northern Regional Center’s POS Disparity

Far Northern Regional Center (FNRC) is the second smallest regional center by the number of clients served, but the second largest geographically. Occupying the nine most northeastern counties in California, our service area is rural and less diverse than the rest of California. The largest non-white populations in our service area are African American, Hispanic and Southeast Asian communities.

In 2014/15, FNRC served 7,759 individuals. Whites were the largest group by far, constituting 77.7%. The Hispanic community compromised the largest non-white group at 10.3%. African Americans constituted 2.4%; Asian Americans 1.9%. These numbers correspond roughly with our service area with a slightly lower number of Hispanic clients than our service area (14% Hispanic in the community vs. 10.31% of FNRC clients) (Far Northern Regional Center, 2015).

Purchase of Service (POS) data shows a significant disparity in the Hispanic and Asian populations. The disparity is seen in both the authorization of services by FNRC and in the actual use or expenditure of POS dollars. For example, in 2014-15 FNRC authorized on a per capita basis $12,039, per year for Hispanic clients. This constituted 76.3% of the average POS for all regional center clients during the same period. In contrast, the per capita authorized POS for white clients was $16,601 or 105.2% of the average for all clients. Asian clients had the lowest per capita authorized POS at 54% of average (Far Northern Regional Center, 2015).

Utilization rates also showed significant differences. The per capital amount of POS expenditures (funds spent) for white consumers in 2014/15 was $12,981 or 106.9% of average POS expenditures for total client population. In contrast, the per capita POS expenditure for Hispanic clients was $8,027 or 66.1% of the average. Per capita POS expenditures for Asian clients were again the lowest at $6,360 or 52.4% of average (Attachment 1).

The POS data shows much higher than average POS authorization and expenditures for the African American and Filipino populations. Native Americans, Polynesians and clients in the other ethnicity or race category have lower authorization and utilization rates, although somewhat higher than in the Asian and Hispanic population (Far Northern Regional Center, 2015).

The POS data clearly shows there is a POS disparity at Far Northern with respect to race and ethnicity. African American, Filipino, and White clients have higher than average rates of
authorized services and utilization. In contrast, Hispanic and Asian clients show the lowest rates. This situation has become difficult to change or eliminate.

Target Population

Given the disparity or low rates of POS expenditures for the Hispanic and Asian communities in comparison to other groups, these communities are the natural target for FNRC’s proposal. We identified our target population through SANDIS data about race ethnicity, and language gathered during the intake or reassessment process. In most cases, this information is self-reported.

Brief Summary of Focus Groups

- Chico Focus Group – May 12, 2016 – 5 parents in attendance
- Oroville Focus Group – June 13, 2016 – 8 parents in attendance
- Gridley Focus Group – July 11, 2016 – 21 parents in attendance
- Orland Focus Group – August 15, 2015 – 17 Parents in attendance

To determine the cause for the disparity between racial and ethnic groups, FNRC conducted four focus groups in various cities in Butte and Glenn Counties (Chico, Oroville, Gridley and Orland). We invited Hispanic clients and parents and focused on respite services. The use of respite in this community is very low compared to the general client population. It was hoped that we could determine the causes for low rates of respite use and regional center services in general. It is our plan to conduct similar focus groups with the Hmong population in the future.

In order to obtain the most community grounded results possible, we scheduled the focus groups in the early evening and provided child care. Attendance varied from eight in Chico to twenty-one at the Gridley meeting. Translation was provided and a number of questions were asked (Attachment 2) related to respite and regional center services. As a result of these focus groups, several themes were found.

Lack of information about regional center services, disabilities and resources

Parents at each of the focus groups discussed at length the lack of information they have about their child’s disability, regional center services, and community resources. Families wanted to know how each agency relates to another (whether regional centers have control or authority over IHSS was one example). One parent discussed how their Service Coordinator discussed respite with them, but they did understand or ask questions. Several family members said they were confused by the word respite because it also means “to breathe” in Spanish.

Families said they wanted more information about Autism, Down syndrome and other conditions. They felt more information about how to work with their children, in Spanish, would be most helpful. A number of families related how they either did not know for a long time or still were confused about the role of the regional center in their lives, how the regional center could help and where to ask for help.

