

# Assuring Equitable Funding of Services for Children with Developmental Disabilities





## **ABOUT THE FOUNDATION**

The Lucile Packard Foundation for Children's Health is a public charity, founded in 1997. Its mission is to elevate the priority of children's health, and to increase the quality and accessibility of children's health care through leadership and direct investment. The Foundation works in alignment with Lucile Packard Children's Hospital Stanford and the child health programs of Stanford University School of Medicine.

Support for this report was provided by the Lucile Packard Foundation for Children's Health, Palo Alto, California. The views presented here are those of the authors and not necessarily those of the Foundation or its directors, officers or staff.

The Foundation encourages dissemination of its publications. A complete list of publications is available at <http://www.lpfch.org/publications>

Sign up for updates from the Foundation, including information on new publications, at <http://www.lpfch.org/signup>



## **ABOUT PUBLIC COUNSEL**

Public Counsel is the nation's largest pro bono law firm, with the power of more than 5,000 attorneys, law students and other professionals working for people in need. Public Counsel's Children's Rights Project serves more than 6,000 of the most vulnerable children in Los Angeles annually with one-on-one legal help, policy and legislation, and impact litigation. We protect the rights of children dually served by the developmental services and child welfare systems. For more information about Public Counsel, please visit: <http://www.publiccounsel.org/>

# Table of Contents

<b>Executive Summary .....</b>	<b>1</b>
<b>Introduction.....</b>	<b>3</b>
<b>Background .....</b>	<b>3</b>
<b>Prior Research on Service Disparities.....</b>	<b>7</b>
<b>Methods.....</b>	<b>9</b>
<b>Summary of Findings .....</b>	<b>10</b>
<b>Results .....</b>	<b>10</b>
<b>Recommendations .....</b>	<b>21</b>
<b>Conclusion and Next Steps.....</b>	<b>27</b>
<b>Glossary .....</b>	<b>28</b>

## **APPENDIX**

<b>Appendix A:</b> Methodology and Approach.....	<b>29</b>
<b>Appendix B:</b> Research Studies on Service Disparities.....	<b>31</b>
<b>Appendix C:</b> Data Reporting Requirements and Compliance .....	<b>33</b>
<b>Appendix D:</b> Association between Authorized Services and Black/African-American and Hispanic Consumers for Fiscal Years 2015-2016 and 2014-2015 .....	<b>41</b>
<b>Appendix E:</b> Overall Per Capita Authorized Services for all Consumers, 2011-2012 through 2015-2016.....	<b>48</b>
<b>Appendix F:</b> Authorizations Compared to Percentages of Populations for Children .....	<b>50</b>
<b>Appendix G:</b> Per Capita POS Authorizations of Children Living in the Home by Race/Ethnicity & Language .....	<b>61</b>
<b>Appendix H:</b> Internal POS Disparities within Regional Centers .....	<b>71</b>
<b>Appendix I:</b> Analysis of Children with No POS by Race/Ethnicity and Language .....	<b>80</b>
<b>Appendix J:</b> DDS Performance Contract Measures to Reduce POS Disparities.....	<b>89</b>
<b>Appendix K:</b> ARCA Finance Committee meeting minutes, October 1,2010.....	<b>94</b>
<b>Appendix L:</b> Assembly Bill 1610 Fact Sheet .....	<b>100</b>

## EXECUTIVE SUMMARY

Regional center services are intended to be available and accessible to all persons with developmental disabilities, without regard to race, ethnicity, language, income level, or geographic location. But, for over 25 years, research studies and consumer advocates have raised concerns about disparities in service access.

Department of Developmental Services (DDS) and regional centers must now collect and publish data on purchase of services (POS) authorization, expenditure, and utilization, broken down by consumers' age, race/ethnicity, and language, among other factors. Our report analyzed this data and found:

- There are large differences in the distribution of authorized services among regional centers. Overall, regional centers that authorize the lowest amounts of POS are those with larger Hispanic and Black/African-American populations. We found that eight of the eleven regional centers with *higher*-than average percentages of Hispanic and Black/African-American consumers had *lower*-than-average per capita authorizations.
- DDS' current method of allocating funding among regional centers does nothing to address POS disparities among the regional centers – and indeed perpetuates them. Inequitable funding allocations persist and are likely to continue under DDS' current methodology because the funding trajectories are constant and the nature of the contract process between DDS and the regional centers discourages increased spending to address inter-regional center disparities.
- There are significant POS differences across the regional centers for minority children. For instance, for Spanish-speaking children living in their homes ages 3-21 in 2015-2016, the highest per capita authorizations were through Redwood Coast Regional Center (\$16,801), while the lowest per capita authorizations were through Central Valley Regional Center, (\$2,690).
- Some ethnic and linguistic groups are not receiving their “fair share” of authorized services relative to their population size within the regional centers. For instance, at Lanterman Regional Center (LRC) in 2015-2016, Hispanic children ages 3-21 living at home comprise 51.9% of the population, but received only 40.9% of the POS authorizations made for this age group. Thus, Hispanic children 3-21 only received 78.8% of their fair share of authorized POS. By comparison, White children ages 3-21 living at home at the same regional center comprise just 23.7% of the population, but received 30.0% of the POS authorizations made for this age group. White children received 126.0% of their fair share at LRC.

