VALLEY MOUNTAIN REGIONAL CENTER

November 4, 2022

Little Hoover Commission
925 L St., Suite 805
Sacramento, CA 95814

RE: Valley Mountain Regional Center Letter to the Commissioners and Responses to Your Questions for the November 10, 2022 Hearing

Honorable Commissioners:

The Budget for Valley Mountain Regional Center
We have an operations budget of $44 million a year and a staff that will be at 500 by the end of the fiscal year. The vast majority of staff perform social worker functions and we call them "Service Coordinators". We receive an allocation from the Department of Developmental Services (DDS) of $312 million to pay our network of community providers to deliver the supports and services outlined in the Individual Program Plans (IPP) to the 18,000 adults and children we serve. On average it comes to $88,000 a year per employee and $17,000 a year per consumer. We also receive about a million dollars in targeted grants for staff and services to implement a Foster Grandparents/Senior Companions volunteer program, community placement plan program, community resource development plan program, and other smaller targeted grants.

Distribution of Age and Ethnicity of People Served by Valley Mountain Regional Center
Valley Mountain Regional Center serves about 18,401 people with developmental disabilities and their families throughout largely urban San Joaquin and Stanislaus Counties as well as the primarily rural Calaveras, Amador, and Tuolumne Counties. Over five years ago about 6% of our population lived in the rural counties but today that region makes up 10% of population served. Our regional center is one of the younger regional centers in the state meaning that the majority of people we serve are infants, toddlers, or school aged. Currently 68% of our consumers fall within the ages of 0-21 years old with the following race and ethnicity distribution: 9% Asian and Pacific Islander, 7% Black/African-American, 17% identified as other, 23% White, and 43% Hispanic. The distribution of adults 22 years old and older in our region is much different. Almost half of these adults identify as White, 26% Hispanic, 10% Black/African-American, 8% Asian and Pacific Islander and 7% identified as other (declined to state or mixed race).

Our Staff

Our racial and ethnic distribution of our staff are reflective of those we serve with 37% White (31% consumers), 35% Hispanic (38% consumers), 15% Asian/Pacific Islanders (8% consumers), 6% Black/African-American (8% consumers), and 8% mixed race or decline to state (14% consumers). Our workforce crosses over 4 generations with just over half under 40 years old and 8% younger than 25. The large majority of our workforce are women (84%) and college educated and our turnover rate is at 2.9%.

Monitoring Service Access and Equity and Evaluating the Causes

We receive a series of reports from DDS each year showing service access by age, ethnicity and other factors and we post them on our website and present many of these reports to our community annually. There are over 30 reports a year that we post on our website, and we maintain the past reports as archives. We put together a PowerPoint presentation to review several data points with the community every year in at least three public forums in English, in Spanish, and for Self-Advocates. We also started independently analyzing our data, focusing on the percentage of people in 2 year age bands and comparing the percentage of funds spent on them to assess proportional spending. We have found the proportional analysis in these tight age bands to be the most revealing regarding disparities in two distinct areas, for Hispanic consumers ages 22-24 and 10-12 year olds.

To better understand the cause of these disparities we held focus groups directly with families. We also asked some community groups to hold meetings without us, to increase trust in the process, and ask about these ages and what might be different during these times for Hispanic families. Finally, we asked service coordinators their perspectives and observations. While we feel we have so much more to learn about this topic, so far the main themes of our learning are represented in these thoughts and quotes:

- Some families said they don't want to include others in dealing with behaviors that seem to escalate during the beginning of puberty because they can be embarrassing behaviors that reflect poorly on the family.
- Some families have expressed they don't like applied behavioral approaches to dealing with their children and feel it is contrary to their traditional parenting.
- Some have said they don't want strangers in their homes but can't use family members because of the judgement within the extended family.
- Some mothers reported they are under so much stress managing their households that even managing help requires energy they don't have.
- The feeling that you don't know what's available or how to get community resources for their child is stressful because "you feel like you're letting your family down if you don't know how to get the help out in the community".
- The regional center asks too many personal questions and makes us prove we need the services. They don't trust us and we don't trust them.

