



**Purchase of Service Variance Report for Fiscal Year 2013-14
Minutes, March 23, 2015**

Present: Ann Cirimele, Family Resource Network
Olivia Alvarado, Interpreter
Melinda Gonser, VMRC Board President
Daime Hoornaert, PCS
Kirsten Williams
Dena Hernandez, North Valley Hills Office
Christine Hager, OCRA
Leinani Walter, OCRA
Cindy Mix, VMRC Director of Case Management
Vernell Hill, Service First
Paul Billodeau, VMRC Executive Director
Larry Link, VMRC Financial Analyst
Jan Maloney, VMRC Executive Assistant

Paul Billodeau thanked meeting participants for attending, and advised that VMRC mailed 64 flyers and letters to organizations within VMRC's five county catchment area, at least 30 days ahead of the meeting. Only four have been returned. The information was also emailed to a large group of underserved organizations and people by the Consortium Group, a part of the San Joaquin County Behavioral Health Organization, and other organizations also forwarded the information via email and posted it on their websites too. All local newspapers received notification of the meeting, and it is not known if any of the papers actually printed it. There was widespread advertising of this meeting that was advertised at least 30 days ahead of the meeting. No meeting attendees required translation services.

It is not known if the time, date, and location of the meeting actually increased turnout as this is the first time the meeting was held separately from a VMRC board meeting.

There were 12 people at the meeting, including the VMRC participants, and the ethnic makeup of attendees is as follows: One Hispanic attendee, two African American attendees, one Pacific Islander, and the remainder of attendees were Caucasian. One consumer, and two family members were in attendance.

The data was distributed to all attendees, and was discussed in English as translation services were not required for this meeting.

There were no complaints about the disparities.

Paul asked the group if they had any ideas as to why the disparities existed, and the following points were raised and discussed:

- Mistrust of the system (Dena Hernandez)
- Lack of information (Dena Hernandez)
- Lack of understanding due to language barriers
- Cultural preference (Ann Cirimele)
- Untrained Service Coordinators/ regional center personnel (Dena Hernandez)
 - Staff turnover, and the depth of training
 - Lack of continuity with staff due to the high turnover
- Access to translation services (Dena Hernandez)
- Services declined by families (Ann Cirimele)
- Lack of coordinated outreach to the community (Dena Hernandez)

VMRC is not sure that there is a problem with the disparities, which makes it difficult to propose remedies, but the following points were raised and discussed with regard to the next steps:

- ARCA has approved a plan to work with the Childrens' Hospital of Los Angeles and to complete a study to attempt to undertake a study on the data, which DDS has been asked to fund.
- VMRC will provide minutes of this meeting to DDS and the relevant stakeholder groups, and the information will also be available on VMRC's website .
- ARCA is heavily encouraging regional centers to participate in Grass Roots Day activities both on a district level and in Sacramento. VMRC is attempting to meet with legislators and/or their staff before Grass Roots Day, and also on Grass Roots Day on April 15
- VMRC will request to address the Consortium group next year with the disparity data.
- VMRC has created a PowerPoint presentation about the regional center and is aiming to establish meetings with various groups in the community to show and discuss the regional center and its services.

VMRC will send a copy of these minutes to DDS.

With regard to updating the POS policy regarding changes to ILS services, Paul said he will check with Carmen Hill, Assistant Director Resource Development.

Cindy Mix said IEP's effective after January 1 are supposed to be brought up at every IPP whether the consumer is interested or not.

Regarding the very first page of statistics "Total Annual Expenditures and Authorized Services by Ethnicity or Race", Paul advised meeting attendees to disregard the Utilized column on the chart for age 22 years and older, which would indicate VMRC has paid for more services than authorized. This is not the case and includes services that are also contracted. This does not accurately reflect what was spent.

It shows VMRC is spending more on average for Native Americans than any other group, even though there are only 37 Native Americans on VMRC's caseload. Paul stated he is more concerned with the statistics for African American, Hispanics, and Asians, as it shows more money is being spent on the Caucasian population.

