



San Diego Regional Center
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Serving individuals with developmental disabilities in San Diego and Imperial Counties

**REPORT TO THE DEPARTMENT OF DEVELOPMENTAL SERVICES REGARDING
THE SAN DIEGO REGIONAL CENTER'S
PURCHASE OF SERVICE UTILIZATION DATA**

~ May 3, 2022 ~

Approved by the Board of Directors of the San Diego Regional Center on May 10, 2022

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I. Introduction:

In June 2012, Section 4519.5 was added to the Welfare and Institutions Code (Lanterman Developmental Disabilities Services Act) through trailer bill language (AB 1472) in the budget act for fiscal year (FY) 2012-2013. This section requires that regional centers compile data related to the purchase of service with respect to clients' ages, race, ethnicity, and primary language.

Amended in 2014 and effective January 1, 2015 (Welfare & Institutions Code 4519.5) the following regional center reporting requirements were added:

(A) Actions the regional center took to improve public attendance and participation at stakeholder meetings, including, but not limited to, attendance and participation by underserved communities.

(B) Copies of minutes from the meeting and attendee comments.

(C) Whether the data described in this section indicates a need to reduce disparities in the purchase of services among consumers in the regional center's catchment area. If the data does indicate that need, the regional center's recommendations and plan to promote equity, and reduce disparities, in the purchase of services.

There are reporting requirements for regional centers who have received ABX2 1 (now called Service Access and Equity grant) allocated funds from the Department of Developmental Services to assist in the implementation of strategies to reduce purchase of service (POS) disparities. This annual report outlines the specific approved activities with qualitative and quantitative outcomes.

Regional Centers are required to post POS data on their websites by December 31. Within three months after compiling the data, regional centers are required to meet with stakeholders in a public meeting regarding the data. In addition, the contract with the State of California requires the Board of Directors of the San Diego-Imperial Counties Developmental Services, Inc., to provide a report to the State, that includes issues identified by the data; the results of the public stakeholder meeting; and, proposed strategies by May 31st. This report is submitted to the Department of Developmental Services (DDS) in compliance with that contractual obligation.

II. Purchase of Service Utilization Data:

1. Purchase of Service Costs

The Purchase of Service (POS) data displayed represents the cost of services that clients received that are paid for by the Regional Center. The POS expenditure data does not include the cost of services clients receive that are paid for by Supplemental Security Income, Medi-Cal, the school system, and other generic agencies. The POS expenditure data represents expenditures the Regional Center made for services that clients received during FY 2020-2021. The data are based on Regional Center POS state claim data that were provided to DDS as of December 31, 2021.

2. Client Count

The total number of clients who received services during the fiscal year will be greater than the regional center's actual caseload. A client is included in the data if the client received a regional center funded service at any time during the fiscal year. A client who received a single service once during the year is counted the same as a client who received ongoing monthly services. Clients are also counted regardless of their current status with the regional center. The data may include clients whose status is closed, transferred-out, inactive, etc., if the client received regional center funded services during FY 2020-21.

3. Contract Purchase of Service Expenditures

Due to the limitations of the regional center uniform fiscal system (UFS), POS expenditure data do not include payments made by the regional center that are paid to a service provider under a contract. Typical services paid to a service provider under a contract may include, but are not limited to, transportation services and supported employment group services. Therefore, the total amount of POS expenditures reported will not reconcile with the regional center's actual POS expenditures for FY 2020-21.

4. Authorized Services

Services that are authorized encumber the funds needed to pay for those services. The regional center's computer system (UFS) gives the regional center options regarding the maintenance of its encumbrances. When encumbrances are routinely adjusted for non-utilization, there will

be a higher utilization percentage. When encumbrances are not routinely adjusted for non-utilizations, there will be a lower utilization rate.

5. Clients with Multiple Diagnoses

There are many clients who have more than one diagnosis. In the summary reports for Purchase of Service Expenditures by Diagnosis the report does not show clients with two or more diagnoses in all the categories in which they have a diagnosis, but rather the diagnoses are ranked and a client with multiple diagnoses shows up only once. The ranking of the diagnosis is the following:

- a. Autism
- b. Intellectual Disability
- c. Cerebral Palsy
- d. Epilepsy
- e. Category 5

For example, if a client has both diagnoses of Intellectual Disability and Epilepsy, the client will be included in the Intellectual Disability group (the more highly ranked diagnosis). If a client has three diagnoses Cerebral Palsy, Epilepsy, and Category 5, they would be included in Cerebral Palsy.

6. Category 5 Clients

Clients listed in Category 5, according to section 4512 of the Welfare and Institutions Code, are individuals who have “disabling conditions found to be closely related to Intellectual Disability or to require treatment similar to that required for individuals with Intellectual Disability, but shall not include other handicapping conditions that are solely physical in nature.”

III. Issues Identified by the Data:

1. Expenditures and Authorized Services by Ethnicity or Race

- a. Asian, Latino, Native American, Native Hawaiian or other Pacific Islander clients received and were authorized less per capita POS expenditures as contrasted to White clients. The difference between Black/African American and White clients was not as pronounced. There were clear age effects as outlined below.
- b. There were no discernible differences in authorized per capita POS expenditures with Early Start clients. American Indian or Alaska Native had less per capita expenditures and Asian clients had greater per capita POS expenditures, though the issue of small sample size is relevant.
- c. This pattern of disparity is attenuated for school age clients (3 years to 21 years, inclusive) with less significant differences among ethnic/racial groups. The amount of per capita authorized services is roughly equivalent among the ethnic/racial groups with small differences emerging with actual expenditures, with White and Black clients having more POS spending and Asian clients having relatively less expenditures. Native Hawaiian or Other Pacific Islander had less per capita expenditures and American Indian or Alaska Native had greater per capita POS expenditures. Again, the issue of small sample size is relevant.
- d. For adult clients (ages 22 years and older) the ethnic/racial effect becomes more pronounced, that is, Asian, Black/African-American, Latino, and American Indian, clients were authorized and received significantly less per capita POS expenditures as contrasted to White clients.

2. Expenditures and Authorized Services by Ethnicity or Race by Residence Type

- a. When POS expenditures were analyzed by ethnicity or race and broken down by residence type, important findings were apparent. The prevalence of type of residence, be it home, Med/Rehab/Psych facility, institutions, Independent or Supported Living Support vary significantly among the various ethnic and racial groups. This profound difference is realized when the client is an adult (22 years and older). A concrete example will help illustrate the difference. A total of 71% of White clients reside in the family home while 92% of Latino clients live in their home. When POS expenditures are analyzed by ethnicity or race for clients residing at

home, there are modest differences. For clients residing in a residential placement, Latino clients receive more POS spending than White clients. There are significantly more White clients (1,825 clients) in residential placement than Latinos (527). There is an overall difference in total expenditures between Whites and Latinos in residential placement of \$75,884,495. That is, the San Diego Regional Center spends \$75million more for White clients for residential placement. This sizeable difference in spending for this specific service significantly affects the per capita POS spending. The sample sizes become very small when analyzing the other residence types, which make meaningful conclusions difficult.

3. Expenditures and Authorized Services by Language

- a. Not surprisingly, the POS data analyzed by language paralleled the findings of the POS expenditures by ethnicity or race. English speakers received more per capita expenditures than Spanish speakers. There were once again, strong age factors. There were only very slight differences in POS expenditures during Early Start between these two languages, though the differences begin to emerge during school age and become more pronounced at adulthood.

4. Expenditures and Authorized Services by Diagnosis

- a. Clients with an Autism diagnosis received and were authorized less per capita POS expenditures as contrasted to the other diagnostic groups. This finding, may be attributed to the large percentage of clients with a diagnosis of Autism that are between the ages of 3 years and 21 years, with the school district assuming the primary responsibility for providing services. This timeframe (school age) is relatively inexpensive as compared to the significantly costlier adult phase (22 years and older). The diagnoses of Intellectual Disability and Epilepsy are under-represented during the school age period and over represented during adulthood. Applied Behavior Analysis (ABA), the mainstay treatment for clients with a diagnosis of Autism, is funded by insurance, which also reduces the POS expenditures.