Selecting and Monitoring Enhanced Caseloads for Monolingual Spanish Speaking Families

This past fiscal year we received funding to start up a new case management team modeled after the successful program at Eastern Los Angeles Regional Center to provide enhanced case management services with caseload ratios of 1 to 40. We targeted the age groups mentioned above, 10-12 year olds and 22-24 year olds, who were not receiving services or receiving very few services. It appears to be an effective group to focus on because, as our data indicated, this was the group accessing services disproportionately less than the other groups.

How do you share information with consumers and families, and could this be improved?
VMRC began its Health Advisory started during the pandemic and last week was our 134th publication. This weekly newsletter includes a message from the director, COVID status, updates from the clinical director on health matters, Community Services department on vendor developments, children and adults case management events and resources stories and diversity and service access messages, staff and consumer spotlights, Emergency Services preparedness and action, weekly messages from our state council on developmental disabilities local office, family resource network, and our self-Advocacy council. The publication also includes periodic updates from our employment specialist, cultural specialist, vendor advisory group, and others.

We recently revived our community events that we had to cancel in 2020 and 2021 due to COVID. Since 2017 VMRC held community "cultural fairs" at the regional center and brought out cultural entertainment, and resource tables so our community can learn about everything that's available to them from our developmental services vendors to generic resources for the general public. This year's event was called the Disability Resource Fair and included 80 information tables, food and entertainment, mobility device vendors, and a huge health fair for vaccines and health check-up and other health information. We had over 1,400 people of all ages learning, dancing, and breaking bread together.

A huge portion of society now gets their news and 3entertainment on social media, so we have a Social Media team that posts on five different platforms to reach our community in whatever way they prefer. Our website is not only the place for us to house all mandatory disclosures and transparency requirements, but we also house our newsletter archives and maintain a current and active calendar and social media wall with our community. Below are a few of the metrics we follow to monitor our reach:

- Website 22,873 page views in the last 30 days (up 3% compared to previous 30 days) https://www.vmrc.net/ (available in 9 languages)
- Constant Contact (Weekly Newsletter in English and Spanish) 10,000 subscribers https://www.vmrc.net/17713-2/
- Facebook 3,000 followers
- Instagram 1,100 followers
- LinkedIn 2,000 followers
- Twitter 400 followers
- YouTube 66 subscribers
- Video and announcement streaming in English and Spanish in all 3 VMRC office lobbies

Finally, we participate in local community outreach events monthly throughout our region with information tables and problem solving and have staff representatives on local commissions, council, and committees including:

- First 5 of San Joaquin
- San Joaquin County Children's Services Coordinating Commission
- City of Stockton Mayor's Roundtable on the Americans with Disabilities Act
- Membership in different Chambers of Commerce to promote employment of people with disabilities
- Greater Stockton Chamber

- Lodi Chamber
- Manteca Chamber
- Tracy Chamber
- Modesto Chamber
- Amador Chamber
- Schools: Community Advisory Councils, employment transition, Early Start, etc.

While we take pride in our communications with our community and we receive continuous recognition from our community in appreciation, we know that our messages don't reach everyone. There are a lot of things we can do better to improve in this area. We do not employ a full-time communications professional (it is 25% of someone's job) and our social media is managed with a team of employees who all work different full-time jobs. We do not have a webmaster for our website, so the content responsibilities are split between a couple of us. With DDS's Language Access and Cultural Competence grants, we are planning to contract with a translation service to ensure all website content, which is updated frequently, is immediately translated and we are planning to hire an interpreter and translator to give us enhanced access to translating materials like individual planning and services documents to Spanish (our threshold language) quickly so people with disabilities and families can access the more urgent written documents they need. Our translation of the weekly newsletter is now delayed by a couple of days, but we would prefer a simultaneous release instead of waiting for outside translation, as this would promote more equitable communication access.

Does your organization have an equity officer who can review policies through an equity lens?
Since 2017 we have been on a journey at VMRC to better understand the perspectives of our fastest growing segment of our community, namely Hispanic children and young adults and young families. We learned that many felt unwelcome and there was a feeling of mistrust that we didn't even realize we inadvertently contributed to. As we brought in various trainers to help us be more responsive to our community, we then started to learn that some of our very own staff were not feeling welcomed at work and because we weren't doing enough to prevent this meant that we were allowing inequities and exclusion to spread internally. This work requires the willingness to honestly reflect on our practices and their impacts on those we employ as well as those we are here to support.

