

## **SCLARC's 2019 POS Data Public Meeting Report**

As per Welfare and Institutions (W&I) Code Section 4519.5(e)-(f), regional centers are required to hold public stakeholder meetings within three months of posting their annual purchase of service data on their websites. Regional centers submit an annual report to the Department of Developmental Services (Department) by May 31st. The Department provides feedback to the regional centers on the Annual Report, prior to its posting by August 31st.

In March of 2019, South Central Los Angeles Regional Center held two public meetings, one in the Northern portion of the catchment area and one in the Southern part of the catchment.

The two meetings were held at:

**1) Bell Community Center**

6250 Pine Avenue

Bell, CA 90201

March 14th, 2019

6:30 p.m. to 8:45 p.m.

**2) South Central Los Angeles Regional Center**

2500 S. Western Avenue

Los Angeles, CA 90018

March 15th, 2019

10:00 a.m. to 12:00 p.m.

### **Outreach and Communication**

Announcement of the POS Data Townhall public meeting was made via email and the SCLARC website on February 14<sup>th</sup> in both English and Spanish. Also, announcements were made at all public meetings and through SCLARC's Social Media platforms. Attendees reported that social media was a positive avenue to increase communication and knowledge of the POS Data Townhall public meeting.

### **Town Hall Meeting Overview**

On March 14<sup>th</sup>, SCLARC held the first of POS Data Townhall at the Bell Community Center. The March 14<sup>th</sup> meeting had approximately 80 participants (48 required Spanish interpretation). Attendees to the meeting were comprised of SCLARC families and consumers, community stakeholders, and Regional Center staff.

On March 15<sup>th</sup>, SCLARC held a second POS Data Townhall at SCLARC's Auditorium. The March 15<sup>th</sup> meeting had 25 consumers/families (5 required Spanish interpretation). Attendees to the March 15<sup>th</sup> meeting were comprised of Regional Center staff, community stakeholders, and consumers and families.

Per the W&IC 4519.5. requirement, the meetings were conducted in a culturally and linguistically appropriate manner. Spanish speaking interpreters were provided at each meeting, along with translation equipment and all materials were available in both English and Spanish. As part of the presentation of SCLARC's Service Data, staff members presented detailed information regarding how SCLARC is addressing its service disparities. (See attached presentation)

In addition to the presentation, SCLARC created a supplementary guide which explains the following:

- How to connect with Regional Center
- An example of a POS Cost Statement and Cost Statement Letter
- I. Most Used Vendor Codes and Their Descriptions
- II. Regional Center List of Services by Age Groups
- Descriptions of:
  - Regional Center Services
  - How Eligibility is Determined
  - The Intake Process
  - Assessments
  - Identification Team
  - The Individualized Program Plan
  
- What is Person-Centered Planning
- The Fair Hearing Process
- SCLARC Board and Committee Meeting Dates
- Parent Advisory Groups Contact Information
- SCLARC Management Personnel Directory

Participants who wished to discuss additional concerns or their specific cases were able to speak directly with SCLARC's Director of Case Management, Jesse Rocha, the Assistant Director, various Program Managers, and Team Leaders after the conclusion of the presentation.

**Identified disparities:**

Through analysis of Purchase of Service (POS) data, SCLARC identified several areas that illustrate a disparity among different groups. The table below outlines the POS per capita by ethnicity. SCLARC found there are disparities among all ethnic groups when compared to White/ Caucasian identified consumers, with Hispanic/Latino identified

consumers to have the highest difference.

POS Per Capita by Ethnicity					
Ethnicity		Consumer Count	SCLARC Per Capita Expenditures	Change from Prior Year in #	Change from Prior Year in %
Asian		156	\$29,687	\$738	2.5%
Black/ African-American		4,433	\$20,235	\$1,234	6.5%
Hispanic		13,494	\$7,166	\$406	6.0%
American Indian or Alaska Native		15	\$16,849	-\$535	-3.1%
Other Ethnicity or Race		1,075	\$5,842	\$176	3.1%
Native Hawaiian/Other Pacific Islander		12	\$30,203	-\$13,476	-30.9%
White		540	\$40,483	\$2,212	5.8%
	<b>Total</b>	<b>19,725</b>	<b>\$21,495</b>	<b>-\$1,321</b>	<b>-5.8%</b>

Analysis of the data also showed a difference in utilization among ethnic groups. (See table below)

- Of services authorized for Hispanic consumers, 72.2% of services were used.
- Of Hispanic consumers, \$133,902,701 in services were authorized in 2017-18, however, only \$96,698,845 were used, leaving \$37,203,856 unused.
- Of services authorized for African-Americans, 80.1% of services were used.
- Of African-American consumers, \$113,771,496 in services were authorized in 2017-18, however, only \$89,699,866 were actually used, leaving \$24,071,630 unused.

