



Fiscal Year 2016-2017

Purchase of Services (POS) Disparity Data

Community Meetings Report

Report sent to Department of Developmental Services -- May 31, 2018

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## **Background**

As of June 27, 2012, the Lanterman Developmental Disabilities Services Act (commonly called the Lanterman Act) was amended requiring the Department of Developmental Services (DDS) and Regional Centers to annually collaborate to compile data in a uniform manner relating to purchase of service (POS) authorization, utilization and expenditure by each regional center. These data have become known as the POS disparity data.

Based on later amendment, the Lanterman Act, as incorporated into Section 4519.5 of the Welfare and Institutions Code (WIC), now requires the data to address all of the following:

- (1) Age of consumer – categorized by birth through age two, three through 21 years, and 22 years and older;
- (2) Race or ethnicity of the consumer;
- (3) Primary language of the consumer;
- (4) Disability detail, based on the diagnosis (or diagnoses) for which the consumer is made eligible to receive regional center services;
- (5) Residence type, categorized by age, race or ethnicity and primary language; and
- (6) The number and percentage of individuals who are eligible for regional center services but did not receive purchased services, categorized by age, race or ethnicity, disability and by residence type.

These reports shall be posted by each regional center on its own website by December 31<sup>st</sup> of each year.

Within three months of posting the data, each regional center shall hold public meetings to receive community input regarding the disparity data based on authorizations and expenditures from the previous fiscal year (meaning from July 1 through June 30<sup>th</sup> of the previous year).

Following these meetings, the regional center shall submit a draft report to DDS by May 31<sup>st</sup> which meets the requirements of WIC 4519.5 (f)(1), including the following: the regional center's efforts to improve public attendance and participation at the stakeholder meetings; copies of minutes from the meetings and attendee comments; a determination if there is a need to reduce disparities in the purchase of services among the consumers in the regional center's area; and if there is disparity, the regional center's recommendations and plan to promote equity, and reduce disparities, in the purchase of services.

The next step in the process is that the regional center shall post a report by August 31<sup>st</sup> addressing the requirements specified in WIC 4519. Then the process begins again with the compiling and posting of the disparity data for the subsequent fiscal year by December 31<sup>st</sup>.

## **SG/PRC Demographics**

Below is the Census Data for 2010 for the SG/PRC's service area (which DDS uses for Board Composition Survey comparison). In addition, the data from the 2015 American Community Survey are included which shows adjusted numbers to reflect anticipated growth or decline in each of these ethnic/racial groups since 2010. These census data are compared with the numbers and percentages of eligible SG/PRC clients in

Fiscal Year 16-17. The SP/PRC numbers and percentages are the same as those used in the disparity data contained in this report.

**Comparison of Persons Served by SG/PRC with General Population for SG/PRC Service Area**

Ethnic/Racial Group	2010 Census Data		2015 ACS Data American Community Survey		FY 2017 SG/PRC	
	Number	%	Number	%	Number	%
White	266,985	21.1%	282,293	20.8%	2,649	18.1%
Hispanic	661,973	52.4%	708,278	52.1%	8,242	56.5%
Black / African-American	48,310	3.8%	42,899	3.2%	802	5.5%
American Indian / Alaskan Native	4,286	0.3%	3,362	0.2%	16	0.1%
Asian (w/ Filipino)	272,183	21.5%	295,286	21.7%	1,710	11.7%
Polynesian / Pacific Islander	1,903	0.2%	2,528	0.2%	14	0.1%
Other	8,708	0.7%	24,553	1.8%	1,165	8.0%
<b>TOTAL</b>	<b>1,264,348</b>		<b>1,359,199</b>		<b>14,598</b>	

Hispanic individuals represent the majority of the persons served by SG/PRC and in the general population living in the SG/PRC service area. The number of Hispanic individuals is growing at the most rapid rate in comparison to all other ethnic/racial groups. The percentage of Hispanic people with disabilities served by SG/PRC is somewhat greater than the percentage of Hispanic people living in the SG/PRC service area, by about 635 people in FY 16-17.

Asians are also growing in number and percentage, relative to other groups (except Hispanic) in the general population. However, the number and percent of Asian people served by SG/PRC is significantly lower than the general population. It is estimated that if SG/PRC were serving a more similar percentage of Asians as compared to the general population of Asians in the SG/PRC service area, SG/PRC would be serving almost 1,500 more Asian individuals with developmental disabilities and their families than during FY 16-17.