- There are significant POS disparities between children of different ethnicities and languages within individual regional centers. For instance, at North Bay Regional Center in Fiscal Year 2015-2016, Black/African American children 0-2 living in the home had per capita authorizations of \$4,165 while White children 0-2 living at home had \$7,999 in per capita authorizations.
- Review of all 21 regional centers' current and prior data reports indicates that DDS and the regional centers are not in compliance with the statutory data reporting requirements. The data is not being compiled in a uniform manner and many of the regional centers' data reports are incomplete, inaccurate, and inaccessible to the public.

We provide recommendations and ask the State to act on prior recommendations, including those made by the State Senate Taskforce on Equity and Diversity which was specifically convened to address these issues in 2012. We also encourage the state to enact AB 1610, which is moving through this year's legislative session and will address many of the structural problems identified in our report.

## INTRODUCTION

The Lanterman Act was designed to ensure that persons with developmental disabilities get services that enable them to live a more independent and productive life in the community, and imposes an obligation on the state to provide services.<sup>1</sup> Services are intended to be available and accessible to all persons with developmental disabilities, without regard to race, ethnicity, language, income level, or geographic location. But for 25 years, researchers and advocates have raised concerns about disparities in service access.

These concerns eventually prompted legislation enacted in 2012 to require the California Department of Developmental Services (DDS) to collect and analyze data on purchase of services (POS) authorizations, expenditures, and utilizations, broken down by consumers' age, race/ethnicity, and language, among other factors. The purposes of this report are to analyze POS authorization data for race, ethnic and language group disparities for children and youth ages 0-21; discuss possible root causes; and make recommendations for addressing these disparities. The methodology and approach applied for this report is discussed Appendix A.

## BACKGROUND

### **Legal Framework of California's Developmental Disability Service System**

Under the Lanterman Developmental Disabilities Services Act (Lanterman Act), California Welfare & Institutions Code (WIC) § 4500 et seq., the State must provide services for individuals with developmental disabilities such as autism, epilepsy, cerebral palsy, and other intellectual disabilities. Further, under the California Early Intervention Services Act, California Government Code § 95000 et seq., the State must also provide services to infants and toddlers who have, or who are at risk of having, developmental disabilities.

These services are provided through twenty-one regional centers, which are independent, private, non-profit corporations that contract with DDS to determine eligibility, provide case management, and purchase or secure specialized services and supports for persons with developmental disabilities and for at-risk infants and toddlers. Services include intensive behavioral intervention, family supports such as respite care, specialized medical and dental care services, adaptive equipment and supplies, early intervention services such as infant development programs, and daily living and social skills training.

---

<sup>1</sup> *Association for Retarded Citizens v. Department of Developmental Services* (1985) 38 Cal.3d 384.

DDS allocates federal and state funding to the regional centers and must monitor them to ensure compliance with federal and state law. Statutory provisions give DDS the authority and the duty to ensure regional centers comply with laws prohibiting discrimination on the basis of race and other protected characteristics. California Government Code § 11135 provides:

No person in the State of California shall, on the basis of race, national origin, ethnic group identification, religion, age, sex, sexual orientation, color, genetic information, or disability, be unlawfully denied full and equal access to the benefits of, or be unlawfully subjected to discrimination under, any program or activity that is conducted, operated, or administered by the state or by any state agency, is funded directly by the state, or receives any financial assistance from the state.

The law requires state agencies to promulgate regulations to prevent discrimination in provision of services. California Government Code § 11138 states:

Each state agency that administers a program or activity that is funded directly by the state or receives any financial assistance from the state and that enters into contracts for the performance of services to be provided to the public in an aggregate amount in excess of one hundred thousand dollars (\$100,000) per year shall . . . adopt such rules and regulations as are necessary to carry out the purpose and provisions of this article..

Thus, DDS has the ability and obligation to regulate the regional centers in the area of preventing discrimination on the basis of characteristics such as race, national origin, or ethnic group identification, by promulgating and enforcing regulations to avoid discrimination. However, DDS has never promulgated such regulations.

## **Historical Overview of Service Disparity Issues**

On March 14, 2017, the Senate Human Services Committee held a legislative oversight hearing on disparity issues in the developmental services system and determined that POS disparities based on race and language persist and that very little improvement has been made in reducing these disparities in the five years since a prior legislative committee hearing was held on this issue on April 30, 2012. For example, the Senate Human Services Committee found that Latino consumers of all ages receive just 45.9% of funding of what their White counterparts receive, and that this disparity has only decreased by .1% from 2012, when the difference between these two groups then was 45.8%.<sup>2</sup> The Committee requested that DDS and the

---

<sup>2</sup> The background paper for this hearing: “Moving Toward Equity: Addressing Disparities In Services Provided By The Regional Center System,” is available on the California Senate Human Services Committee’s website at: <http://shum.senate.ca.gov/content/hearings>. The March 14, 2017 hearing can be viewed or heard on the California State Senate’s website at: <http://senate.ca.gov/media-archive>.

Association of Regional Centers (ARCA), which represents the statewide network of 21 regional centers, submit separate disparity reduction plans to the Committee within 60 days – by mid- May 2017.