- b. Clients with an Autism diagnosis in Early Start received and were authorized significantly more per capita POS expenditures as contrasted to the other diagnostic categories. Analyses by diagnostic category from birth to three years old are difficult because a majority of clients have not been diagnosed.
- c. During school age, differences in POS expenditures were not significant.
- d. No discernible differences in POS spending were noted among the various diagnostic categories during adulthood, though the sample size of those individuals with Intellectual Disability is significantly higher.

5. Clients with No POS

- a. Another perspective to assess for disparities is to determine if there are significant differences in the percentage of clients in the ethnic or racial group with no purchase of services. In this analysis, the differences across the groups are less, though the pattern of clients who identified themselves as White are less likely to receive no purchase of services as compared to Latino, Asian, Black/African American, American Indian or Alaska Native or Native Hawaiian or other Pacific Islander.
- b. Results during Early Start were difficult to discern due to the small sample sizes though Latino clients had a slightly lower percentage of clients with no purchase of service as compared to White clients. During school age (children ages 3-21 years of age) there was a significant difference in that Native Hawaiian clients have a greater percentage of no purchase of services as compared to all other ethnicities, however, it is important to note the sample size is very small. No discernible differences among the other ethnic or racial groups were noted in this age range. After school age, the differences reappear with the clients who identified themselves as White being less likely to receive no purchase of services.
- c. There is a difference among the diagnostic categories with respect to percentage of no purchased services, with clients diagnosed with Autism having a higher percentage with no purchase of services. Virtually no clients with an Autism diagnosis in Early Start are without services purchased by the regional center. During the school age there is an increase in percentage of clients with no purchase of services across all diagnostic categories. There is no discernible difference among diagnostic categories

during this age span. For clients 22 years and older, there is a small difference in the percentage of clients not receiving purchase of services, with clients diagnosed with Autism having a slightly higher percentage with no purchase of services.

6. Annual Insurance-Related Expenditures by Ethnicity or Race

- a. When the total annual insurance-related expenditures were analyzed by ethnicity or race there were no discernible differences. There were no age-related interactions. This is useful information in that it eliminates the potential confound that the POS disparity is attributable to an unequal utilization of insurance.

7. Expenditures and Authorized Services by Ethnicity or Race Over the Last Seven Years

- a. No discernible differences are realized when the profiles of the POS spending by ethnic/racial groups were compared from fiscal years 2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020 and 2020-2021. In the last fiscal year, the amount of POS spending by American Indian or Alaska Native clients has increased from the previous year. This is most likely due to the small sample size which skews the data and the changes in service delivery and billing in response to the COVID-19 pandemic. Trends demonstrate POS expenditures have generally increased for each ethnicity over the first four years with a plateauing of the levels in the last three fiscal years.

8. Comparison of Ethnic/Racial Profile of SDRC clients and staff

- a. The ethnic/racial profile of the SDRC staff closely mirrors the profile of the SDRC's client population. The relative percentages of Latino, White, African American-Black and Asian staff are almost identical to the percentages of clients in the same ethnic/racial category. This parallel mirroring ensures that each ethnic/racial client group is well represented by staff and strongly suggests that staff will have a keen understanding of the cultural issues.

9. Overall Discussion of Disparity Data

- a. There are conspicuous and dramatic differences in expenditures and authorized services by ethnicity or race. These differences are replicated in the parallel findings with clients with no POS spending or when client's language is analyzed. It is important that conclusions are not immediately drawn regarding the nature of this difference as it is apparent that these disparities interact with several other factors. One salient factor is age of client. There are no disparities among POS spending for infants and toddlers. A small difference emerges during school age clients. It is telling that the difference in POS spending considerably emerges as the client approaches adulthood. Another significant factor that interacts with the disparity data is where the client is living and the related type of residential services. The data reflect that when the type of residential placement is controlled, a service that becomes most relevant at adulthood, the POS disparities are not as significant. The differences among the various ethnic and racial groups in per capita costs for clients in home, institutions, independent or supported living or residential placement are inconsistent, with Latinos actually having higher average spending in some categories. An important finding that helps explain the disparity is the significant difference in utilization of the most expensive residential service. There are significantly more White clients in residential placement than Latinos. There is an overall difference in total expenditures between Whites and Latinos in residential placement of more than \$75 million. There are different cultural preferences in terms of residential placement which affect the amount of POS spending among the different racial or ethnic groups. Concretely, non-White families have a significant reluctance to request or utilize expensive residential placement relative to White clients which reduces per capita POS spending. No discernible trend has been observed in terms of changing the degree or nature of the disparities among the ethnic/racial groups in POS spending over the last seven fiscal years.