The number of those considered “white” declined in actual number and percentage of total persons served by SG/PRC. The number of people considered “Other” served by SG/PRC is disproportionately high compared with the general population statistics.

## **Outreach Efforts**

SG/PRC serves a diverse population of people with disabilities. With the exception of under-representing the Asian community, the percentages of SG/PRC clients in each ethnic/racial group is fairly representative of the overall diversity of the community at large (except for “other”).

In an effort to reach out to the community, SG/PRC arranged to meet with the members of a number of several local parent support groups at one of their regularly scheduled meetings at their regular meeting location. The groups included a predominantly Korean Parent Support Group, called Circle of Friends (COF). There were two meetings with this group based on age groups of the children. In addition, SG/PRC met with the Filipino Parent Support Group, the Chinese Parent Association for the Disabled (CPAD), Foundation for Disabled Youth (FFDY – Chinese parent support group), and various support groups affiliated with the SG/PRC Family Resource Center, called The Parents’ Place, particularly with Spanish-speaking support groups.

The Parents’ Place arranged for five (5) meetings at their location: One for Chinese families (Cantonese and Mandarin speaking), two for Spanish-speaking families, and one group of fathers that is comprised of some fathers that are English-speaking and others that are predominantly Spanish-speaking. [One group of English-speaking families cancelled the advertised meeting a few hours before the scheduled start time.]

Meetings were also scheduled at the regional center during regularly scheduled meetings of the Client Services Committee, the Vendor Advisory Committee, and the Board of Directors meeting. In addition, SG/PRC scheduled two open, public meetings at different times during the day to accommodate English and Spanish-speaking community members and provided other language translations upon request.

To optimize attendance, a flyer listing all of the scheduled meetings was posted to the SG/PRC website in both English and Spanish. In addition, the flyer was handed out at Board meetings and Board committee meetings, the Vendor Advisory Committee meetings, the LICA meeting, made available in the lobby of the regional center, and was made available at The Parents’ Place FRC. Service Coordinators were requested to encourage families to attend one of these meetings. There was an email blast advertising the meeting to all those signed up for the SG/PRC E-Link. The SG/PRC website featured the community meeting notice and provided a link to all of the meeting dates and times, including which languages would be utilized at the meetings.

Attachment 1 is the flyer that included the listing of the meetings. This flyer was prepared in English and Spanish and both languages were posted to the SG/PRC website.

For the meetings associated with the parent support groups, permission was obtained from the organizer or principal person in charge of each support group to allow SG/PRC to invite all who might benefit from the meeting, not just those who were previously known to the group or a member of the group.

In terms of making the presentations accessible to the audiences, a power point presentation was prepared in English and translated into Spanish, Korean and Chinese for audiences for whom English was not the primary language.

The handout version of the power point presentation in English is included as Attachment 2. (The full presentation in English and the presentations in the other languages are included and will be available on the SG/PRC website for public review. If they were added directly to this report, their length would make this report too cumbersome). Handouts of the presentation were made available in English, Spanish, Korean and Chinese for the audience, as appropriate.

Two of the meetings were conducted entirely in Spanish and one was conducted entirely in Korean, with additional comments in English that were also translated into Korean. For the Chinese parent meetings, the presentation was presented in English, and then the verbal presentation was translated into Mandarin and Cantonese.

### **Issues Identified in the Data**

The presentations (either in Power Point or in Prezi) of the Annual POS Expenditure Data are included in Annex form (as indicated above). The graphs and charts helped to highlight the issues that were identified in the review of the data. The major factors that influenced POS authorizations and expenditures were identified as client age, living arrangement, and language. As will be discussed later, culture cannot be assessed directly, but culture and its influence can be inferred from a combination of language and ethnicity.

#### **1. Factoring Out Age and Living Arrangement**

Based on review of data from previous years, it was determined that the focus of this year's Annual POS Expenditure review would be on people living at home with family, as almost 80% of all persons served by SG/PRC live with their family. In addition, those living in residential care are going to continue to reside in these settings, as it has been determined the living option that most meets their needs.

Persons served identified as belonging to African-American and white groups were predominantly over the age of 22 years of age, with 62% of African-American clients and 70% of white clients being older than 22 years. Especially for the white group, the regional center is the primary source of funding for work supports, day programs, transportation and residential living options.