The issue of POS disparities has received sustained attention since the publication of a Los Angeles Times article in December 2011, which reported significant disparities in access to regional center services based on race and ethnicity, income level and socio-economic community.<sup>3</sup> This article received the attention of the Senate Select Committee on Autism & Related Disorders, which held the initial legislative oversight hearing on April 30, 2012.<sup>4</sup> As a result of the information and testimony presented at this hearing, Senator Darrell Steinberg convened a taskforce, which published a report in 2013 to the Senate Select Committee identifying dozens of recommendations, many of which have yet to be implemented.<sup>5</sup>

### **The Role of DDS' Budget and Allocation Methodology**

In April 1998, the Bureau of State Audits (BSA) issued a report concluding that DDS does not budget and allocate funds based on the needs of consumers within each regional center's catchment area; thus, DDS cannot ensure that all persons with developmental disabilities throughout the State have equal access to regional center services.<sup>6</sup> The BSA proposed that DDS develop and pilot a master plan based on a matrix of services, which listed each type of disability and severity level, the services diagnosed for each type of and degree of disability, the maximum service level for each service diagnosed, and the cost. This matrix would then be used as a guide in determining services in individual cases and in estimating each regional center's annual budget. DDS rejected the BSA's findings and this proposal was never implemented.

---

<sup>3</sup> Zarembo, A. (2011, December 13) Warrior parents fare best in securing autism services. *Los Angeles Times*. Retrieved from <http://www.latimes.com/local/autism/la-me-autism-day-two-html-htmlstory.html>.

<sup>4</sup> Information on this hearing is available on the California Senate Select Committee on Autism and related Disorders' website at: <http://autism.senate.ca.gov/informationalhearings>.

<sup>5</sup> "A Report by the Taskforce on Equity and Diversity for Regional Center Autism Services" for the 2013-2014 Legislative Session, and the Senate Human Services' April 9, 2013 hearing which discusses the report's findings, can be found at: <http://autism.senate.ca.gov/informationalhearings>.

<sup>6</sup> The full BSA report and its summary are available on the California State Auditor's website at: <http://www.bsa.ca.gov/pdfs/reports/97024.pdf> and <http://www.bsa.ca.gov/reports/summary/97024>.



During the Senate Select Committee hearing on April 30, 2012, former DDS director Terri Delgadillo testified at length about DDS' budget and allocation methodology.<sup>7</sup> Ms. Delgadillo explained that DDS determines each regional center's POS budget based on what the regional center spent from the prior year, and any additional money is distributed for caseload and for utilization growth. Ms. Delgadillo acknowledged this methodology was problematic, and said that DDS planned to put in place a "bridge" methodology so as to move towards a client-needs-based methodology that "would be blind to ethnicity" and a "starting point" in addressing disparities. To date, DDS has yet to implement a client-need-based POS budget and allocation methodology, and it is unclear whether DDS intends to ever do so.<sup>8</sup> (See Appendix K).

Although the 2012 Senate Taskforce recommended legislation requiring DDS to report to the Legislature regarding the status of the budget and allocation methodology, and for DDS to create a process for developing a new budget methodology that would be transparent and provide opportunities for consumer and public input<sup>9</sup>, these recommendations have not yet been pursued by the Legislature.

### **The Role of the 2009 Service Restrictions**

During the State's budget crisis of 2009, DDS proposed to implement a new service budgeting method called the Individual Choice Budget (ICB), and to generate cost savings by suspending or restricting certain types of services, pending the implementation of ICB. DDS stated that the service limitations would only be temporary, until the ICB was developed, implemented, and certified by the director of DDS to yield cost-savings sufficient to restore the suspended and restricted services.<sup>10</sup> The "suspended" services included social/recreational activities, camping, art, music, and dance therapies for children, and restrictions were placed on the amount of respite care which could be authorized by the regional centers.

Eight years have passed, the ICB has not even been developed, yet alone implemented and certified, and the service suspensions and restrictions still remain in effect. The service suspensions and restrictions disproportionately affected minority families, who are less likely to utilize out-of-home services and are more likely to value and use these types of supports. In preparation for the 2017 oversight hearing, the Senate Human Services Committee

---

<sup>7</sup> The full transcript of this hearing and video of the hearing is available on the California Senate Select Committee on Autism and related Disorders' website at: <http://autism.senate.ca.gov/informationalhearings>.

<sup>8</sup> See discussion of DDS' proposed long-term and "bridge" allocation methodologies in ARCA Finance Committee meeting minutes, October 1, 2010. (Appendix K).

<sup>9</sup> A Report by the Taskforce on Equity and Diversity for Regional Center Autism Services, pp.25-26.

<sup>10</sup> DDS' Summary of Budget Reductions, July 2009 can be found at: <http://www.dds.ca.gov/Director/docs/2009BudgetReductionsSummary.pdf>.

reviewed expenditure data for social/recreational services from 2008-2009, before the cuts were made, and found that the per capita expenditures on these services were \$1,937 for Latinos, \$1,512 for Asians, \$1,174 for Black/African-American, and just \$999 for Whites.<sup>11</sup> Also in 2009, DDS imposed stricter rules to require consumers to pursue other sources for medical and dental services before seeking POS from regional centers, and to provide documentation of service denial, and of the consumer's efforts to appeal the denial. As a result, families were required to seek key services for children such as occupational, physical, and speech therapy, specialized dental care, etc., from generic programs, and to navigate complex appeal processes if these services were denied, before the regional center would pay for these services. These new rules have disproportionately burdened low-income, minority and non-English-speaking families who are less able to navigate appeal processes.