Chart 1

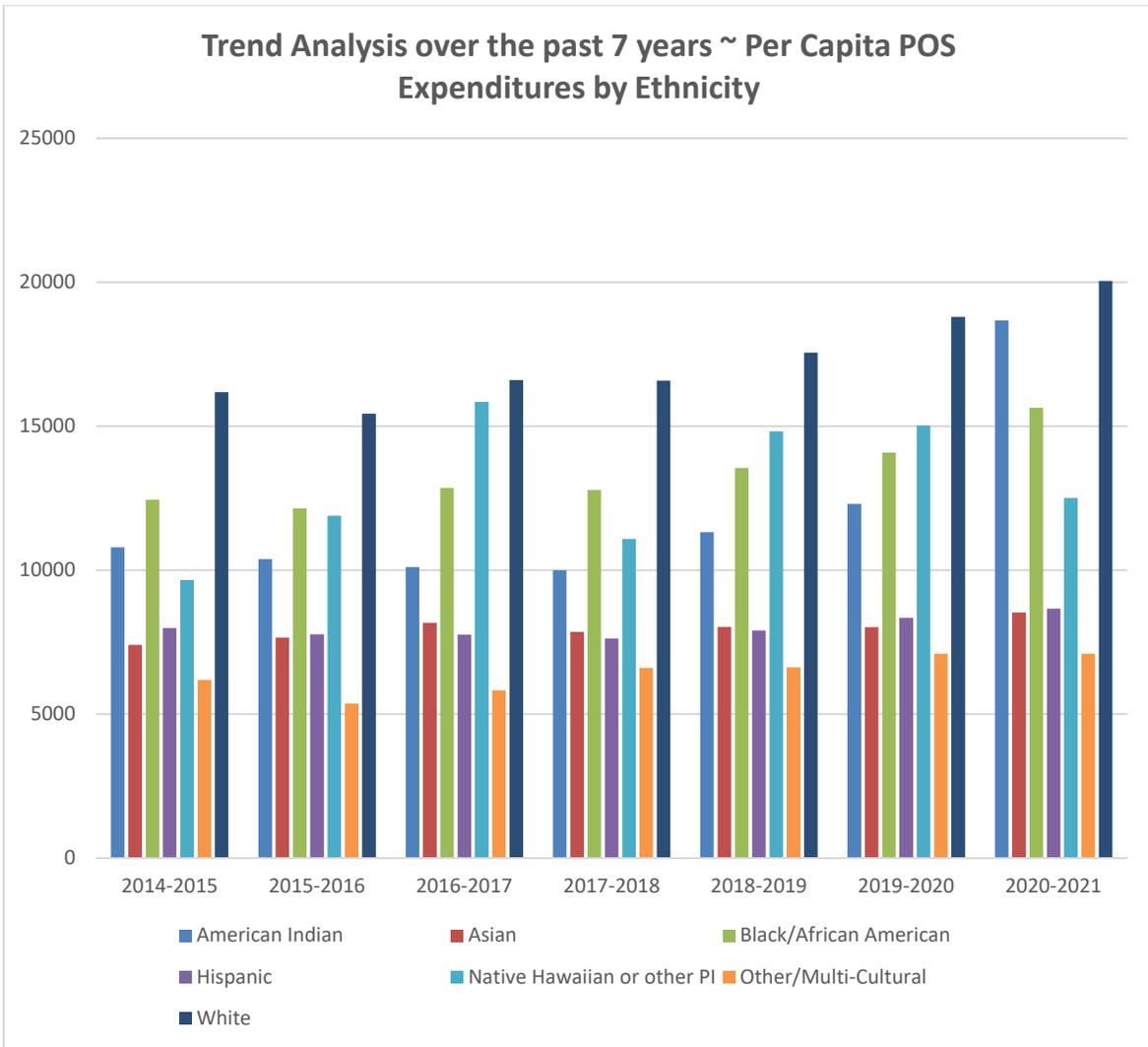


Chart 2

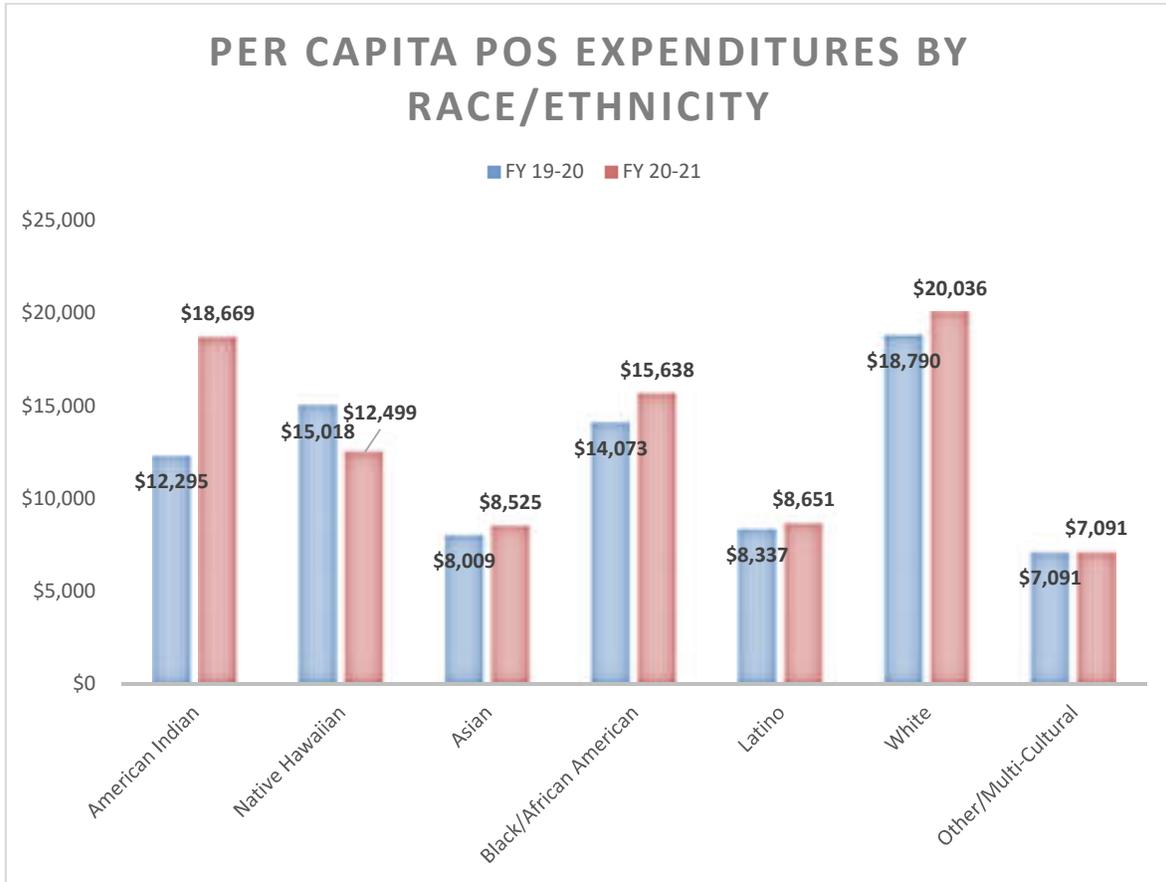


Chart 3

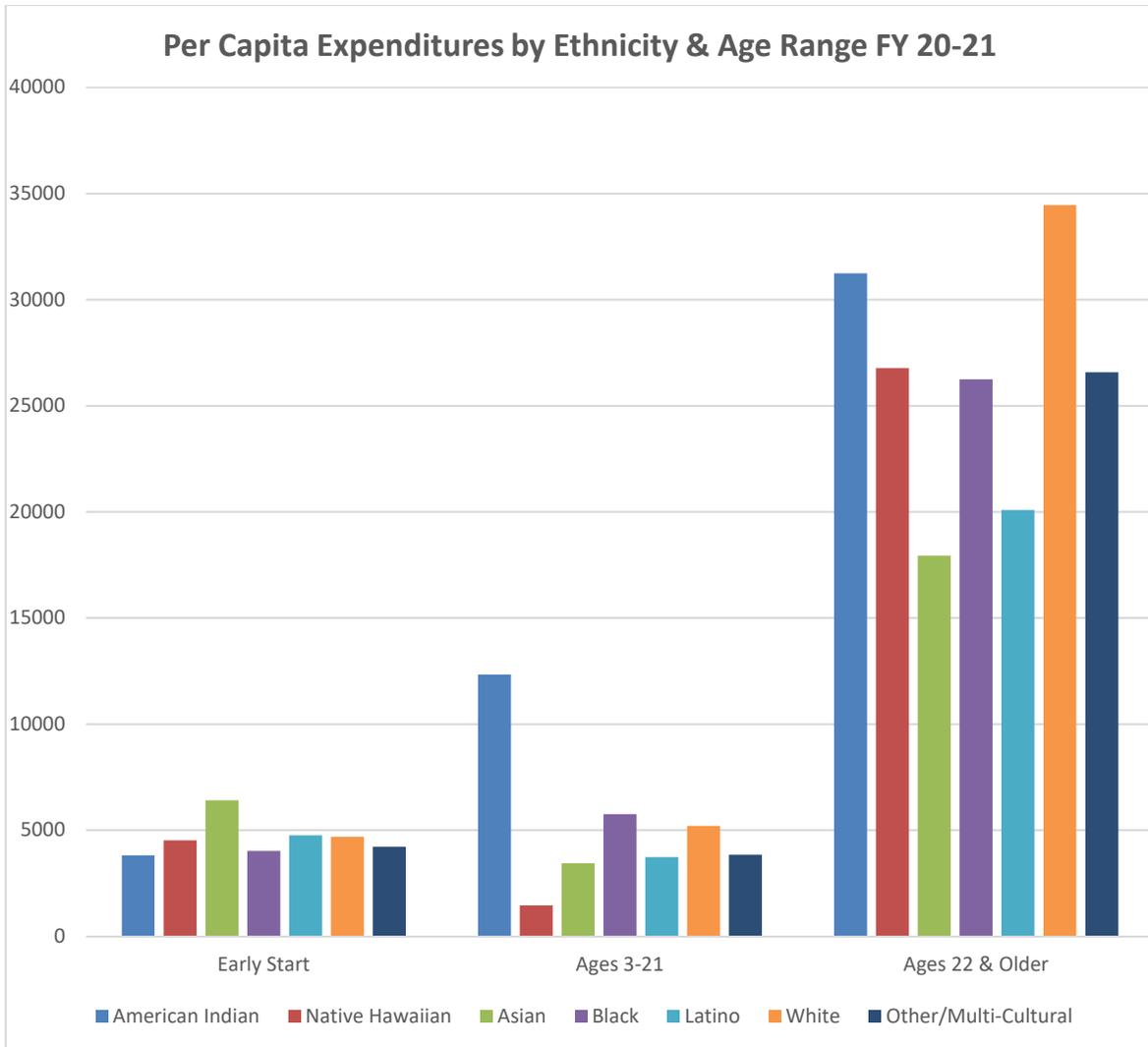