Total Annual Expenditures and Authorized Services by Ethnicity or Race				
Ethnicity	Consumer Count	Total Expenses	Total Authorized Services	Percent of Services Utilized
American Indian or Alaska Native	15	\$252,735	\$312,203	81.0%
Asian	156	\$4,631,185	\$5,512,052	84.0%
Black/African American	4,433	\$89,699,866	\$113,771,496	78.8%
Hispanic	13,494	\$96,698,845	\$133,902,701	72.2%
Native Hawaiian or Other Pacific Islander	12	\$362,441	\$401,605	90.3%
Other Ethnicity or Race / Multi-Cultural	1,075	\$6,280,370	\$7,884,641	79.7%
White	540	\$21,860,813	\$30,335,579	72.1%
Totals	19,725	\$219,786,254	\$292,120,279	75.2%

**Public Comment:**

After each of the two presentations, there was a public comment period during which participants voiced concerns or asked questions. Individuals wishing to make public comments were asked to complete a public comment card to collect their contact information should they require to follow up on their specific issues or complaints.

**The following comments were given during the Public Comment period:**

1. **M. Ochoa**--wants more Personal Assistance hours and a van.
2. **G. Ayala**– Has a 27-year-old, child with severe Autism. “I have zero services from SCLARC. SCLARC is negligent. Many parents are waiting for services. SCLARC needs better communication with parents.”
3. **M. Lopez** – “The families in the disparity areas want the Respite Policies reevaluated. They are discriminatory and unjust to those with Autism, like my son.”
4. **R. Saldana** – Has two children that are consumers. “SCLARC should open its doors to collaboration and work hand in hand with us. We have a statewide group now. The group is two years old. The parent group is teaching parents to be leaders.”
5. **M. Alvarado** – Has a 19-year-old daughter with SCLARC. “SCLARC is making great efforts now, but there's lots of work ahead. Most adults don't have access to quality services; there needs to be a greater focus on quality services for those 18 and above.”
6. **T. Rivera** - “My son’s name is L. Martin. My son is part of the disparity. He is a part of the SDP, but his POS authorizations are so low. He hasn’t received any type of help or assistance. Please listen to the Hispanic community and help us receive services.”
7. **S. Lopez** - She is hopeful that SCLARC can help her son, who was suspended from his college because he did not pass his classes. “I was told the classes were too 'high' for him. I also previously asked for an increase in respite and still have not received an answer.”
8. **I. Lopez** - Adult child with Autism; 26. Diagnosed at 3. The child didn't receive services until age 12. “He needs intensive services for behavior. We had services, but we need more quality/intensive services. We only have 12 hours a month. We want him to be more independent, but because of his behaviors, he and others are at risk. He needs two personal assistants to access the community.”
9. **S. Lopez** –She has three children who receive services ages 22, 19, 17. She is concerned about the low percentages of authorized services. “The Latino group, three times as big but still getting \$20,000 less than the African American and

other groups. This makes no sense. We usually just get respite, the minimum. Recently, one of my sons was placed in a group home. It gets harder as they get older, not easier with children with disabilities. I am now part of the 2% of Latino families who place their children in group homes.”

10. **S. Lopez** (2<sup>nd</sup> Commentary) – “My child was suspended from school. I need help appealing the suspension. The other school they are recommending is very far. Last year requested LVN respite. A nurse came out but never came back.”
11. **S. Marchelli** – First time she has attended POS meeting. Daughter 19; autism and Down syndrome. Three years, no services until she was 15 and none are appropriate. “We were not able to recover from that lack of services early on. Inadequate services through RC. I want to work with the Regional Center to create a dignified life for my daughter.” Her daughter has severe autism/nonverbal. Learns then regresses.
12. **M. Moreno** – S. Moreno, son, 31. “Regional Center has made great efforts, but we still do not have quality services. I want to cooperate with Regional Center so that I can know the direct impact of disparity and how to lessen the disparity.” She is also afraid for her adult child of potential risks in the community/being arrested/not knowing how to behave.
13. **K. Saldana** – 2 consumers. “There has been better access to services, but there are still a lot of things that need to improve. 1) Caseloads must be reduced so that our children can receive quality services. 2) How are service requests processed? 3) The respite evaluations/policies are not working, and SCLARC must revise them.”
14. **C. Velazquez** – Two children. One is severe and nonverbal; he needs two personal assistants to access the community. Her 14 and 15-year-old need information on behavioral, social skills training. “We have been abandoned by the Regional Center. The Service Coordinators don’t pay attention to severe cases. No appropriate help.”
15. **R. Hernandez**–J. Hernandez has Autism; 8 months/11 years old. Two denials for eligibility before being found eligible. “A lot needs to improve. SCs are not trained well enough and do not have a good knowledge base. I only have 30 hours of respite/no other services three years after services. I am offering myself as a volunteer and want to convey a sense of urgency that our community feels.

SCLARC needs to cooperate with the community. SCLARC needs to be more empathetic. Service Coordinators need more training.”