The 2009 service restrictions also imposed parent participation requirements, under which children generally cannot receive intensive behavioral intervention services unless their parents first participate in group classes. Low-income, minority and non-English speaking families face numerous barriers to participation in group classes, including language barriers, inflexible work schedules, lack of transportation, etc. In its written testimony to the Senate Select Committee on Autism and Related Disorders, ARCA acknowledged that the 2009 legislative mandates related to parent training and participation “may be insurmountable barriers for many.”<sup>12</sup>

## **PRIOR RESEARCH ON SERVICE DISPARITIES**

Several research studies have been published which focused specifically on disparities in the regional center system, dating back to 1992. A list of these studies is provided at Appendix B. As one study noted, the fact that predisposing factors such as race, age, and gender help explain variation in the types of services and expenditures beyond client need suggests inequities in access to services.<sup>13</sup> Causes of disparities suggested by the research literature include:

### **Access to information about regional center services**

Minority families, especially families whose primary language is not English, may be disadvantaged by having less access to information about their children's disability, effective

---

<sup>11</sup> “Moving Toward Equity: Addressing Disparities In Services Provided By The Regional Center System”, p. 11.

<sup>12</sup> ARCA's written testimony for the April 30, 2012 Senate Select Committee's hearing can be found here: <http://autism.senate.ca.gov/sites/autism.senate.ca.gov/files/Association%20of%20Regional%20Center%20Agencies.pdf>.

<sup>13</sup> *Variation in types of service use and expenditures for individuals with Developmental Disabilities*, Harrington and Kang (2008) Disability and Health Journal 1, 30-41.

services to address their child's needs, and the availability of such services from the regional center. Minority families may also have less access to online information, including both regional center websites and other sources of information about disabilities and available services and resources. "The individual or family's familiarity and comfort with navigating the service system, understanding rights to services, the availability of services and how to access services may be factors."<sup>14</sup>

### **Stigma and intimidation**

The stigma of having a family member with a disability, and/or seeking help from public social service agencies, may be greater in some minority communities.<sup>15</sup> Also, families of mixed immigration status may be concerned that seeking services for a child with a disability could jeopardize their or their child's immigration status or lead to deportation. "Individuals from minority groups may be less able or willing to question and challenge professional judgments and to ask for arbitration of disagreements regarding service allocations."<sup>16</sup>

### **Cultural and linguistic competence of regional center service coordinators**

Minority families report difficulties communicating with their regional center service coordinators – both due to language barriers, and due to not feeling that their culture and views are respected.<sup>17</sup>

### **Cultural and linguistic competence of service providers**

Minority families report difficulties communicating with and receiving appropriate services from providers – both due to language barriers, and due to not feeling that the services are provided in a respectful and culturally appropriate manner.<sup>18</sup>

### **Mismatch between minority families' service preferences and available services**

Some researchers noted a mismatch between the services needed and valued most by minority families (e.g. in-home services) and the range of available services developed through regional centers' contracting process.<sup>19</sup>

---

<sup>14</sup> *Disparities in Services Utilization and Expenditures for Individuals with Developmental Disabilities*, Harrington and Kang (2008) *Disability and Health Journal* 1, 184-195.

<sup>15</sup> *Purchase of Service Study II, Report 2* (2003-2004), Widaman and Blacher.

<sup>16</sup> *Disparities in Services Utilization and Expenditures for Individuals with Developmental Disabilities*, Harrington and Kang (2008) *Disability and Health Journal* 1, 184-195.

<sup>17</sup> *Id.*

<sup>18</sup> *Advocacy for the "Abandonados:" Harnessing Cultural Beliefs for Latino Families and their Children with Intellectual Disabilities*, (2013). Shana Cohen, *J. Policy & Practice in Intellectual Disabilities* 10:1, 71-78.

<sup>19</sup> *The Ethnic Distribution of Services Purchased at Regional Centers*, Lozano (1992), DDS.

Several researchers have made recommendations for changes in policy and practice, some of which were incorporated in the 2012 Taskforce report discussed above and/or in legislation, but few of which have actually been implemented. (See Recommendations section below).

## METHODS

The data analyzed for this report was primarily taken from the following regional centers' sub-reports:

- “Total Annual Expenditures and Authorized Services by Ethnicity or Race”  
– Fiscal Years 2011-2012 through 2015-2016
- “Total Annual Expenditures and Authorized Services by Ethnicity or Race for Resident Type: Home” - Fiscal Years 2015-2016 and 2014-2015
- “Total Annual Expenditures and Authorized Services by Language for Resident Type: Home” - Fiscal Years 2015-2016 and 2014-2015
- “Consumers with No Services by Ethnicity or Race” and “Consumers with No Services by Language” – Fiscal Years 2015-2016 and 2014-2015<sup>20</sup>

Data taken from the online reports were placed onto an Excel spreadsheet and checked multiple times for input accuracy. Percentages independently derived from the regional centers' data reports were primarily provided in tenths, i.e., 57.3 %. For any data analyzed where the relevant sub-population of consumers consisted of less than 4.0%, that data was suppressed from the report to prevent skewed results. The main sets of analyses included in this report are:

- Per capita POS authorizations for all age groups for Fiscal Years 2015-2016 and 2014-2015, analyzing for association with the combined percentages of Black/African-American and Hispanic consumers
- Per capita POS authorizations for all age groups for all reported fiscal years, from 2011-2012 to 2015-2016
- Per capita POS authorizations for children ages 0-2 and 3-21 by race/ethnicity and language, living in the home, for fiscal years 2015-2016 and 2014-2015

---

<sup>20</sup> Although we analyzed the data for consumers with no services, we did not include the analysis here in our main report. The differences in the data across regional centers do not appear to be associated with racial and linguistic disparities but, rather, with the effectiveness in the particular regional center's ability to deliver services to its populations generally. Nevertheless, we are including our analysis of consumers with no services at Appendix I.