Chart 4

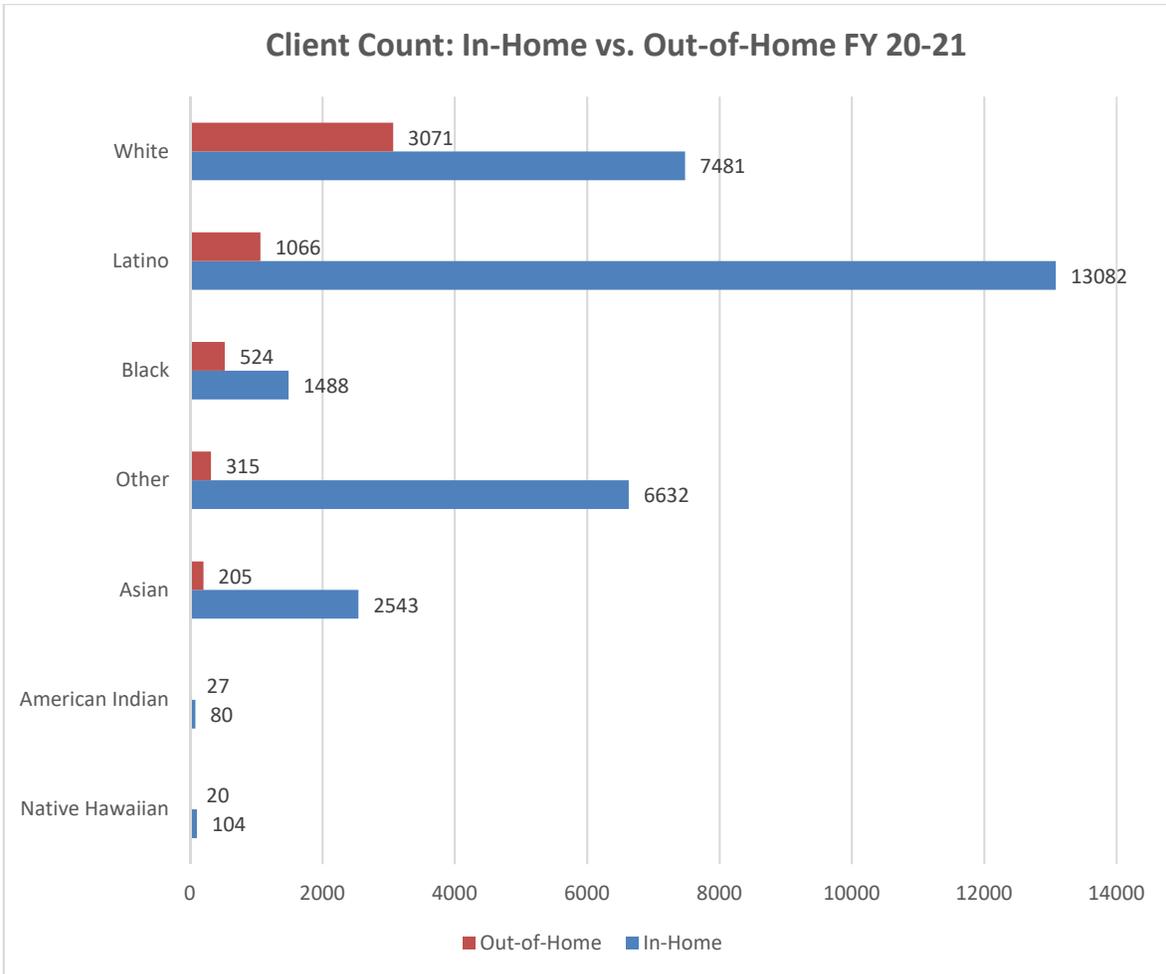


Chart 5

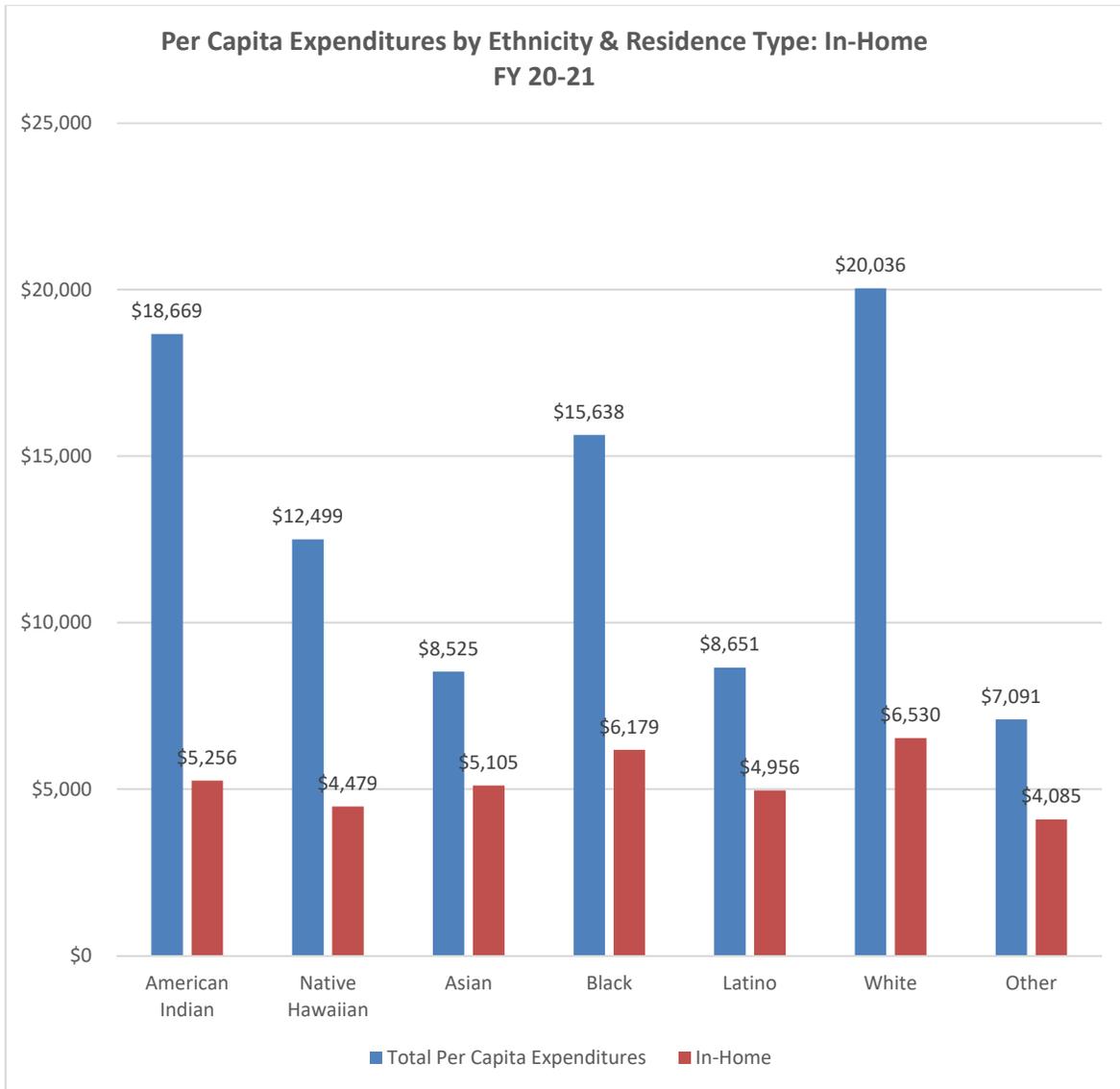


Chart 6