Most of the focus group members liked the forum and interaction with regional center staff. In addition to the translator and facilitator, several managers and administrators were present to answer questions and participate in the debriefing. Families used this time to ask
specific questions about services and supports. We helped a family to contact Disability Rights about problems with their child’s IEP and answered numerous questions about regional center eligibility and services.

**Language Barriers**
The lack of service providers that speak Spanish was lightly discussed at the focus groups, but it is a widely known problem in our service area. We have a limited pool of Spanish speakers to hire from than in the rest of the state. The few qualified bilingual workers are highly sought by other agencies and providers that pay higher wages than our vendors can afford. Moreover, the long term wage freeze and stagnate wages in California severely affects the retention of bilingual staff.

Families reported that language can be a problem when accessing services such as ABA or other autism related programs because many vendors lack staff and are not required to hire staff with language capabilities. Language creates access issues at the onset of accessing services. For example, ARC-Butte the largest respite provider in Butte County has only one receptionist that speaks Spanish. She works part time on Wednesdays. Families needing services either have to call during a specific time or wait for several days for a returned phone call.

**Trust & Culture**
When the focus group discussed respite and why it was not being used, many families said they could not find trustworthy respite workers. A number of mothers expressed concerns about leaving their child with a stranger and felt it was their responsibility to be with their children. When families did use respite, they reported being limited by the amount of mileage available because respite worker often drive from Chico. We encouraged families to discuss and share respite workers at each focus group and families made a number of connections.

According to families, trust went beyond finding respite workers. The focus group reported that FNRC Service Coordinators are often mistaken for being government workers. This makes many families unwilling to discuss personal matters because of distrust of government and concerns about inviting immigration inquiries or interference in their personal lives.

The focus group families discussed how many in their culture believed that respite was a family responsibility to be handled by other family members. This was emphasized to be a strong component of Hispanic culture. At the public meeting to discuss this proposal the cultural connection was also cited by parents in regards to the low rates of OHP placement in the Hispanic and Hmong communities.

**Social Programs**
The request to provide social programs (precluded by AB9) for children and young adults was a prevalent request at each focus group. Bilingual children with special needs are socially and physically isolated by language, culture, and disability. Social interaction with other children is essential to optimum development. Positive socialization opportunities for children on the Autism Spectrum are essential to ensure children achieve the skills to interact with others.

Although regional center funding of socialization programs is currently precluded, families in each of the focus groups advocated for change. Parents said they preferred programs that engaged their children rather than the passive supervision seen in most respite situations. Additionally, one family discussed how isolating it can be to have a special needs child and not be part of the mainstream culture. They discussed how there were no opportunities for their
children to get together, play, and learn critical social skills. Families in the focus groups all agreed that reinstatement of social programs would cause them to request and participate in services.

Any attempt to alleviate racial and ethnic disparities must involve a multifaceted approach to the institutions involved, the individuals served, family members, service providers and the community. Problems such as this are not caused by one reason nor is there a singular solution. At the same time, change must be started somewhere. Because of this, Far Northern Regional Center’s ABX2 proposal is to develop a Family and Community Support Center with a special focus on the Hispanic and Hmong communities. This proposal is outlined below and was presented at a public meeting on September 1, 2016 held at Far Northern Regional Center’s Chico office. Ten people attended this meeting. A discussion of the questions and comments received about this proposal will be discussed at the end of the proposal description below.

Program Description: Family & Community Support Services

The disparity in authorized and received services in the Hispanic and Hmong communities has persisted since the issue was brought to public attention. Far Northern hired a number of bilingual Service Coordinators during this period to ensure that every Spanish and Hmong speaking family received case management services from someone speaking their language. Although this improved communication, the data shows that it has resulted in minimal change in the rates of service delivery. This is consistent with research that shows language is only part of the solution (Voss-DeMeester, McCollough, et al (2014). To make significant change, the entire community must be engaged (Chin, Clark, et al 2012).

To this end, Far Northern’s proposal for a Family and Community Support Center borrows heavily from the Promotoras model. The Promotoras concept focuses on training community members as lay health or lay social workers that bridge the gap between the institutions and the communities they serve. Promotoras are leaders in their community that serve as liaisons between their community, health professionals, and social service organizations. As liaisons, they often play the roles of an advocate, educator, mentor, outreach worker, role model and interpreter (Rhodes, Long, et al 2007). The Promotoras model is used across the country and is known to be an effective way to reach underserved communities (Wasserman, Bender, Lee 2007).