At SG/PRC, Asian and Hispanic individuals are predominantly of school-age, from three through 22 years of age. Forty-two percent (42%) of all Asian persons served are school-aged, and 45% of all Hispanic persons served are school-aged. The percentages of Asian and Hispanic babies receiving Early Start Services (23% and 23%) are identical and services for adults (35% and 32%) were very similar. Funding for the majority of services provided to these individuals is the responsibility of the public schools and other generic services, such as Medi-Cal funded Behavioral Health Therapy and California Children Services (CCS).

Due to the significant influences of age and living arrangement on the POS authorization, expenditures and utilization, SG/PRC determined that it was more effective to focus on potential differences between ethnic/racial groups that might exist specifically for clients older than 22 years of age and living at home with their parents/family. When age and living arrangement are factored out of the overall data, there is clear evidence that there continues to be a disparity in the per capita authorization, expenditure and percentage for Hispanic adults.

## **2. POS for Individuals Living at Home based on Age and Ethnicity**

[Note: previous comparisons for Filipino individuals from one year to the next is no longer possible as the data for Filipino individuals are no longer separate from the Asian group.]

When looking at All Ages Living at Home by Ethnicity, the Hispanic group has the lowest average authorization and lowest average expenditure. However, the average authorization increased from \$6912 in FY 15 to \$7279 in FY 16, and to \$7515 in FY 17. The average expenditure increased from \$5103 in FY 15 to \$5344 in FY 16, and to \$5,566 in FY 17. The amount of difference from the average expenditure across all persons compared to Hispanic persons served reduced from -\$369 per year in FY 15 to -\$363 in FY 16 and to -\$348 in FY 17.

On a positive note, there has been a steady reduction in NO POS for the Hispanic group across all ages, dropping from 28.3% in FY 14 to 21.1% in FY 17. This percentage is comparable to Asian at 21.1% NO POS and less than African-American at 22%.

Another positive note is In Early Start, with much more equity for the Hispanic group this past fiscal year than in the previous fiscal year. In FY 2017 the average expenditure for Hispanic babies was \$5,303, which was \$115 greater than the average expenditure for babies age 0-2 across all ethnic groups. This amount was identical to FY 15, but in FY 16 the variance had been \$73 below the average (-\$73) for the fiscal year.

While Hispanic adults living at home received below-average expenditures, there has been steady improvement in reducing the variance from average expenditure over the past three years: from -\$543 in FY 15 to -\$437 in FY 16 to -\$369 in FY 17.

The most surprising finding was the variance found in the African-American group, especially the Early Start group. The variance below average expenditure for African-American babies increased over the past three years. In FY 2015 the variance was -\$799, in FY 16 -\$1,247, and in FY 17 -\$1,799. On the other hand, average expenditures for school-aged African-Americans was \$394 greater than the average across all school-aged individuals. But the average expenditures for African-American adults steadily dropped across the three years to -\$840 variance in FY17, whereas the average had been \$364 above average in FY 15. The pattern for the African-American group is not well understood, shows great variation from year to year, and needs much more in-depth examination.

## **3. Language and POS Data**

In reviewing NO POS expenditures in terms of language for all ages, there has been a significant improvement in terms of those whose primary language was Spanish. In FY 15, there were 854 (25.5%) individuals whose primary language was Spanish with no POS expenditures; in FY 16, this was reduced to 628 (18.1%) without POS; in FY 17 there were 605 individuals (17.3%), even though the total number of Spanish-speaking individuals increased.

The group with the highest NO POS was the English-speaking group, at 21.9%. This may be primarily influenced by school-aged children receiving generic or private services that meet their needs, as 37.9% of all school-aged children who speak English had no authorizations nor expenditures. The English language group had the highest NO POS percentage for Ages 3-21, compared to all other languages.

It should be noted, however, that the language designation in the disparity reports provided to regional centers is the language of the client – not the primary language of the family. (This includes non-verbal clients, such as babies who would not be expected to talk but may have receptive language in English.) Therefore, the barrier to POS authorizations and expenditures may be that the parents are not English speaking, although because the client has attended or is attending public school, the client is considered to have English as the primary language. Family members may need to have information and communication provided in languages other than English to make use of regional center services. In some cases, families may refuse to receive paid services if the family language is not spoken by the service provider. On the other hand, it has also been stated to regional center that some families have reported that the primary language is English because they believe that the child will receive better services if the records show that the language is English, even though the family members are not fluent in English.