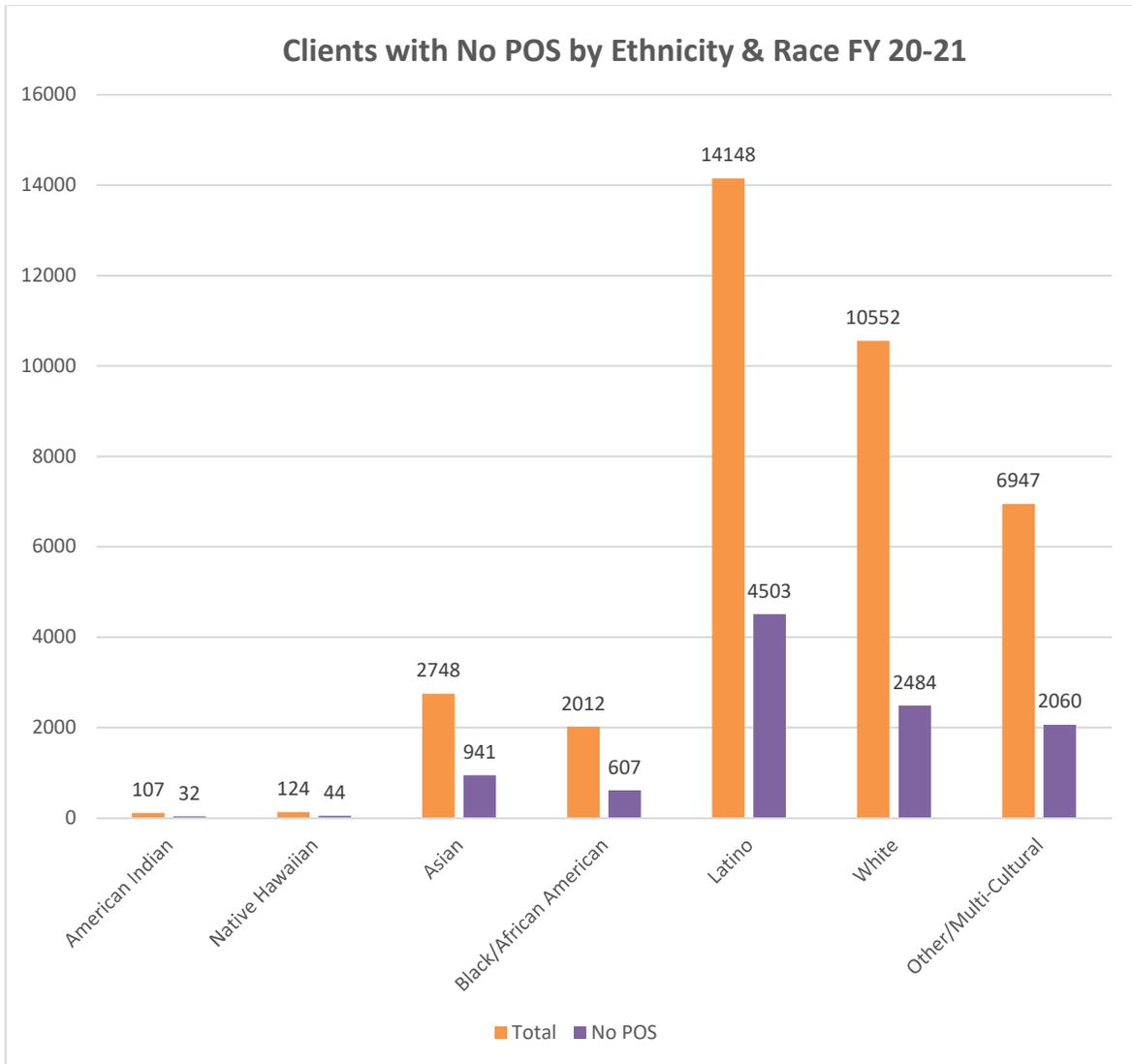


Chart 7

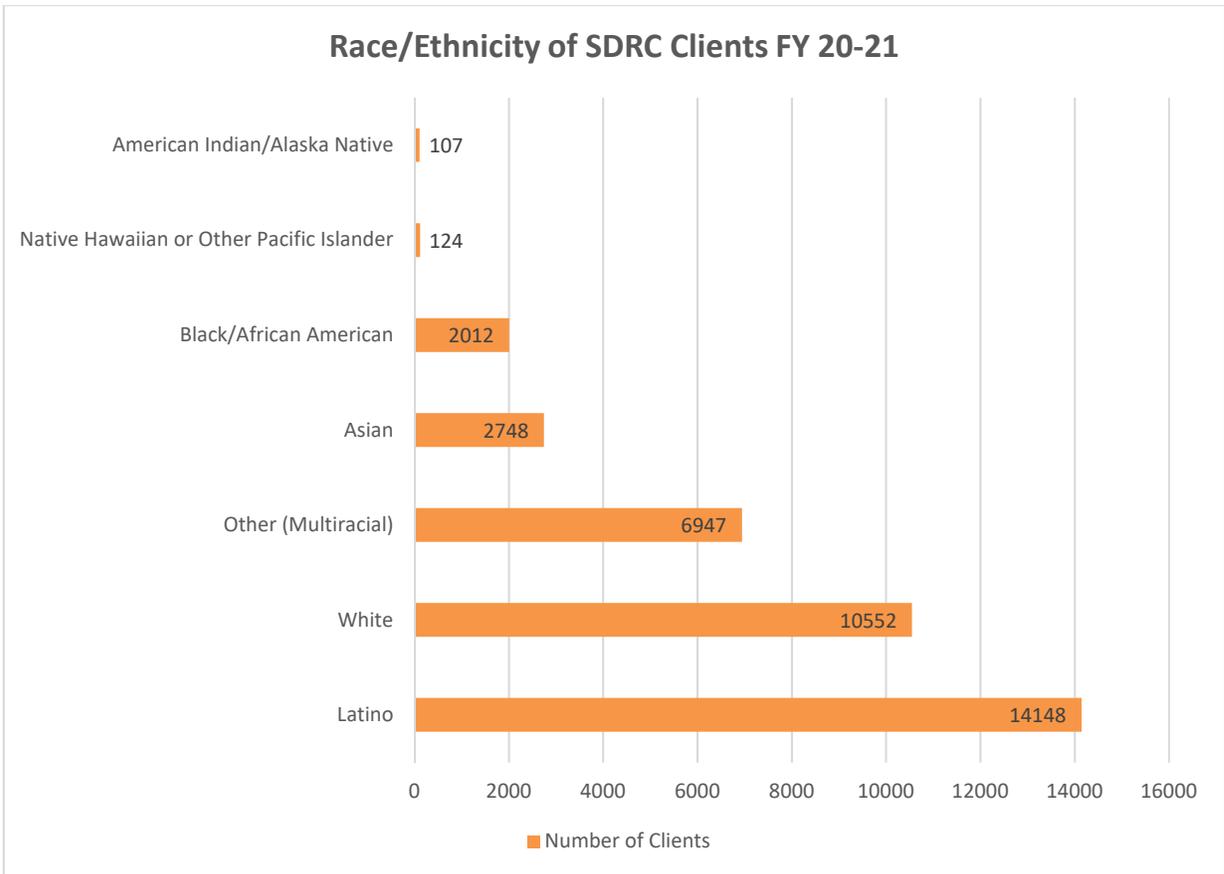
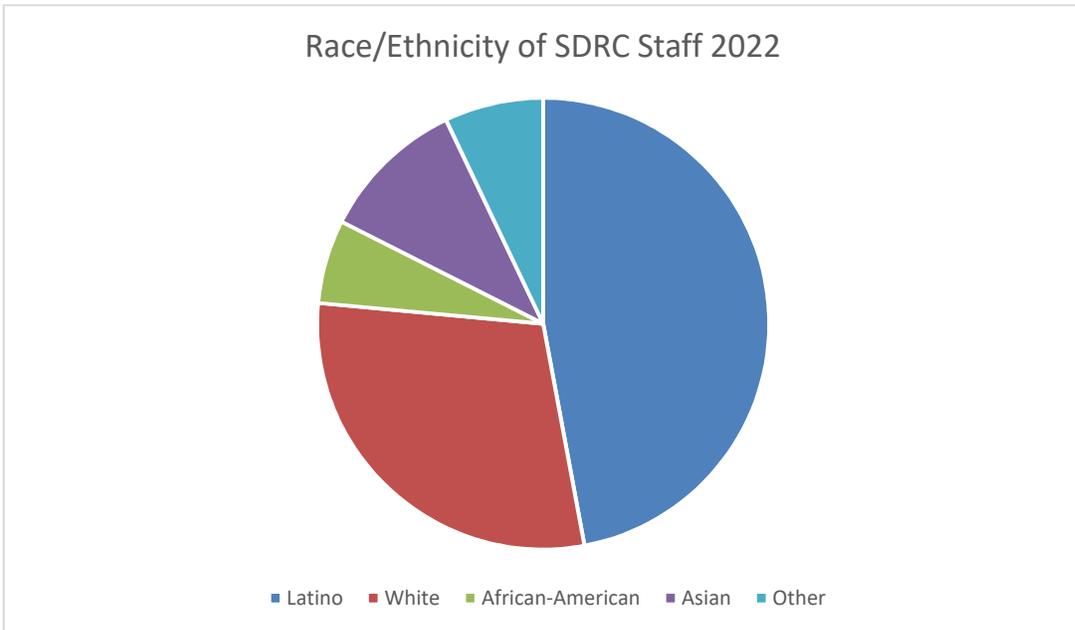