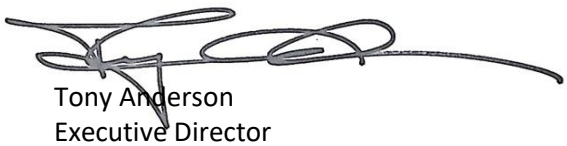
In 2019 we began working with Georgetown University to develop our first Cultural Competence Committee and as we learned and evolved, we created our first ever Diversity, Equity, and Inclusion committee and we check-in quarterly with North Bay Regional Center, which was also working with Georgetown, to discuss the activities both our regional centers are doing in the area. This is when we were introduced to great work in this space by the University of Pacific (UOP). In working with UOP we created an enterprise-wide DEI program touching every one of our 425 employees. With DDS's Language Access and Cultural Competence grants, we are currently hiring our first ever DEI manager and by March we will be mapping out our next steps and direction. Our committee has been responsible for posting messages internally to all staff and in our Health Advisory messages in celebration of diversity and work still to be done in this critical area. Our committee has been the equity lens for the organization elevating topics for organizational discussion and examination. The committee will continue its role and be a resource to our new Diversity, Equity, and Inclusion manager and together will review policies through an equity lens. We've learned that Cultural Competence and Cultural Humility are not permanent states and require ongoing effort. We are all learning and evolving all the time, making mistakes, and striving to do right by each other each day.

How do you view the oversight role of the Department of Developmental Services with regard to your organization? Should there be more or less oversight, or a different kind of oversight?
Though regional centers are designed to be local non-profit organizations, locally controlled with a volunteer board of directors, the amount of oversight is far beyond any non-profit organization I have ever heard of or run myself, likely because of the size and complexity of regional centers' contracts with DDS. Currently regional centers complete and submit to DDS about 160 reports a year. Some of these reports are very simple clarifications that we are still in compliance with things such as transparency and policy and others require significant staff time like full Home and Community-Based Services (HCBS) or fiscal audits, and some require a full public stakeholder review process. Of these reports 46 are Annual Reports, 3 are as needed, 2 biennially, 1 every five years, 9 monthly, and 1 quarterly. I also meet with a team of DDS staff once a month to review the status of reports due that month or soon, any complaints that may have gone to the department, questions I have about directives or any other state requirements. Finally, the department also reads our communications to the public, attends our board of directors' meetings in-person, and attends our Self-Determination Advisory Committee meeting every month via Zoom.

A new development for the system is the upcoming performance incentive measure that provides incentives for the providers and the regional centers specific to achieve desired outcomes. This is in many ways a new and exciting development for our service system. However, many of the measures will require some type of reporting and at various intervals instead of just being reflected in the existing data already gathered in the system. Given the current continuous reporting requirements and workload and the new requirements, now is a good time for a comprehensive review of the current and new reports to determination which contribute today to achieving the outcomes important to people with developmental disabilities and their families.

In closing, I am currently in my 35th year of service in the field of developmental disabilities and during this time I have witnessed and been a part of many significant changes in the delivery of service and the approaches and philosophy of community living. Two of the largest and heaviest lifts needed throughout my entire career have been the rates for community providers and the regional centers caseload ratios. We have made innovations in services and family support, including in the Self-Determination Program and through other forms of participants directing their own services. Together, these initiatives give us the tools to realize a real person-centered services system. The thing that makes me hopeful for the future of our California Developmental Services system is that the Legislature and the Administration have begun to make the most significant investments in service delivery and case management ever in my career. While more is needed, it is the biggest commitment since the signing of the Lanterman Act. This is what is needed for building a comprehensive network of community providers and for finally setting up the regional center system to be the responsive system as it was envisioned by the founding advocates and Frank Lanterman himself.

Sincerely



Tony Anderson
Executive Director
Valley Mountain Regional Center