16. **S. Diaz** – “I thought SCLARC had a good relationship with DDS to obtain the Medicaid Waiver. It has been the bane of my existence, and I need someone to help me with that.”
17. **C. M. Velasquez** – 2 sons who are consumers with severe Autism. “We should be evaluated on need as my sons both need more help. Service coordinators should be better at communicating and answering my calls. “
18. **P. Olvera** – Mother of 2 sons with Autism who need personal assistants. “I need help so that they can have a good life.”
19. **C. Granados** – “Service coordinators should attend public meetings so that they know what is being said here about them and SCLARC. “
20. **S. Maravel** – “There needs to be better access to the list of services. I don't know what services are appropriate or available and have been told that only one service can be in place at a time.”
21. **H. Carpio** – “There needs to be better communication with families regarding generic resources and better communication in general.”
22. **B. Herrera** – “There need to be better explanations from SCs regarding how someone can qualify for a service and how to get an exception/waiver obtained for a service. We should be able to resolve issues outside of fair hearing by talking. “
23. **D. Vasquez** – “I am discontent with my SC because the information I receive is incorrect and outside entities have given me more information. My son needs speech therapy, occupational therapy, and physical therapy. SCs need to be more compassionate because instead of listening to my worries, I am redirected to the school district. If the Regional Center can't help me, then who? The school should be education focused, and RCs focused on community integration. There is a lack of openness, which creates a barrier to accessing services. I want to know what a service entails not just told that I should use it.”
24. **H. Rodriguez** – “The process for approving services is too long – some have gone three months without approval or longer, and this is what creates the

disparities. Families are not being communicated to in their language, and we don't know how to ask for services. “

25. **I. Lopez** –“I am the mother of Alejandra Lopez. I agree that agencies that are providing quality services should have their money increased, but Regional Center should be responsible in making sure that the services are quality, salaries are competitive, and that those who work directly with our loved ones are receiving benefits. There needs to be better oversight that agencies are actually providing services and not billing hours that weren't worked.”

26. **C. Torres** – “This is my first time here and here are the positives: 1) there has been an increase in services and 2) the social media outreach has helped me connect and be here today because I saw it on your social media channels.”

“Negative points: 1) there needs to be training on how to read the POS statement. 2) Is it possible for us to give anonymous feedback on how the IPP process went? I want to be able to let you know how I felt about it. Additionally, is SCLARC open to conduct IPPs on those Saturdays? 3) There needs to be a greater focus on the border cities of SCLARC's catchment – I live in Compton, and we need to focus on Compton and Watts.”

27. **V. Aguirre** – “My son was diagnosed at the age of 10, and there has been no support to access services and support for him. How can we make sure families are getting information because there are a lot of barriers to accessing information?”

### **Recommendations and efforts to reduce disparities**

Reevaluations: SCLARC has made it easier to request a reevaluation for regional center eligibility.

Revised Service Policies: SCLARC has revised policies in regards to implementation of ILS, LVN Respite, regular Respite, and PA services, which has led to greater authorized service levels, such as a 65% increase in authorized ILS services, a 28% increase in respite services, and a 112% increase in authorized PA services.

Workshops and training in the Southeast: SCLARC continues to partner with local parent groups to provide workshops and training in Downey, Huntington Park, and Bell in both English and Spanish.

SCLARC's Family Resource Center provides twice monthly bilingual parent education presentations in Lynwood, holds resource fairs in Bell and South Gate, and uses

partnerships with local community centers and libraries to provide parent education in South Gate and Huntington Park.

More access to information: SCLARC has launched two social media channels to stay connected with those we serve with up to date information. SCLARC updated and distributed its Family Services Handbook and Autism Guide in both English and Spanish.

Customer service: SCLARC has improved the automated phone system to ensure those who call are connected to a live person if reception is not available.

Flexible meeting times and venues: SCLARC continues to make every effort to schedule meetings in both the evening and morning, as well as in the Northern and Southern portion of our service area to ensure that meetings are convenient and accessible. SCLARC is also open for business on Saturdays twice a month (the second and fourth Saturday ) to accommodate our working parents to attend parent education classes or meet with SCLARC staff and consultants.

Qualifying for services: SCLARC has re-evaluated policies to increase qualifying factors for services, such as the utilization of the LVN Respite Waiver.

Agency too far: SCLARC identified an office space in South Gate. In order to establish our presence in the Southeast area, we temporarily utilized the available space from March 2019 through May 2019 for Intake and case management activities prior to the major space buildout. The South Gate office will officially open to our families in November 2019.

Connecting with community partners and professionals: Over several years, SCLARC has engaged in a concerted effort to build relationships with professionals who work with our consumers (i.e., Physicians, Educators, and other service providers) to increase collaboration and referrals to regional center services. The agency was funded for an outreach and information project to provide eligibility and referral training to area professionals, through which hundreds of community healthcare and social services professionals were given formal training on SCLARC eligibility, referral process, and services.

Staff training and education: The agency is currently providing all staff with training on person-centered thinking, available services, and communication techniques to provide effective service to families and consumers.

Continuation of the Navigator program: The agency is currently utilizing the Navigator program to assist families and consumers with challenges related to acquiring POS and generic resources. In addition to assistance, the Navigator program will continue to provide training to consumers and families regarding SCLARC's menu of services, the IPP, and generic services.