Chart 8



IV. Strategies:

Based upon review of the data and understanding its implications, the San Diego Regional Center is employing activities across ethnic groups. The following represent the core areas of enhancements:

- To develop a more culturally competent and informed staff and Board of Directors, the cultural specialist has coordinated trainings to provide board members and staff with information and education with respect to diversity of cultures served at the SDRC. The Board of Directors has an annual training while staff have multiple training opportunities offered year-round.
- In a parallel effort, the San Diego Regional Center has developed the Cultural Awareness Committee (CAC) to achieve its goal of becoming a more culturally competent and informed organization. The purpose of the CAC is to coordinate educational events to honor and celebrate diversity by providing increased awareness and sensitivity of the needs of the diverse individuals and families served, as well as the needs of staff members. The CAC has hosted a number of events to celebrate National Hispanic-Latino Heritage Month, African American History Month, and cultural diversity, in general. The CAC is also working towards developing a series of ongoing trainings for SDRC staff that will provide a collection of resources to inform staff about how to best work with individuals and families in a culturally sensitive manner.
- The San Diego Regional Center has also addressed the manner in which service options are introduced and explained to clients and families with the assistance of the Service Coordinator Taskforce. The taskforce reviewed and revised printed materials to create a more accessible and comprehensible guide for clients and families from a variety of ethnicities, races and cultures. The intention of this effort is to have clients and family members more comfortable and informed about how to navigate the regional center system and how to request services. As a result, a new booklet titled, “Navigating SDRC,” was developed in English and Spanish and is now available for staff, clients and families to access. The booklet will be translated into the other threshold languages as well.
- To provide additional support and facilitation to Latino clients and families in navigating the regional center system and accessing and utilizing appropriate services a “Promotora

Model” has been implemented. There is empirical evidence that in health delivery systems, including regional centers, promotoras (*lay Latino community members who receive specialized training*) can help Latino clients and families navigate complicated systems and access services. This approach has been the mainstay of SDRC strategies and has been funded through the Service Access and Equity grant. This initiative, Padres Unidos En Transformación Y Empoderamiento (PUENTE), has been a collaborative effort with University of California, San Diego (UCSD), San Diego State University SDSU and the Exceptional Family Resource Center (EFRC). We currently have two Promotoras who have been carefully identified and trained in the area of developmental disabilities and the array of relevant services that are provided by the San Diego Regional Center and community. To date, we have received over 50 referrals from service coordinators in our North County, South Bay and Imperial County regional offices and over 20 families have completed the program. The PUENTE project has undergone adaption and enhancement based on feedback from stakeholders at multiple levels. The “Promotora Model” is now being offered as a Purchase of Service for Latino families of children ages 11-16 with low service utilization. The feedback we have received from families participating in the program has been very positive. These parents have reported greater engagement, more knowledge about their children’s needs and relevant services to ameliorate those challenges, reduced parental stress and lower ratings of depression. Additionally, we have seen an increase in the utilization of SDRC services as well as generic community services.

- Additionally, the San Diego Regional Center recognizes the importance of collaboration with Community-Based Organizations, in particular, those that have also been awarded the Service Access and Equity Grant. Contact and collaboration has been initiated with organizations such as A Better Life Together, the Korean American Special Education Center and Boat People SOS Center for Community Advancement. This year there will also be opportunities to collaborate with tribal organizations such as California Tribal Families Coalition, Acorns to Oak Trees and So’oh-Shinaglig Sister Project. Establishing working relationships with community organizations will provide important insight for the San Diego Regional Center in regard to the needs of marginalized communities.

Additionally, it ensures that the dissemination of information regarding the San Diego Regional Center and how to access services is consistent across all stakeholders.

- In an effort to promote ongoing collaborations with the community, the SDRC Cultural Specialist has created the Access & Equity Taskforce which is a group comprised of members from the BRIDGE Project at A Better Life Together and staff from different departments at SDRC. The ultimate goal is to implement culturally responsive strategies to support historically marginalized individuals with disabilities and their families and to discuss the latest information related to the Service Access & Equity grants.
- Additionally, under the directive of DDS, a new Enhanced Service Coordination Unit has been established. The unit is comprised of 6 bilingual/bicultural service coordinators who will each have a reduced caseload of 40 individuals. The goal of the unit is to enhance the competency and confidence of the individuals we serve in navigating the regional center system, and in doing so, increase their POS expenditures. The caseloads will be comprised of individuals with low to no purchase of service utilization. The unit at this time is awaiting further directive from DDS regarding curriculum, target groups and time frames for the project.

VI: Stakeholder Meeting:

The first public meeting was conducted on March 22, 2022, via Zoom Conference in order to be in alignment with local ordinances and public health guidance regarding gatherings due to the COVID-19 pandemic. The meeting was from 6:00 to 7:00 PM. There were 11 participants in attendance, not including the presenters and interpreters. American Sign Language (ASL) interpretation and a Spanish language interpreter were made available. On March 24, 2022, the San Diego Regional Center held a second stakeholder public meeting via Zoom for San Diego Regional Center's Imperial County office. There were eight participants in attendance, not including the presenters and interpreters. To improve attendance in underserved communities, announcements were made in English as well as threshold languages (i.e., Spanish, Arabic, Tagalog, and Vietnamese). The name of the meeting was also changed as a means to encourage more participation. Social media postings in English and threshold languages were also employed to broaden the outreach to communities.

Purchase of service data was discussed at both public meetings. The Cultural Specialist presented the findings of the POS utilization data and facilitated discussion. There was consensus that the data set was complicated and the complex nature of the differences was discussed.

Disparities were noted on per capita expenditures of Whites (\$20,036), in comparison to other ethnicities, such as Latinos/Hispanics (\$8,651). Attendees discussed how residential services may play a large role in the disparities between Whites and other ethnicities, since these services are high cost and far less accessed by Latinos and other minority ethnic groups. Cultural factors were discussed with respect to willingness or reluctance to place their child in a residence as well as the varying levels of comfort to employ services in general and how this can have an impact on clients and families from culturally diverse backgrounds influencing their decisions related to accessing or utilizing available services.