Promotoras Model

The Promotoras model is an international form of community organizing, typically seen in the medical field (Callejas, Mayo, et. al 2006). In this model, Promotoras or community health workers are recruited from members of the target population (Callejas, Mayo, et. al 2006). Since they share many social, cultural, and economic characteristics, Promotoras provide culturally appropriate services and supports and serve as an advocate, mentor, educator, outreach worker and translator. In many instances, Promotoras work as a bridge between bureaucratic institutions and the community they serve (Partners 2016; Wasserman, Bender, Lee 2007).

Community Center

The focus groups conducted with the Hispanic community showed that a lack of information about the regional center, community services, and disabilities was a significant issue. Families shared they lacked information about services available for their children and problems understanding what various terms and programs meant. Furthermore, Spanish speaking
families complained about the dearth of information in Spanish about disabilities, particularly Autism.

Providing this community information in our service area is quite difficult. The Hispanic community is concentrated in isolated rural communities that lack convenient public transportation. As a result, a moving or rotating community center is essential to success. This project envisions a regularly scheduled community center that is present on a scheduled, rotating basis in several cities (Chico, Oroville, Gridley, Orland, Red Bluff, Redding) in our service area with large populations of underserved clients and families.

During these times, the community center will provide families with information about generic and regional center services, regional center eligibility information and assistance with navigating public bureaucracies and completing paperwork. In addition to providing information, a regular schedule of speakers will be scheduled. Presentations or trainings will provide families information about disabilities, community resources, regional center information and other topics requested by participating family members.

In order to accomplish this task, the community center will need to locate and possibly fund presenters from outside the service area. All trainings, presentations and literature will be available in Spanish and Hmong. In conjunction with trainings and presentations, child care is essential to ensure widespread participation. This program envisions child care will be provided through respite agreements with current existing vendors on an as needed basis.

**Promotoras – Working with the Community**

During each of the focus groups, we received highly positive feedback from families about the extensive discussions at the end of the focus groups. Families made connections with each other and traded the names of respite workers who spoke Spanish and other resources. At our last meeting in Orland, several family members pressed RC staff to keep the meetings and personal interactions going. One parent voiced the sentiment of the group by saying “It was so great to have our questions answered and to talk about our children, please don’t make this the last time we get together”. This limited experience showed the value of the Promotoras model.

To get this program started, FNRC will contract with two community agencies or vendors. Given FNRC’s geographical size, we are looking at two separate contracts, one in the north and one in the south. Each program will need to submit a program design for approval. There should be a minimum of two employees in each location (North/South). This would include a program administrator and an assistant/community educator.

The program administrator will be responsible for determining the locations of each event and the scheduling of speakers and/or trainings. To circulate information to the community, the administrator and assistant will create and maintain mailing and contact information for all individuals referred by the regional center. Phone trees, email lists and personal contact and non-traditional means will be used to spread information about the community center through the target communities.

To ensure the community center will have the most current information, Far Northern will provide trainings to the program administrators, assistants, and Promotoras about the regional center. This training will mimic the trainings that new Service Coordinators receive. In addition, Far Northern will make a commitment to be a regular presence at meetings and trainings conducted by the community center. A strong presence by the regional center is essential to the success of this program and in our efforts to alleviate the disparity.
The program director and educator/assistant will also identify leaders among the parents and other attendees of these events. These leaders will be recruited to participate as Promotoras. In order to be effective, Promotoras members should be drawn from the local communities because their knowledge of the community and culture will be essential to success. After extensive training, the Promotoras workers will focus on: Individual and community needs assessment, coordination of care and case management assistance, Education of the regional center and other system about community culture, needs and strengths, education of families about access to services and resources, and inter-group mentoring and assistance. This model calls for the Promotoras to be paid either through a stipend or hourly wage.

Since the Promotoras come from the local community they will have firsthand knowledge of what works and what does not within their communities. They can provide information to Far Northern about how services can be provided in a more culturally responsive manner and help identify new needed services. Promotoras members will also work to create a mentoring program within the community Center for experienced parents and young or new parents of special needs children. The older parents can help younger parents navigate the social delivery system, share resources, learned lessons and provide guidance.