The next highest NO POS group was the combined Asian-language group at 18.9% NO POS. Of the Asian group, the Vietnamese-speaking group had the highest NO POS for all ages at 20%; however, this was an improvement over the previous fiscal year during which 25.4% Vietnamese individuals had NO POS. Mandarin NO POS remained at 19.1% for both FY 16 and FY 17. The next highest group was Cantonese at 18.7% (down from 24.6%). Korean improved to 14.1% NO POS (down from 23.9%). Those adults whose primary language was Vietnamese had the highest NO POS percentage at 34.2%; and those adults who are Cantonese-speaking had 27.9% NO POS.

#### **Comments and Recommendations by Community Members**

The date, location, attendance, and feedback for each of the meetings are indicated on the Meeting Minutes, all of which are attached to this report. The comments from family/community members are incorporated in each of the Meeting Minutes. A regional center staff member was asked to record comments, questions, and suggestions at each of the meetings. The amount and nature of the notes written varied widely based on the recorder. A broad array of printed informational materials was provided at each community meeting in English and the group's primary language.

There were also general impressions gathered by the presenter based on the reactions from audience members. In general, community members were very pleased to hear about the changes in types of supports provided to date and the availability of these equity projects, such as Navigating the Regional Center System (NRCS) workshops (in English, Spanish and Chinese) and the Parent Mentor Initiative (PMI), with Mentors who speak both English and Spanish. In addition, community members expressed an interest in the forthcoming "Introduction to Developmental Disabilities Curriculum" (AKA "Understanding Your Child's Developmental Disability") in a variety of languages and the online ADEPT behavior modification training modules in Chinese and Korean, as well as in English and Spanish.

SG/PRC received feedback that the community meeting audiences felt that SG/PRC was going in the "right direction" and that we needed to continue making these efforts to increase equity and to help provide training and support to families.

In general, families also agreed that "culture" and "cultural preferences" had great influence in whether a family agreed to receive and participate in services offered by SG/PRC. However, no specific examples or

strategies were suggested to help SG/PRC help families feel more empowered or comfortable in working with the regional center and in receiving paid supports.

Other specific comments and concerns are grouped into the following broad categories:

- Vendor/Provider practices, lack of bilingual staff, and inflexible hours;
- There are not enough nursing services available and their hours are not sufficiently flexible to meet the family's needs – has to be in four- or eight-hour shifts;
- Vendors are not paid enough money to hire well-qualified staff;
- Cultural Preferences – family is committed to keeping the child/adult at home and they want the care only to be provided by trusted family members;
- Families want the regional center to pay for respite services to members of the same household, such as to grandmother who lives in the house with the person with developmental disabilities;
- Individual Differences, such as work schedules and family pressures/demands interfere with using services;
- Families don't know enough about how to appeal or don't feel comfortable in appealing regional center decisions to deny requested services;
- Families are uncertain about the impact of their immigration status on their ability to receive regional center services. Some have indicated that they are afraid to ask for services and supports;
- Families expressed that there needs to be more outreach and education to the general public, the schools and physicians about developmental disabilities and services offered by the regional center;
- Families are often very confused about the role of the regional center vs. the role and responsibility of the school system. Not sure about what should be in an IEP vs. and IPP;
- Families do not necessarily agree with the philosophy that their child should be "forced" to be included or integrated into regular community, as many people in the public are cruel, unfriendly or lack understanding. Their child is subjected to "bullying" and they want to protect him/her;
- Families still express fear about their immigration status and how that affects their ability to receive regional center services. There is confusion about "being a California resident", which means living in California – which is one of the requirements to be eligible for regional center services -- versus "being a California Permanent Resident", which means the person has obtained legal status and has obtained a "Green Card";
- Services offered are not necessarily the services that families want or need. Families want community integration and socialization/social opportunities. They want to have respite/supervision/care provided in their home for extended periods of time – so that they can take a vacation out of the country. They want transportation to and from community events that are not related to work or adult day program.
- Families want service coordinators and "look like them" and are a part of their own culture.

While there were differences among the group meetings in terms of the concerns expressed, there were several pervasive themes:

- ▶ Families did not understand the written information that was provided to them – even if the material was translated. One possible problem is that the families have low literacy in Spanish.