The follow-up from the previous annual stakeholder meeting was reviewed and discussed.

1. For SDRC to provide staff development trainings on topics like implicit bias.
 - SDRC will be providing staff with implicit bias trainings once DDS releases specific requirements for the trainings. Training options are currently being explored.
2. For SDRC to enhance their social media presence and usage by posting more flyers and pamphlets with resources for clients and families.
 - SDRC has hired a Marketing and Communications Manager in order to increase community awareness and perform outreach efforts.
3. For SDRC to continue to make staff aware of the cultural differences amongst the clients they serve in order to build rapport and better understand their lived experiences.
 - The Cultural Specialist has previously coordinated the following trainings:
 - i. Vietnamese Mental Health Cultural Competency Training
 - ii. Disparities in Disability Education Resources and Education: Addressing the needs of Historically Marginalized Families
 - iii. Creating Inclusive Culture: Transgender Competency Training
 - iv. Sexual Health and Disability

The data presented during the public meeting were posted on the SDRC website and the public meetings were convened in compliance with Section 4519.5 of the Welfare and Institutions Code. A PowerPoint presentation was presented at the stakeholder meeting which provided the statutory context, limitations of POS data, San Diego Regional Center POS utilization data analyzed by ethnicity or race, residence type, and San Diego Regional Center client and staff ethnic profile.

Welfare and Institutions Code Section 4519.5 (e) Public Meeting
San Diego Regional Center Headquarters
March 22, 2022
Attendance Sheet

Printed Name/Nombre Impreso	Agency/Agencia (if applicable/si es aplicable)
Brenda Bello Vazquez	Cultural Specialist, SDRC
Karely Hernandez	Program Manager, SDRC
Anna Quint	
Gabriella Ohmstede	Associate Director of Client Services, SDRC
Kate Kinnamont	Director of Client Services, SDRC
Jennifer Austin	ASL Interpreter
Frida Blum	Spanish Interpreter
Pam MacCallum	Office Coordinator, Explorer Development Center
Mary Ellen Stives	SCDD
Cynthia Sandoval	Dept. Secondary Liasion for SDRC
Tania Schloss	Attorney, Disability Rights California
Eva Casas- Sarmiento	Managing Attorney, Disability Rights California, OCRA
Clyde Williams	ABLT BRIDGE
Carla W.	
Nayeli Gonzalez	Service Coordinator, SDRC

Welfare and Institutions Code Section 4519.5 (e) Public Meeting
 San Diego Regional Center Headquarters
 March 24, 2022
 Attendance Sheet

Printed Name/Nombre Impreso	Agency/Agencia (if applicable/si es aplicable)
Brenda Bello Vazquez	Cultural Specialist, SDRC
Karely Hernandez	Program Manager, SDRC
Mark Klaus	Executive Director, SDRC
Kate Kinnamont	Director of Client Services, SDRC
Gabriella Ohmstede	Associate Director of Client Services, SDRC
Diana	Spanish Interpreter
Lucy	ASL Interpreter
Deborah E. Montoya	Senior Director, SELPA ICOE
Edwin Pineda	Liasion, DDS
Maria Salas	Assistant Clients' Right Advocate, OCRA
Mayra Ochoa	Service Access and Equity División, DDS
Joab Gonzalez	Imperial Valley Regional Manager, SDRC



San Diego Regional Center
Purchase of Service Expenditure Data
Public Meeting

Attendance

Two meetings were held via Zoom Conference; one for San Diego County on March 22nd, 2022, and one for Imperial County on March 24th, 2022. Eleven participants attended the Public Meeting on Purchase of Service Expenditures for San Diego and eight attended the Imperial County meeting, not including the presenters and interpreters. Eight of the participants are from the community, seven are San Diego Regional Center (SDRC) staff members, four are Department of Developmental Services (DDS) representatives. Attendance was taken and roster sheets are attached to these minutes.

Call to Order

Karely Hernandez, SDRC Program Manager of Access and Equity Services, and Brenda Bello Vazquez, SDRC Cultural Specialist, began the meeting at 6:00 PM for San Diego County and 6:00 PM for Imperial County. The meetings were conducted via Zoom Conference due to COVID-19 restrictions. American Sign Language (ASL) interpretation and Spanish interpretation was made available. Interpretation was not necessary and the meetings were conducted in English. Participants were provided with background information that addressed the purpose of the meeting.

Discussion Items

A PowerPoint was provided via Zoom with a number of data tables included. The slide with the agenda was presented in English and Spanish. To begin our discussion regarding disparities in Purchase of Service (POS) spending, attendees were directed to a few tables that were included in the PowerPoint. Greater emphasis was made to the following tables: Race/Ethnicity of SDRC Clients FY 20-21; Per Capita POS Expenditures by Ethnicity FY 19-20 compared to FY 20-21; Per Capita Expenditures by Ethnicity and Age Range FY 20-21; Client Count: In-Home Vs. Out-of-Home FY 20-21; Per Capita Expenditures by Ethnicity and Residence: In-Home FY 20-21; and Clients with No POS by Ethnicity and Race FY 20-21.

The first table represents the total of SDRC clients by Race/ Ethnicity, which shows Latinos as the largest group receiving SDRC services. The per capita annual expenditures in San Diego and Imperial counties for Latino individuals are \$8,651, compared to the per capita expenditures for White individuals of \$20,036. This comparison is for individuals of all ages. When the data are separated into three age groupings, 0 to 2, 3 to 21, and 22 and older, we find that the differences in POS Expenditure Per Capita start to emerge for children and adults.

The difference in POS Expenditures for adult individuals is the most pronounced. There are many reasons why the number of dollars authorized and expended can be different among the various ethnic and racial groups. It is most likely that the differences among the ethnic and racial groups reflect cultural preferences. For example, there are more Latino individuals who live in-home, a total of 13,082, compared to 7,481 White individuals who live in-home. Some cultures are less likely to choose a residential placement option, which is our most costly service. When the residential placement variable is removed, most of the disparity disappears – the per capita expenditures for individuals living in-home are \$4,956 for Latino individuals and \$6,530 for White individuals.

The final table represents SDRC clients with No POS by Ethnicity and Race, which shows Latinos as the largest group in this category, a total 4,503.



The San Diego Regional Center is committed to providing equitable provision of services among all ethnic and racial groups. While cultural preference is a factor in POS disparities, SDRC is taking initiatives to identify any other barriers to service access and utilization. It is important to note that the word equitable does not mean “same.” In our case, equitable is defined by fairness, impartiality, and unbiased service delivery.

The Enhanced Service Coordination Unit was introduced by the Program Manager of Access and Equity Services. The unit consists of six service coordinators, each located in respective regions throughout San Diego and Imperial County. Upon receiving DDS guidance pertaining to curriculum and target population, each service coordinator will be assigned forty clients identified as having zero to low POS utilization. The unit’s objectives are to provide enhanced case management services and focus on understanding the needs of the whole family, provide education about the regional center system, and gain a better understanding of barriers to accessing regional center services. In doing so, the unit expects to see an increase in POS utilization and knowledge of regional center overview. The unit’s approach is to engage individuals and their families through education of the regional center system and empower them to make informed decisions of their services and supports without influencing their values and beliefs. Data will be tracked through quantitative and qualitative measures standardized by DDS. It was noted that the unit is assembled but waiting for DDS guidelines to move forward.

Public input included the appreciation of highlighting values within service coordination. In addition, it was agreed that caregivers and parents require additional supports to navigate the system due to overwhelming circumstances that do not allow them the flexibility or the energy. It was recommended to address specific age groups, such as adults which demonstrate a significant difference in POS expenditures by age. There were questions in regards to the difference between the Enhanced Service Coordination Unit and the Access and Equity Task Force. It was clarified that the task force is a group comprised of staff from different departments of SDRC and community-based organizations, and their efforts are to implement culturally responsive strategies for the agency at large, versus the unit who is assigned specific individuals for service coordination with the same culturally responsive strategies and practices.