**Time Frame**

In order to be successful, the community center needs to be a permanent fixture in our service area. In the first year, the focus will be on training the administrator and educator/assistant, getting the community to invest in the center and training Promotoras to work in the community. It is expected that the training period for the administrator and educator/assistant will last about three months. The identification and training of Promotoras will take another month or two. As a result, the full effect of the community center will not be felt in the community for six months.

The proposal will be submitted to the State of California Department of Developmental Services in September 2016, with approval dates expected to be in October 2016. Far Northern will develop and post a Requests for Proposal for services in North Counties and another for services in South Counties by November 1, 2016. Service Providers will be interviewed and selected by December 1, 2016 and contracts for services will begin on January 1, 2017.

**Financial**

The project is for two full calendar years, starting January 1, 2017 and ending December 31, 2018. The two year cost of the project is $671,000.

Project costs for 2017 include direct agency costs for both agencies plus two conferences. Training for a program manager and educator/assistant for each agency is expected for two months. The hiring of three Promotoras for each agency is expected to occur the third or fourth month of the year. Promotoras will be paid at a rate of $15 per hour plus employer burden. Total costs for 2017 are projected to be $325,756.

Total costs for 2018 include the same direct agency costs as 2017, but for a full year. The costs include two additional community conferences. Total costs for 2018 are projected to be $345,244.

The projected budgets with detail for each year are attached (Attachment 3, 2 pages)
Criteria that will be used to evaluate and monitor the effectiveness of the plan and/or services

Far Northern will review POS data every 6 months to determine the effectiveness of the project and services. POS data to be reviewed for both Hispanic and Asian clients will include per capita authorized POS funds, percentage of average authorized POS funds, per capita POS expenditures, percentage of average POS expenditures, and percentage of utilization of POS services authorized.

POS data will be collected effective December 31, 2016 to obtain base figures at the start of the project. Data will then be collected every six months (June 30, 2017, December 31, 2017, June 30, 2018 and December 31, 2018). It is expected the per capita POS authorizations, utilization and expenditures for minority ethnic populations will increase over the life of the project. The goal will be to increase the percentage of authorized POS funds and expenditure to 60% for clients of Asian descent and to 85% for clients of Hispanic decent so that utilization of POS services authorized increases to 85% for groups of clients, by December 31, 2018.

Describe when the regional center will begin plan and/or service implementation

Requests for Proposals will be developed to include a description of the project will be posted November 1, 2016. Project proposals will include a program description of the type of services and activities they will provide, how, where and when those services will be delivered, objectives and outcomes they expect to achieve, the qualifications of staff who will run the project, and detailed costs for those services. Each agency will include proposals and costs for one conference a year for families, service providers and regional center staff that will promote equity and respect among groups of different racial and ethnic groups.

The project will start January 1, 2017 with a provider to serve North Counties (Siskiyou, Modoc, Shasta, Trinity, Tehama) and another provider to serve South Counties (Butte, Glenn, Lassen, Plumas). The project will last 2 full calendar years and end December 31, 2018.

Far Northern will enter into contract with each provider effective January 1, 2017 and ending December 31, 2018. Contracts will include a description of services, identification of clients served, names of counties where services will be delivered, the rate of payment for service each service (wages, travel, direct service, conference, etc.) under the Agreement. Each contract will be approved by Far Northern Regional Center’s Board of Directors.

Provisions in the Agreement will include requirements for contractors billing and reporting, insurance requirements, record keeping and audits, termination clauses, grievance procedures, zero tolerance policies, confidentiality and breach of private client information, and more. Each contract will include guidelines for the use of regional center funds by the contractor.

2017 Multicultural Conference

As a celebration of community, collaboration, and our ability to solve difficult challenges, FNRC and the Rowell Family Empowerment Center’s Multicultural Committee requests funds to sponsor a region wide conference in February 2017.

We believe that with assistance in funding we can bring national speakers to the north state that may be able to assist the entire community in addressing the challenges in providing culturally competent services to our region.