We chose to focus on per capita authorizations for our report because these figures represent the extent to which each regional center is willing to offer services and supports to its families. We believe the data on authorizations will best reflect whatever policy differences may exist among the regional centers that are having an impact on the level of POS that their consumers are receiving.<sup>21</sup> For more details regarding our methods and approach, see Appendix A.

## SUMMARY OF FINDINGS

This report finds that large differences persist in the overall distribution of authorized services among the regional centers, and it appears that the regional centers providing the lowest per capita authorized amount of POS are generally those with larger Hispanic and Black/African-American populations.

This report also confirms there are current POS disparities among children ages 0-21 in the regional center system, both within each regional center and across regional centers. We also found that the statutory data reporting requirements are not being met and that many regional centers' data reports are not complete, accurate, or accessible to the public. (See Appendix C). This report provides new recommendations, including legislative proposals, in addition to calling for implementation of other recommendations previously made by the 2012 Taskforce and prior research studies.

## RESULTS

### **1. Substantial Disparities in Per Capita Authorizations Persist Among Regional Centers**

There is an apparent association between low POS authorizations and high minority populations

Our review of the POS disparity data for 2015-2016 and 2014-2015 indicates that there are vast differences in the distribution of authorized services among regional centers. Overall, the regional centers that authorize the lowest amount of POS are generally those with larger Hispanic and Black/African-American populations.<sup>22</sup>

---

<sup>21</sup> As noted by ARCA, "perhaps some centers are not purchasing services that in fact they should be purchasing for children." ARCA Finance Committee meeting minutes, October 1, 2010, p. 3. (Appendix K).

<sup>22</sup> We also analyzed per capita authorizations across the regional centers by each race/ethnicity and language group and found large differences in funding among the groups between the regional centers. For instance, for Spanish-speaking children living in their homes ages 3-21 in 2015-2016, the highest per capita authorizations were through Redwood Coast Regional Center (\$16,801), while the lowest per capita authorizations were through Central Valley Regional Center, (\$2,690) -- a disparity of \$14,111 between these regional centers for this group. See Appendix G.

For the following analysis, we identified the average per capita authorizations among all ages for the 21 regional centers to be \$17,274 for Fiscal Year 2015-2016. The per capita authorizations for consumers of all age groups were then ranked from highest to lowest among the 21 regional centers.<sup>23</sup> Eight regional centers' per capita authorizations exceeded this average: RCRC, SARC, GGRC, KRC, WRC, TCRC, NBRC, and RCEB. As noted in Appendix C, SARC's data report may contain a reporting error which places it second in this ranking.

Separately, the percentage amounts of each regional center's overall Black/African-American and Hispanic populations were combined and we determined the identified average percentage of this combined group was 45.74% for Fiscal Year 2015-2016. Ranking this group's percentages from highest to lowest among the 21 regional centers, eleven regional centers' percentages were found to exceed this average: SCLARC, ELARC, SGPRC, CVRC, NLACRC, WRC, KRC, HRC, IRC, LRC and TCRC.

After comparing each set of averages, we found that out of the eleven regional centers whose combined specified minority group is above the 45.74% statewide average, only three regional centers (WRC, KRC, and TCRC) were found to have per capita authorizations which exceeded the statewide average of \$17,274. Of the thirteen regional centers falling below the per capita authorization average of \$17,274, eight consisted of regional centers with percentages above the 45.74% combined minority group average: CVRC, ELARC, HRC, IRC, LRC, NLACRC, SCLARC and SGPRC.

For the ten regional centers with combined Black/African-American and Hispanic population percentages lower than the 45.74% average, five out of these ten exceed the per capita authorizations average of \$17,274: FNRC, RCRC, ACRC, GGRC, and NBRC. For these five regional centers, the average percentage of the combined minority group for these regional centers is 24.10%, which is 21.47% less than the combined minority group statewide average of 45.74%. The average per capita authorizations among these five regional centers is \$20,819, which is \$3,545 more than the per capita authorizations statewide average of \$17,274.

For the five regional centers with the highest percentage of combined Black/African-American and Hispanic populations (SCLARC, ELARC, SGPRC, CVRC, and NLACRC), the average percentage of this combined minority group is 67.80%, which is 22.06% greater than the combined minority group statewide average of 45.74%. The average per capita authorizations among these five regional centers is \$14,081, which is \$3,193 less than the per capita authorizations statewide average of \$17,274.