- ▶ They express that they don't have the time to try to understand what is provided to them, even when it translated into their primary language.
- ▶ Alternatively, many families express they have a great deal of stress associated with having a child with disabilities, including estrangement from the extended family, personal health issues potentially caused by stress, lack of financial resources to meet their basic needs. They state that they are too stressed to deal with any information coming from the regional center.
- ▶ Families did not know what services they could ask for, even after they were provided the POS summaries by age group and were directed to the POS Policy.
- ▶ Families did not know how services might change as their children grew older, although families were provided the POS summaries that indicated the different services provided by age group.
- ▶ Families did not know what services the regional center could not or would not fund and why.
- ▶ Families wanted to better understand what to do next when they were told "no" after they requested a service.
- ▶ They wanted to better understand generic services that they had to utilize before requesting regional center funded services – and why generic services had to be explored first.
- ▶ Most often families said that they wanted that information provided in person through group training or from better trained service coordinators – rather than just in writing.
- ▶ Families requested small group trainings offered in various local locations throughout the SG/PRC service area during school hours, when children were in school.
- ▶ Other families indicated that they worked and preferred that we offer training in the evening or on weekends – in some cases online. Other families said that they need the trainings offered when their children are attending school – not just their children with disabilities.
- ▶ Many families expressed that they wanted to access more information, such as to better understand eligible conditions, from the SG/PRC website using their mobile devices.
- ▶ Families of children with conditions other than autism expressed that they feel "left out" because there is so much information or attention paid to autism, and they want to know more about epilepsy or cerebral palsy and other conditions that affect their child.
- ▶ Families often were very confused about the role of the service coordinator in terms of the IEP meeting process. They thought that their SC was a substitute for an attorney and wondered why they did not talk on their behalf.
- ▶ Asian families were concerned that many of the equity proposals benefitted Hispanic or Latino families and they wanted to have the same opportunities. They felt that if the equity projects were just focused on helping Latino families that would be unfair to them.

- ▶ Families agree that culture probably has a powerful influence on whether services are requested or utilized, but they were not able to provide suggestions on how we can help people overcome their reluctance to utilize regional center services.

### **Proposed Implementation Plan**

Based on a review of the data and the community comments, it was determined that in FY 17 there was a very real discrepancy between the authorization and expenditure of POS for individuals who are Hispanic – regardless if their primary language was Spanish or English -- in comparison to other ethnic/racial groups. The one exception noted was for Hispanic infants and toddlers younger than three years of age -- where there was much more equity noted when the Hispanic group was compared to the average expenditures across all ethnicities.

While there has been improvement over the past three years, it is evident that SG/PRC needs to continue to make a concerted effort to ameliorate the disparity in POS for Hispanic clients and their families, especially for those whose primary language is Spanish.

The discrepancy between the general population and the number of Asian families served by SG/PRC also makes it clear that SG/PRC very much needs to continue its outreach to the Asian community, especially the Vietnamese community. This is a main priority for the coming year.

SG/PRC also needs to continue its efforts to provide materials in various languages and to provide staff who have similar cultural and ethnic backgrounds as our widely diverse community.

SG/PRC also needs to develop a better understanding of the African-American perspective on having a child with disabilities, especially for families with newborns and newly identified babies and toddlers with delays and/or disabilities. SG/PRC needs develop better strategies for connecting with the parents of children already associated with SG/PRC so that SG/PRC can be more effective in providing services and supports, especially in the first three years of a child's life.

Below are the general highlights of the recommendations that are being built into the SG/PRC implementation plan.

- ▶ SG/PRC to develop written material in a variety of languages and provide training/workshops for parents in those languages:
  - Help families understand what to expect from regional center at each age group and better understand the service options for each age group;
  - Help families understand the transition from Early Start to school-age services and from school-age services to adult services;
  - Help families understand living options in addition to living in the family home, to better understand long-term options.

- Help families understand employment options and programs for adults in various languages and through trainings provided by the regional center in the families' primary language, including Tailored Day Program and Paid Internship Program.
- ▶ SG/PRC to continue to provide training to Service Coordinators on the Person-Centered Planning process, beginning with training on Person-Centered Thinking, to better understand the culture, priorities and service needs of each individual and family served;
- ▶ SG/PRC to provide training to Early Start Service Coordinators and to Early Start providers about developing more effective ways of connecting with and meeting the needs of African-American families.
- ▶ Continue outreach and child find efforts to the Asian community, especially the Vietnamese community. Initiate collaboration with the Vietnamese parent group in Orange County to help develop a Vietnamese parent support group in the SG/PRC service area.
- ▶ Develop a more formal outreach effort to the African-American community, not to necessarily find more potentially eligible people for regional center services, but to help build more trust between the community and the SG/PRC. SG/PRC needs to find out the potential reasons for the variance in authorizations and utilization/expenditures, especially in the Early Start years for African-American babies, and develop a strategy to address and ameliorate the discrepancies.
- ▶ Strengthen collaboration with local parent support groups by the following:
  - SG/PRC requesting their assistance to review written materials to improve user-friendly terminology/language.
  - Helping SG/PRC to identify topics for training, such as service options and how to appeal service denials.
  - Providing the venue for SG/PRC to offer group training sessions, as part of the parent support group meetings, in local and familiar community settings.
- ▶ Request DDS to obtain translations of the formal appeal request form into Simplified and Traditional Chinese, Korean and Vietnamese. Currently the Notice of Proposed Action is being translated by SG/PRC into the family language, but the official state form for submitting to the Office of Administrative Hearings is only available in English and Spanish.
- ▶ Request DDS to provide future data on disparity using the clients' caregivers' primary language rather than the clients' primary language to better understand the influence of language (and inferred influence of culture) on the authorizations and expenditures of POS.