Title of the Conference: Exploring Cultural Diversity in Rural Communities
Target Audience: Families, Service Providers, Regional Center Staff, and people with developmental disabilities.

Session Topics:  

**Best Practices in Outreach and Support for Multicultural families**
- What are the best practices in the nation that are successful?
- How can we work as a community to improve our local approach to finding individuals and families in need of services?

**Family and Cultural Diversity in Early Intervention Services**
- While successful outreach is important, once services are offered they must be relevant to the families serviced.
- We hope to explore with the assistance of a national expert on multiculturalism and early intervention, the most successful approaches to serve all families.

**Connecting Families to One Another in a Digital Age**
- While support groups have been used for many years to help support families, this session will explore new ways to connect families and individuals using a variety of methods.

**Voices from our Community**
- This session will invite community members to share cultural experiences that may help both service providers and regional center staff gain insight into the mosaics of our modern culture.

**Data Collection**

The community center will be a HIPAA associate agency with Far Northern Regional Center. As a result, they will need to maintain a written process for maintaining records, securing confidential information and ensure the protection of electronic data. Written records will need to be kept in a locked confidential location at the main office of the selected vendor. Electronic records shall be secured behind an acceptable firewall and all confidential information will be encrypted before electronic transmission via e-mail or other methods.

The community center will keep logs of attendance at all training or public events. This information will also include the topics discussed and the comments received after each meeting. This information will be reviewed and shared with Far Northern on a monthly basis to ensure the needs of the community are being met. Promotoras workers will maintain daily notes of their work with community members and this will be shared with FNRC dependent on the agreement of the client and/or parents.

To ensure that this program is making a difference in the community and POS outcomes, qualitative and quantitative data will be gathered. Every month after this program begins the POS data for the Hmong and Hispanic population will be reviewed and compared to the 2014-15 levels. Data will be generated to show the increase or decrease in per capital expenditures for both communities and the comparison to the regional center average. This information will be posted on FNRC’s transparency website.
Going beyond numbers, focus groups will be held in at least two communities. These focus groups will examine how the community center is working, how it is (or is not) meeting the needs of the community and areas for improvement. Reports of each focus group will be completed and a summary report posted to FNRC’s transparency website.

Public Meeting

A public meeting was held on September 1, 2016 at Far Northern Regional Center’s Chico office. This meeting was publicized in conjunction with the State Council in order to provide public notice and attract participants. We had ten people attend the public meeting and provided translation in Spanish and English.

A PowerPoint presentation (Attachment 4) of FNRC’s disparity data was shared with the attendees along with a discussion of the Family and Community center/Promotoras program. The plan was well-received by those in attendance. Families liked the plan to create a community center where they can turn for support, information, and assistance. They also liked the programs being available in their own communities and the focus on connecting families for support, information and services. Many families were familiar with the Promotoras model since it is being used by Butte County Department of Behavioral Health (BCDBH) to address similar disparity issues. They felt the community health worker concept would improve access to services by acting as a bridge between the regional center and families. Promotoras workers would be trusted more and families felt their peers would open up to them better.

The families at the public meeting asked about reinstatement of social programs and counseling precluded by AB9 (2009). All in attendance were disappointed that the ABX2 grant did not include this as a possibility and asked that we mention this in the proposal. Families also wanted more assistance with transportation. Many of the Hispanic families in our service area live in smaller towns distant from larger communities such as Redding or Chico. To access services, they have to drive or receive services from the larger cities. Families felt a relaxation in the number of hours allotted for respite (currently 300 miles per quarter) was warranted. In addition, the elimination of transportation for minor children made it difficult for families to access needed services and supports. Other than these concerns, no changes or modifications to FNRC’s proposal were made by the participants in this meeting.