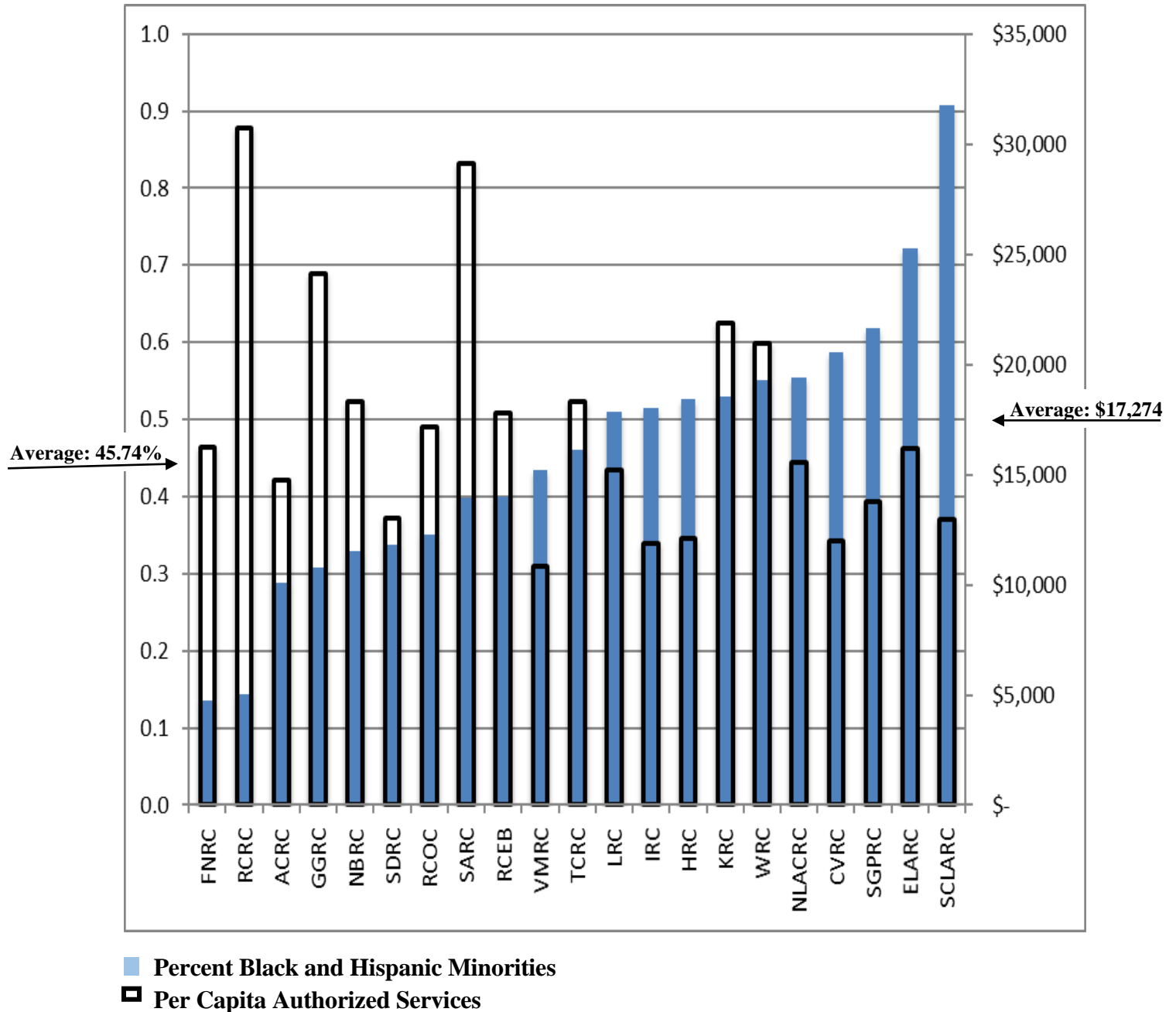
---

<sup>23</sup> For sake of brevity, we list the regional centers here by their official acronyms, but their full names are listed in the Glossary at the end of this report, before the Appendices.

## **Conclusion**

We conclude that there may be an association between regional centers that have low per capita POS authorization amounts and those that serve larger Black/African-American and Hispanic populations. There were no notable differences in results between the two years we analyzed. (See Appendix D).

**Figure 1: Per Capita Authorized Services Compared with Percentage of Black/African-American and Hispanic Consumers (All Regional Centers, Fiscal Year 2015-2016).**





### DDS' budget and allocation process perpetuates inter-regional center disparities

Our data analysis confirms the earlier findings of the Bureau of State Audits (1998) and other researchers, that DDS' current method of budgeting and allocating funding among regional centers does not address inter-regional-center POS disparities – and indeed perpetuates them.

Regional centers enter into five-year contracts with DDS and these contracts specify the terms in which regional centers and DDS prepare the regional center's budget and allocations.<sup>24</sup> Under the law, these contracts must maintain annual performance objectives and steps for contract compliance, including incentives for regional centers to meet or exceed performance standards and levels of probationary status for regional centers who do not meet, or at risk of not meeting, performance standards.<sup>25</sup> One mandatory performance contract compliance measure requires regional centers to accurately project their future year's allocations, and consequently, regional centers typically budget conservatively based on their historical expenditure and utilization trends to avoid spending beyond the range of their projections and face contract noncompliance.

We reviewed the total per capita authorizations consisting of all ages of each regional center for all five years of data that have been reported since 2012 and found very little variance among the 21 regional centers in how much each has authorized over this period. The one exception is SARC for 2015-2016, but as we explain in our data reporting analysis in Appendix C, we believe that this is a product of reporting error. As Figure 2 below shows, regional centers that historically have authorized more POS generally continue to outpace the others, while regional centers that historically have authorized fewer POS do not appear to be narrowing this gap.<sup>26</sup> (See Appendix E).

