# **KERN REGIONAL CENTER**



# Kern Regional Center

The Kern Regional Center (KRC) was founded in 1971 and our mission is striving to achieve equality, independence, and empowerment. KRC coordinates resources and collaborates with other agencies to develop the best and most appropriate services for clients and their families. KRC values diversity, respects individual rights and choices, and is committed to excellence, honesty and cost effective service delivery. KRC respects, supports, and collaborates with public and private agencies to carry out our mission.

KRC's service area includes Kern, Mono and Inyo counties. During fiscal year 2017/2018, KRC served over 9,400 clients across these three counties. The main office is located in Bakersfield with outlying offices in Lamont, Shafter, Delano, Tehachapi, Taft, Ridgecrest and Bishop. KRC is one of five Regional Centers to have been awarded a Self Determination Pilot Program.

# Acknowledgements

Kern Regional Center wishes to acknowledge the consumers, families, vendors and staff members who participated in the stakeholder meetings and who offered their time and insights to support this effort. KRC would also like to thank our community partners, Exceptional Families and Inyo Mono Association for the Handicapped (IMAH) for hosting community stakeholder meetings.

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### I. Purpose of the Report

The purpose of this report is to share the findings from stakeholder meetings held by Kern Regional Center (KRC) regarding differences in expenditures and service utilization. The meetings were held amongst various subgroups served by KRC. This report meets the requirements of the Department of Developmental Services as determined by changes made in the Lanterman Act (Welfare and Institutions Code section 4519.5) effective June 27, 2012.

# II. Summary of KRC Purchase of Service (POS) and Expenditure Data

Consistent with guidance provided by the Department of Developmental Services, KRC prepared a report on "KRC Purchase of Service Expenditure and Demographic Data, Fiscal Year 2017/2018". The report focuses on ethnic groups, African-American, Hispanic, White, Asian and Other (encompasses all other ethnic groups not listed). The report provides data based on the identified ethnic groups for the 2017/18 Fiscal Year:

- Caseload Growth
- > Total Annual Expenditures and Authorized Services by Ethnicity or Race
- > Total Annual Expenditures and Authorized Services vs. Utilized by Ethnicity or Race
- > Total Annual Expenditures and Authorized Services by Age Groups
- > Total Annual Expenditures and Authorized Services by Diagnosis, all ages
- > Consumers with No Purchase of Services by Ethnicity or Race

The report in its entirety can be found in Appendix I. It is also available on the KRC website at www.kernrc.org.

In addition to discussing the Purchase of Service Expenditure Data, KRC provided a PowerPoint presentation in Spanish and English.

# Ill. Community Stakeholder Meetings

KRC Director of Client Services, Assistant Director of Client Services, and Cultural Specialist, conducted several community stakeholder meetings during the month of March 2019. The meetings were held separately but simultaneously in Spanish and English.

The following meetings were held:

March 14, 2019......Community Stakeholder (External):

Location: Kern Regional Center (Delano office)

March 20, 2019.....Community Stakeholder (External)

Location: Kern Regional Center (Bakersfield)

March 27, 2019..... Community Stakeholder (External):

Location: IMAH (Bishop, CA)

March 28, 2019...... Community Stakeholder (External)

Location: Kern Regional Center (Ridgecrest office)

Each presentation consisted of two simultaneous meetings, one for the Spanish presentation and one for the English presentation. As attendees arrived, they were directed to the appropriate meeting room. Providing simultaneous but separate meetings proved to be more consumer and vendor friendly as opposed to conducting meetings back to back. Each presentation in Spanish and English included a Power Point and a Question and Answer session, based on questions from the audience. An overview of the importance of the data and participant feedback to improve utilization was encouraged. The meetings were free flowing between the audience and presenter; participants were encouraged to interact with the presenter(s). The data was shown in graphs and charts for FY 2017/2018. The graphs and charts presented to the community members can be found in Appendix II.