Conclusion

Disparity in social services and health care is a persistent problem. The reasons for this are multifaceted and vary from language and cultural issues to geographical location and access to information. No single approach will address this problem with any significant impact. In order to make lasting changes, the disadvantaged communities must be engaged at the individual and group level. The plan outlined in this proposal provides a way for Far Northern to engage the community directly with information and access. At the same time, the utilization of Promotoras provides a method to break down the walls between the families we serve and the bureaucracy that is the regional center system.
Bibliography


### ATTACHMENT 1

#### Far Northern Disparity Data 2012-2015

#### Fiscal Year 2012-2013

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<td>$2,085,744</td>
<td>$13,998</td>
<td>90.4%</td>
<td>$1,568,864</td>
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<td>75.2%</td>
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<td>$3,730,502</td>
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<td>71.3%</td>
</tr>
<tr>
<td>Polynesian</td>
<td>6</td>
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<td>$80,225</td>
<td>$13,371</td>
<td>86.4%</td>
<td>$53,367</td>
<td>$6,895</td>
<td>75.1%</td>
<td>66.5%</td>
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<tr>
<td>White</td>
<td>5849</td>
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<td>$95,163,142</td>
<td>$16,270</td>
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<td>$73,933,028</td>
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<td>106.8%</td>
<td>77.7%</td>
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<td><strong>Totals</strong></td>
<td><strong>7503</strong></td>
<td>100.00%</td>
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#### Fiscal Year 2014-15

<table>
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<th>Ethnicity or Race</th>
<th>Consumer Count</th>
<th>Percent of FNRC Population</th>
<th>Authorized POS</th>
<th>Per Capita Authorized POS</th>
<th>% Average Authorized POS</th>
<th>Expenditures</th>
<th>Per Capita Expenditures</th>
<th>% Average Expenditures</th>
<th>Expenditures Utilization</th>
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<td>186</td>
<td>2.40%</td>
<td>$3,285,478</td>
<td>$17,664</td>
<td>112.0%</td>
<td>$2,602,154</td>
<td>$19,990</td>
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<tr>
<td>Filipino</td>
<td>17</td>
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<td>$317,419</td>
<td>$18,672</td>
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<td>$15,596</td>
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<tr>
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<td><strong>77.0%</strong></td>
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</tbody>
</table>

Source: https://www.farnorthernrc.org/main/home/transparency-portal/pos-expenditures
Focus Group Questions

1. If you are not using respite, give us the reason why?

2. If you are using respite, what are the positive aspects of having respite?

3. Describe any problems or negative experiences you have had with obtaining respite services.

4. What can the regional center do to help respite work better for you?

5. If you could make any changes to the regional center that would make you and your child’s life better, what would it be?
## Proposed Budget: Far Northern Regional Center

**Family & Community Support Program - 2017**

### North Counties (Siskiyou, Modoc, Shasta, Trinity, Tehama) Service Provider

<table>
<thead>
<tr>
<th>Provider</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager</td>
<td>$4,000</td>
<td>$4,000</td>
<td>$4,000</td>
<td>$4,000</td>
<td>$4,000</td>
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<td>$48,000</td>
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<td>$2,800</td>
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<tr>
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<td>$2,030</td>
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<td>$24,360</td>
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### South Counties (Plumas, Butte, Lassen, Glenn) Service Provider

<table>
<thead>
<tr>
<th>Provider</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>Total</th>
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<tbody>
<tr>
<td>Manager</td>
<td>$4,000</td>
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<tr>
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<tr>
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<tr>
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### Conference Costs

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Total 2017 Costs: **$325,756**
Proposed Budget: Far Northern Regional Center
Family & Community Support Program - 2018

North Counties (Siskiyou, Modoc, Shasta, Trinity, Tehama) Service Provider

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<th>April</th>
<th>May</th>
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<th>October</th>
<th>November</th>
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South Counties (Plumas, Butte, Lassen, Glenn) Service Provider

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Conference

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**Total 2018 Costs**

$345,244
OVERVIEW

- Disparity Data Review

- ABX2 Legislation Regarding Regional Center Disparities

- Focus Groups

- Proposal – Family & Community Support/Promotoras
**FNRC Budget/Expenses (2014-15)**

Operations and Purchase of Service

- **Operations**: $111,303,668, 88%
- **Purchase of Service Expense**: $15,112,796, 12%

**FNRC Operations Budget**

- **Operations**: $2,460,350, 16%
- **Salaries and Benefits**: $12,652,446, 84%
FNRC PURCHASE OF SERVICE BUDGET

Year to date Purchase of Service

- Out of Home
- Day Training and Care
- Supported Living
- Community Integrated Training
- Transportation
- Work Programs
- Specialized Infant Development
- Respite
- Personal Assistance
- Other