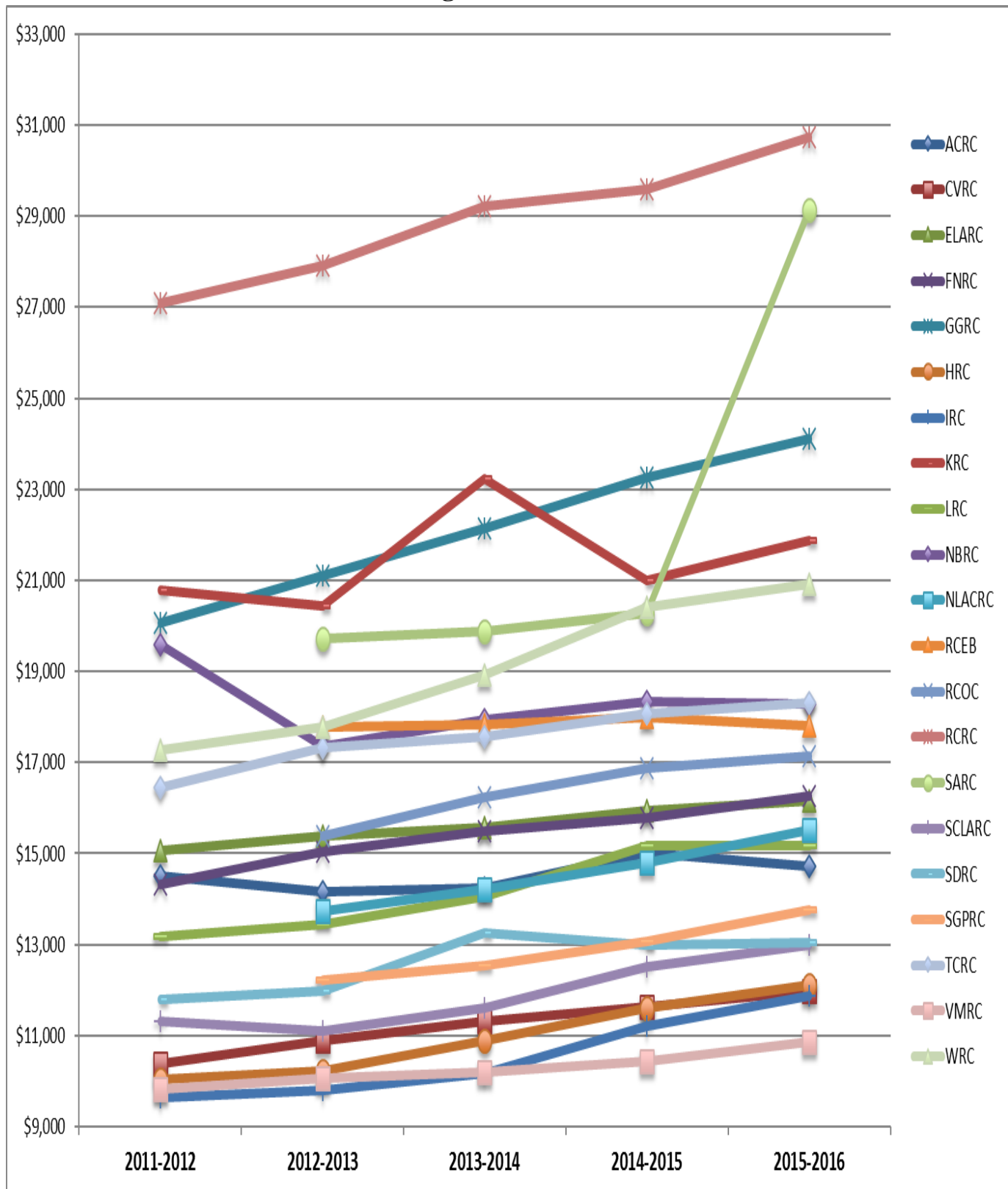
---

<sup>24</sup> The current general budget and allocation terms are contained in the DDS' Regional Center Contract Language for 2014-2015, available at: [http://www.dds.ca.gov/Transparency/docs/contractLanguage2014\\_15.pdf](http://www.dds.ca.gov/Transparency/docs/contractLanguage2014_15.pdf).

<sup>25</sup> California Welfare and Institutions Code § 4629(c) and (d).

<sup>26</sup> Additionally, we ranked all regional centers' per capita authorizations by year and we have provided a table of these rankings in Appendix E.

**Figure 2: Per Capita Authorized Services by Regional Center for Fiscal Years 2011-2012 through 2015-2016**



## **Conclusion**

Inequitable funding allocations are likely to continue under DDS' current methodology, because the funding trajectories emerging under this structure can never make up the POS disparities among the various regional centers. Further, the nature of the contract process between DDS and the regional centers requires the regional centers to project their future allocations accurately to be in compliance. So any drastic change in an allocation request made by a current low-spending regional center seems highly unlikely. Significant change will need to come from the top down. We agree with the former director of DDS that changing DDS's budget and allocation methodology to a client-need-based model, and discontinuing use of the historical expenditure based model, is key to fundamentally addressing racial and language disparities.

## **2. Amounts of Services Authorized for Children Vary by Race/Ethnicity Across Regional Centers**

### **Association between low POS Authorization and race/ethnicity across regional centers**

We analyzed the percentage of authorized services allocated to each race/ethnicity and language subgroup in each regional center, and compared that percentage to the percentage of all consumers ages 0-21 served by that regional center who belonged to that subgroup.<sup>27</sup> Our data analysis includes only children living at home with their families, and not children living in residential institutions.<sup>28</sup> The purpose of this analysis was to see if each of the subgroups was authorized its "fair share" of POS funding. By "fair share," we mean race/ethnicity groups are receiving funding in proportion to their representation in the regional center's catchment area ("getting their fair share").