The Service Access and Equity Grant (Padres Unidos En Transformación Y Empoderamiento - PUENTE) continue to take referrals for SDRC individuals ages 11 to 16 and implement adaptations to project based on previous experiences with families and Promotoras, who act as community navigators for the individuals served by SDRC and their families. The peer-to-peer relationship provided by the Promotoras to the parents also allows for additional support and resource pertaining to caregiver stress and depression. Other initiatives discussed were SDRC Cultural Awareness Committee, Service Coordinator Task Force, Access and Equity Task Force, past trainings on cultural competency, the ongoing monitoring of Ethnicity Data and collaboration with community-based organizations. Future collaborations were introduced such as: Acorns to Oak Trees, California Hands and Voice, California Tribal Families Coalition, and So’oh Shinaglig Sister Project.

Public Input and Recommendations

The following input and recommendations were offered during the discussion in **2021**:

1. For SDRC to provide staff development trainings on topics like implicit bias.
 - a. SDRC will be providing staff with implicit bias trainings once DDS releases specific requirements for the trainings. Training options are currently being explored.



2. For SDRC to enhance their social media presence and usage by posting more flyers and pamphlets with resources for clients and families.
 - a. SDRC has hired a Marketing and Communications Manager in order to increase community awareness and perform outreach efforts.
3. For SDRC to continue to make staff aware of the cultural differences amongst the clients they serve in order to build rapport and better understand their lived experiences.
 - a. Multiple trainings were coordinated by the Cultural Specialist.
4. For SDRC to have resources that explain how to navigate SDRC, what services are provided and who to contact for assistance.
 - a. SDRC Access and Equity Task Force created SDRC Navigation Booklet.
5. For SDRC to collaborate with other community-based organizations in order to identify any barriers to service access.
 - a. New grants have been awarded such as: Acorns to Oak Trees, California Hands and Voice, California Tribal Families Coalition, and So'oh Shinaglig Sister Project.

Public Input and Recommendations

The following input and recommendations were offered during the discussion in 2022:

1. For SDRC to consider other outreach initiatives other than the SDRC website and Twitter account to reach individuals and families that may not have internet access.
2. For SDRC to consider offering meetings at different times and possibly weekends to increase public attendance.
3. For SDRC to consider offering meetings solely in Spanish.

Adjourn

The meeting was adjourned at 7:00 PM for San Diego County and 7:00 PM for Imperial County.



San Diego Regional Center

Serving Individuals with Developmental Disabilities in San Diego and Imperial Counties

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San Diego Regional Center
Purchase of Service Expenditure Data
Public Meeting
4355 Ruffing Road
San Diego, CA 92123
6/25/2021

Attendance

Two meetings were held via Zoom Conference; one for San Diego County on June 17th, 2021 and one for Imperial County on June 24th, 2021. Five participants attended the Public Meeting on Purchase of Service Expenditures for San Diego and eleven attended the Imperial County meeting. Three of the participants are from the community, eleven are San Diego Regional Center (SDRC) staff members, and two are Department of Developmental Services (DDS) representatives. Attendance was taken and roster sheets are attached to these minutes.

Call to Order

Dr. Ron Plotkin, SDRC Special Projects Manager, and Brenda Bello Vazquez, SDRC Cultural Specialist, began the meeting at 6:00 PM for San Diego County and 4:00pm for Imperial County. The meetings were conducted via Zoom Conference due to COVID-19 restrictions. American Sign Language (ASL) interpretation and Spanish interpretation was made available. Interpretation was not necessary and the meetings were conducted in English. Participants were provided with background information that addressed the purpose of the meeting.

Discussion Items

A PowerPoint was provided via Zoom with a number of data tables included. To begin our discussion regarding disparities in Purchase of Service (POS) spending, attendees were directed to a few tables that were included in the PowerPoint. Greater emphasis was made to the following tables: *Total Annual Expenditures and Authorized Services by Ethnicity or Race & Total Annual Expenditures and Authorized Services by Ethnicity or Race for Residence Type: Home*. The data pages were explained with respect to average Per Capita Expenditures. The group had a discussion regarding residential placement, and how it significantly impacts the disparity between Latino and White individuals, as explained below.

The per capita annual expenditures in San Diego and Imperial counties for Latino individuals are \$8,337, compared to the per capita expenditures for White individuals of \$18,790. This comparison is for individuals of all ages. When the data are separated into three age groupings, we find that the SDRC spends more on Latino infants and toddlers than on White infants and toddlers (birth to three years of age). For Latino infants and toddlers, expenditures are \$5,476, and for White infants and toddlers' expenditures are \$4,971. For children and young adults (three to 21 years of age), the expenditures for Latino individuals are \$3,474, and for White individuals \$5,007.

The differences for adult individuals are the most pronounced, at \$18,942 for Latinos, and \$32,121 for White individuals. There are many reasons why the number of dollars authorized and expended can be different among the various ethnic and racial groups. It is most likely that the differences among the ethnic and racial groups reflect cultural preferences. For example, some cultures are less likely to choose a residential placement option, which is our most costly service, and there are about three and a half more White individuals in residential placement than Latinos. Out of the 3,870 Latino adults that are



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SDRC clients, only 509 of them live in residential placement. The SDRC spends over \$69 million more on residential placement for White individuals than for Latinos. When the residential placement variable is removed, most of the disparity disappears – the per capita expenditures are \$9,543 for adult Latino individuals and \$12,279 for adult White individuals.

The San Diego Regional Center is committed to providing equitable provision of services among all ethnic and racial groups. While cultural preference is a factor in POS disparities, SDRC is taking initiatives to identify any other barriers to service access and utilization. It is important to note that the word equitable does not mean “same.” In our case, equitable is defined by fairness, impartiality, and unbiased service delivery.

The Service Access and Equity Grant (Padres Unidos En Transformación Y Empoderamiento - PUENTE) was introduced. Adaptations to the project and the updated implementation processes were discussed, along with plans for the project moving forward. Additionally, there was discussion regarding cultural specialist initiatives to promote equity and reduce disparities. Some of the initiatives discussed were: The Cultural Awareness Committee, Service Coordinator Task Force, past trainings on cultural competency, the ongoing monitoring of Ethnicity Data and collaboration with community-based organizations.

Public Input and Recommendations

The following input and recommendations were offered during the discussion in **2020**:

1. For presentations that are coordinated by the cultural specialist to be offered to vendors.
 - a. Over the past year, there were no trainings provided to vendors due to COVID-19 restrictions. Presentations for vendors will be further explored.
2. For SDRC to conduct a utilization analysis to better understand the differences between the number of dollars authorized and expended, since the dollar amounts can vary significantly in those areas, for a number of reasons.
 - a. SDRC did not conduct a utilization analysis.
3. For SDRC to consider changing the name of the public meetings, as a means to encourage more participation.
 - a. The name was changed this year to Public Meeting: Purchase of Service Expenditures

Public Input and Recommendations

The following input and recommendations were offered during the discussion in **2021**:

1. For SDRC to provide staff development trainings on topics like implicit bias.
2. For SDRC to enhance their social media presence and usage by posting more flyers and pamphlets with resources for clients and families.
3. For SDRC to continue to make staff aware of the cultural differences amongst the clients they serve in order to build rapport and better understand their lived experiences.
4. For SDRC to have resources that explain how to navigate SDRC, what services are provided and who to contact for assistance.
5. For SDRC to collaborate with other community-based organizations in order to identify any barriers to service access.



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Adjourn

The meeting was adjourned at 7:08 PM for San Diego County and 5:04 pm for Imperial County.