# **IV.** Findings

Participants were involved and eager to participate. They provided solutions to increase utilization as well as identify barriers from their perspective. The meetings were held in Bakersfield and rural areas (Bishop, Delano, and Ridgecrest). The barriers facing each geographical area had some common factors as well as factors relating to their specific area. All participants were pleased with an open forum where input was solicited and received.

KRC, like other regional centers, has rural and metropolitan communities in its catchment area. Each geographic location has challenges, especially the rural areas where the number of vendors is limited and there are long distances from a consumer's home to a Day Program. For a vendor who provides in-home services, their employee might travel an hour or more to provide services and finding qualified employees in a rural area can be challenging. In addition, KRC provides services to many consumers who live on Indian Reservations; the barriers within this population are similar yet have their own challenges to obtain services. The common concern expressed at every meeting was the low utilization among the Hispanic community, the need for well trained and knowledgeable Service Coordinators to assist families with navigating through the system, more community outreach to increase attendance in public meetings, and a user friendly website.

Data reviewed and findings:

1. Ethnic group with overall POS utilization were as follows:

Other at 61.6%, Asian at 63.2%, African-American at 59%, Hispanics at 54.7% and White at 64.2%.

2. Data for consumers from 0-2 years of age showed overall utilization as follows:

White at 55.4%, Hispanic at 56.3%, African-American at 48.4%, Asian at 63.1% and Other at 52.7%.

- Data for consumers from age 3 to 21 years of age showed overall utilization as follows: White at 53.1%, Hispanic at 69.6%, African-American at 59.9%, Asian at 60.2% and Other at 54.5%.
- 4. Data for consumers age 22 and over showed overall utilization as follows:

White at 66.6%, Hispanic at 56.8%, African-American at 59.1%, Asian at 64.8% and Other at 60.9%.

- 5. Intellectual Disability is the highest expenditure by diagnosis for all ethnic groups, followed by Intellectual Disability/Epilepsy.
- 6. Percentage of consumers (all ages) with no POS are as follows:
  - a. Hispanic 29%
  - b. Other 26.4%
  - c. White 20.9%
  - d. African-American 22.5%
  - e. Asian- 24.2%

#### Feedback and Recommendations:

In reviewing the data and incorporating it into feedback to improve utilization, there appears to be two driving factors:

- Systemic institutional driver these are things an agency can change or address
- Independent/Personal driver these are stigmas; trust in the system, attitudes, beliefs/practices, financial status, self-made barriers, etc.

The feedback on data will be addressed based on one of the two above drivers.

#### Systemic institutional drivers:

- 1. Ensure that families and consumers fully understand that the services they receive are part of the Lanterman entitlement and they will never be billed for an authorized regional center service. Families are requesting more information and written materials on the type of services that are available and the importance of the services, as there is confusion due to lack of understanding about what is available for clients at different ages.
- 2. Insufficient outreach and engagement especially for Hispanic families who are reluctant to request and accept services due to the current political climate. There is fear of deportation. There are also cultural and language concerns that need consideration.

- 3. Enhanced training for staff to assess thoroughly the needs of the consumer and families and to follow through with the referral process essential to access the correct service. Staff will also be monitoring closely the utilization of services for the clients on their caseloads on a regular basis.
- 4. Observe vendor data trends for encumbrance vs. utilization and establish a threshold for appropriate encumbrance vs. utilization. If utilization falls under standard, review the current practices that are in place when submitting a POS.
- 5. Working more closely with vendors when consumers have not utilized any service(s) for a specified period. Service Coordinator would then contact the consumer or family to assess for any barriers in receiving services.

## Independent/Personal drivers:

- 1. Life circumstances relating to work demands, lack of transportation if vendor transportation is not available or community resources are lacking due to the geography of where they reside.
- 2. Barriers and competing priorities continue to interfere with families' ability to access services or keeping scheduled appointments for services.
- 3. Consumer's poor health preventing participation in services.
- 4. Consumer's unstable housing due to barriers other than regional center diagnosis.
- 5. Consumer and/or family not accessing public assistance program for fear of being reported to immigration and deported.
- 6. Consumer and/or family substance abuse or domestic violence.
- 7. Perceived stigma of regional center diagnosis.