OUR COMMUNITY: ETHNICITY

- White 70%
- Native American 2%
- Black/African American 1%
- Asian 3%

Percentages and amounts not clearly visible due to image quality.
ETHNIC MAKEUP OF FNRC CONSUMERS

ETHNIC MAKEUP OF FNRC STAFF

White 78%

Asian/Pacific Islander 2%
Black/African American 3%
Hispanic 10%
Native American 2%
Other Ethnicity or Race 5%

White 81%

Asian 4%
Hispanic 9%
American Indian 1%
Black 0%
2 or more races 5%

AUTHORIZATION OF SERVICES BY ETHNICITY/RACE (PER CAPITA)

UTILIZATION OF AUTHORIZED SERVICES BY ETHNICITY
WHERE PEOPLE LIVE IN FNRC'S SERVICE AREA

FNRC CONSUMERS: LIVING ARRANGEMENT BY ETHNICITY
ABX2 1 – SPECIAL LEGISLATIVE SESSION

Amended the Lanterman Act (Section 4519.5)

- Requires Regional Centers to develop plans to address disparity
- Set aside $11 million for Regional Centers
  - $1 million for increased bilingual staff or pay differentials for language skills
  - $10 million for plans to promote equity and reduce disparity
- Funds not automatically granted to Regional Centers – must submit a proposal.

FNRC STRATEGY – FOCUS GROUPS

- FNRC Conducted four Focus Groups with Hispanic/Spanish speaking families
  - Chico, Oroville, Gridley and Orland
  - Attendance varied from 8 – 21
  - Primary focus – Respite and POS Disparity
  - Format
FOCUS GROUP RESULTS

• Lack of Information
  • About regional center services
  • Disabilities
  • Resources

• Language Barriers
  • Vendors lack staff that speak Spanish
  • Vendors don’t pay enough to retain Spanish speakers

• Trust/Culture
  • Parents are unwilling to use respite because they don’t trust unknown workers
  • Cultural – child care is a family responsibility
  • Distrust of government agencies and services

• Socialization Services/Other or different services needed
  • Families in all groups requested socialization/sports programs for their children
  • AB9 - 2009

FNRC’S ABX2 PROPOSAL

Family & Community Resource Center/Promotoras
• Two grants – North & South

• Focus on the Hispanic & Hmong Population
  • Where the disparity is the most significant

• Location not fixed – In the community

• Scheduled Trainings and Presentations
  • In Spanish and/or Hmong

• FNRC Investment/Involvement

• Assistance with paperwork, connection to resources, and information

• Community engagement
PROMOTORAS

Promotora (Promoters/Promote)
- Lay community leaders (paid)
- Trained to help their community
  - Advocate
  - Educator - training, instruction, and guidance to the community
  - Outreach worker – engage community, contact lists e-mail/phone trees
  - Role Model
  - Interpreter
  - Connect families to resources; act as a bridge between families and FNRC
  - Advise FNRC regarding community needs
  - Problem solver

PROMOTORAS/MENTORSHIP

New Family/Client Mentorship
- Connecting Parents
  - Parents with older children and several years in the RC system with parents of children recently diagnosed and accepted by FNRC

  - Experienced Parents will help guide/mentor new parents
    - Help with navigating public bureaucracies
    - IEPs
    - Regional Center Services
    - What worked/did not work i.e. lessons learned
    - Social/Emotional Support
    - Seeing the future
PROMOTORAS – COMMUNITY CONNECTION

Connecting Families, Services and Workers

• Lack of Spanish/Hmong speaking respite, IHSS workers and vendors

• Community Resource Center/Promotoras will develop a list or registry of respite and IHSS workers that speak Spanish or Hmong (Language)

• List will provide families workers that other families have used are known/related (Trust)

• At the focus groups, we connected about 6-7 families to new respite workers

WHERE DO WE GO FROM HERE?

Proposal for ABX2-1 is due to the Department of Developmental Services (DDS) in one week.

If approved, FNRC will issue a RFP (Request for Proposal) with a start date in late winter/early spring 2017

Proposal for ABX2-1 is due to the Department of Developmental Services (DDS) in one week.

Program Evaluation – Focus Groups/Monitoring of POS Data

Comments/Suggestions
THE END