Ann Cirimele questioned why it appears the Birth to 2 years chart shows only 60.4% utilization. Paul confirmed that although the service is provided, only 60.4% of the authorized amount was utilized. The ensuing discussion questioned whether more was being authorized than actually needed. There was also concern that families are not fully utilizing services they are entitled to. Also, are other services are not being offered because we can't authorize further services because we're waiting for the other 40% to be spent. Paul felt the Service Coordinator does not consider how much is authorized, and VMRC does not tell the Program Manager that we're over budget over in any particular service. What VMRC does is to tell the state whether we have enough money or not. Ann Cirimele also asked if the authorized can exceed the budget, and Paul confirmed that it can. Each fiscal year is started with estimated expenditures in each category, and when the monthly reports are given at the board meeting, it is stated if VMRC is over budget with any particular item. He confirmed that even if the expenditures have exceeded the budget, VMRC does not tell people to slow or stop the service. Paul confirmed that VMRC is overspending in POS across the board, and anticipates getting more money from the state, but this does not usually enter the discussion with the planning team. An exception to go over the amount is discussed every week at the Program Managers' meeting, and an exception to the standard is requested. VMRC is constantly reviewing the budget, and does not discuss how much money is available, other than at Finance and Personnel Committee and Board meetings.

Melinda Gonser felt it was difficult to have a good interpretation of the numbers, both locally and statewide, and feels it is a good plan for ARCA to partner with DDS on a study to have scientifically valid information.

Leinani Walter asked what kind of services would typically be provided for ages 22 and older for Developmental Centers/State Hospital in order to bring the clients into the community. What creative ways are helping the client transition into the community, especially in cases where VMRC and the OCRA are working together? Leinani cited a case in the Bay Area where community staff would go to the DC and spend time with the transitional client, and asked if this was typical. Paul stated that could be something that helps transition a person back into the community. Melinda said that has been a standard practice since the closure of Stockton and Camarillo DC's, and especially with the closure of Agnews DC. Leinani said this hasn't happened with some of the cases she has been working on, and Melinda confirmed it is based on need. Paul said VMRC attempts to have the developmental center pay for these services, but if it's strictly a community service then VMRC will pay for the services.

Ann Cirimele said she's seen an issue for years and again fairly recently. In the charts Autism is broken down into sub categories with Autism & Intellectual Disability, plus Autism & Intellectual Disabilities with other diagnoses. Ann asked why this is never reversed with the

Intellectual Disability category and its and its sub-categories, stated as “Intellectual Disability & Autism”. She said the FRN has repeatedly been contacted by families with Down syndrome children who are regional center consumers, and feel their child is showing autism traits that have been confirmed by their pediatrician. When the parents have approached the regional center they are told they will not reassess their child as he/she is already eligible. Ann asked how can you properly serve them if you don’t know the whole child? Leinani stated that at minimum she feels that the family needs to argue that the assessment is necessary to develop the IPP. She also stated in reverse, a good diagnosis and a good IPP looks at all the disabilities that might need to be supported by the system. Paul said the regional center looks for specific signs of the criteria to make a decision on whether or not VMRC should send somebody to The Mind Institute. Paul felt that if they’re saying no because the client is already eligible, that should not be the reason. The reason should be that the child does not show any signs that autism is a condition. Leinani said if it’s an unmet need, she would appeal for that service, and if during the appeal it is determined that service is necessary, and it is questioned by the regional center, that would be a good reason to do the evaluation for that need. 30:55

Christine Hager noted that it was interesting that one chart showed more money is spent on the Native American population, and another chart noted this is the largest category of consumers with no POS. Paul had no answer for this anomaly, other than the possibility that a lot of money is being spent on just over 50% of individuals in this category, and the remainder may not need anything that requires a POS.

Only 11 out of the 41 consumers in Developmental Centers had POS needs, but a larger number in the penal code system are requiring services. VMRC does not pay POS for consumers in the Developmental Center, but if the consumer is leaving the Developmental Center POS funding may be required for transitional needs. It was also noted that Developmental Centers do not always work with regional centers to get the consumer back into the community.