# V. Action Plan

Kern Regional Center continues to be committed to working with consumers, families, vendors and community partners to improve appropriate service delivery. KRC is proud to demonstrate that our staff are reflective of our consumer's ethnicities. For the current fiscal year, KRC is working on meeting caseload ratio standards to ensure that our Service Coordinators are able to identify consumers' individualized needs by conducting a more comprehensive assessment and monitoring service utilization more thoroughly.

In an effort to improve service delivery KRC submitted a proposal for ABX2-1 Disparity Grant and was awarded funding that spans three fiscal years beginning January 2017 and ending December 31, 2019. In conjunction with the above findings, KRC's Disparity Grant includes the following:

1) KRC hired a Cultural Specialist who has coordinated and implemented cultural sensitivity/awareness training to staff in 2017 and continues to conduct continued

outreach to our community. The Cultural Specialist is currently supervising four Disparity Service Coordinators who are bilingual and they have a caseload of children 0-8 years of age. The purpose of the targeted population is to monitor utilization of services and identify barriers as to the cause of low utilization. In addition, the Service Coordinators will be informing the families regarding appropriate available services, both generic and those provided by the regional center, which the families may utilize. The best practice as implemented by the four Disparity Service Coordinators have been introduced and implementation across the board for all of the Service Coordinators at KRC for the 2017/2018 FY has begun.

The following is part of the action plan for the Disparity Grant:

A. Survey to families to obtain feedback twice per year about knowledge of services and obtain information on what they would like to learn.

B. The Good Hour or La Buena Hora, where a small group of parents and clients will have the opportunity to meet with the CEO and the Director of Clients Services for feedback on a more intimate level (one to one)

C. Parent Café. Parents will have the opportunity to come to the Regional Center every month to learn about the Regional Center and get connected with generic resources as well as Family Resources (HEARTS, Exceptional Family Center)D. We have expanded the monitoring of funding and utilization throughout the agency and not only with the four SC in the Disparity unit.

E. We continue to work on cultural competency by providing training to the hall staff every six months, the first of the series is coming up this month (June).F. We are working on developing training for all our parents in Person Center

Thinking.

- 2) KRC will provide training on conducting comprehensive assessment needs of the consumer/family, which will include refresher training on generic resources. Service Coordinators will engage with parents/consumers during the IPP or IFSP meetings to ensure the report is easy to read and reflects what was discussed during the meeting. A cover letter will be attached to the IPP report documenting that if there are any concerns/questions, to follow up with their Service Coordinator.
- 3) KRC will continue to work closely and collaboratively with community partners and vendors.
- 4) KRC has implemented a more structured POS approval process to ensure services are the most appropriate for the consumer's individualized needs.
- 5) KRC will work towards establishing a guideline to review POS utilization and if appropriate cancel POS that have not been utilized.
- 6) There should be ongoing opportunity for consumers and their families to provide feedback regarding the services they are receiving from KRC. A relevant and objective survey to obtain feedback regarding their satisfaction level with KRC/SC and the vendor providing service for them will be developed and distributed. The survey will include the

how they felt about their annual meeting and whether the meeting captured all the critical items for the consumers.

7) KRC will continue to work on updating its current website to ensure it is accessible and user friendly. The key focus is for the user to easily navigate and have the ability to research information on community resources, find out about support groups, submit concerns/feedback and find current updates about regional centers. KRC will also explore the possibility of "live" streaming/webcast of public information meetings so those who live in outlying areas can view and perhaps participate remotely.

It is KRC's mission and commitment to help individuals with developmental disabilities and children at risk to reach their goals. By implementing the above action plan, KRC hopes to achieve this goal.