SG/PRC has committed to continue practices previously implemented during 2018-2019:

1. Prepare periodic reports comparing POS authorizations with actual expenditures, distributed to service coordinators (SCs) and reviewed by the SCs and their managers. Discrepancies in utilization will prompt the SC to contact the families to discuss possible reasons for the discrepancies and to develop a plan to ameliorate the lack of utilization.

2. Continue to make available a double-sided summary of Purchase of Service (POS) options organized by age groups -- services for infants (0 through 2 years), services for children (3 through 17 years of age), and services for adults (18+ years of age) as part of meetings between Service Coordinators and families and at all parent support meetings sponsored by SG/PRC. This information, prepared in English and translated into Spanish, Chinese, Korean, and Vietnamese, has been posted to the SG/PRC website, as well as distributed and discussed by the Services Coordinators during home visits. These summaries will also be provided and discussed at the time of Intake and distributed during support group meetings.
3. Meet with local parent support groups to review the Purchase of Services policy, which has been translated into Spanish, Chinese, Korean and Vietnamese, and to discuss the one-page summaries of the POS policy that accompany the full POS policy document.
4. In partnership with one or more parent support group, SG/PRC to begin developing a glossary of terms, first in Spanish, to de-mystify some of the "technical" terminology used by SG/PRC. SG/PRC will begin using the newly identified and defined terms in written documents.
5. SG/PRC has been funded to accomplish a number of Equity projects, and each of those projects will be pursued to completion to benefit our community and to resolve many of the issues brought to our attention through the community meetings.

## **List of Attachments – including Meeting Minutes**

Attachment 1 –Community Meeting Flyer

Attachment 2 – Power Point Presentation in English – hand out version

Attachment 3 – Minutes for all of the Community Meetings

Attachment 3-A – Minutes of Korean Parent Support Group Meeting – Circle of Friends - 2/21/18

Attachment 3-B – Minutes of Chinese Parent Support Group Meeting -- FFDY 2/24/18

Attachment 3-C – Minutes of Korean Parent Support Group Meeting – Circle of Friends - 2/26/18

Attachment 3-D -- Minutes of the Critical Issues Forum – 10:00 a.m. - 2/28/18

Attachment 3-E – Minutes of the 4:00 p.m. Open Public Meeting – 2/28/18

Attachment 3-F – Minutes of SG/PRC Client Services Committee Meeting – 6:00 p.m. - 2/28/18

Attachment 3-G – Minutes of the Vendor Advisory Committee meeting – 3/1/18

Attachment 3-H – REACH English-Speaking Parent Group Meeting – Parents’ Place -- 3/1/18

Attachment 3-I -- Minutes of the Filipino Parents Support Group – 3/10/18

Attachment 3-J – Minutes of Nuevo Dia Parent Support Group – Parents’ Place -- 3/14/18

Attachment 3-K –Minutes of Carita Feliz Parent Support Group – Parents’ Place -- 3/16/18

Attachment 3-L -- Minutes of DAD ROCKS Parent Support Group – Parents’ Place -- 3/16/18

Attachment 3-M –Minutes of Chinese Parent Support Group – CPAD – 3/24/18

Attachment 3-N -- Minutes of the Chinese-Vietnamese Support Group – Parents’ Place -- 3/28/18

Attachment 3-O -- Minutes of the SG/PRC Board Meeting – 3/28/18

ANNEX: Power Point and Prezi presentations translated into various languages

Annex A: English

Annex B: Spanish

Annex C: Mandarin/Traditional Chinese

Annex D: Korean

Annex E: Vietnamese

Annex F: Abbreviated version for Board Meeting on March 28, 2018 -- English