---

<sup>27</sup> Although we reviewed the data for POS disparities according to language, we did not find significant results. Please see Appendix F for the full results of our data analysis.

<sup>28</sup> When initial service disparity data were published in 2013, concerns were raised that the large differences in spending between White and minority children did not truly indicate racial disparities, but were due to the much higher cost of residential care vs. in-home services, coupled with the fact that White families are more likely to use residential care services. To rule out this variable, Senate Bill 1093 was enacted in 2014, which now requires regional centers to report POS data according to residence type.

Accordingly, our analysis of 2015-2016 and 2014-2015 POS authorization data excludes the small percentage (less than 1%) of children living in residential care and other out-of-home living arrangements and focuses only on children who are living at home with their families -- where over 99% of children reside. (See DDS' Regional Center Oversight Dashboard here: [http://www.dds.ca.gov/rcoversight/reports/PCCA\\_Summary.pdf](http://www.dds.ca.gov/rcoversight/reports/PCCA_Summary.pdf)).

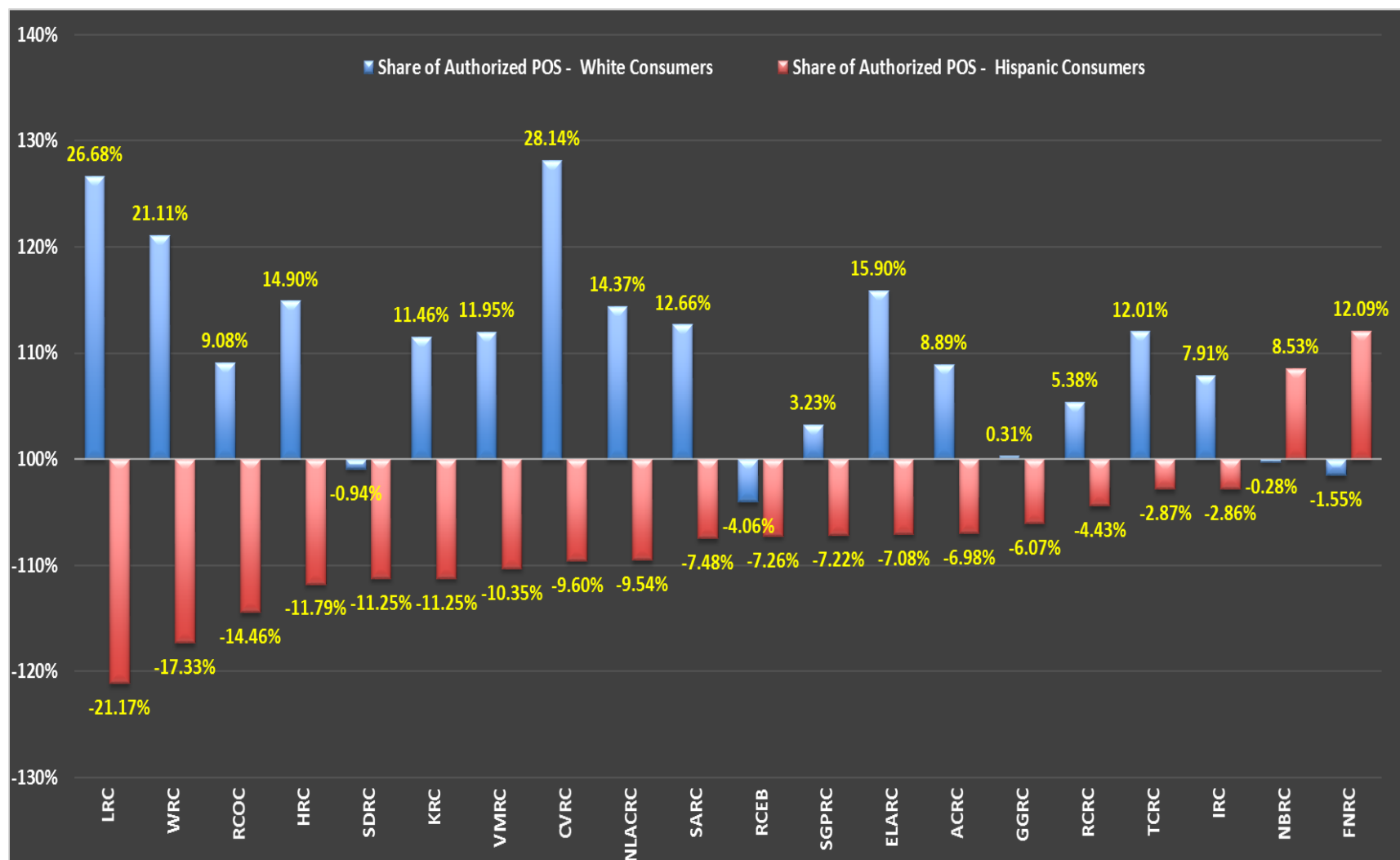
For the Hispanic population, this analysis yielded a significant shortcoming compared to service authorizations for white children.<sup>29</sup> For instance, at Lanterman Regional Center (LRC) in 2015-2016, Hispanic children ages 3-21 living at home comprise 51.9% of the population of children ages 3-21 living at home. Yet, these Hispanic children only received 40.9% of the authorizations made for this age group. Thus, Hispanic children 3-21 only received 78.8% of their fair share of authorized POS.<sup>30</sup> By comparison, White children ages 3-21 living at home at the same regional center comprise just 23.7% of the population, but received 30.0% of the POS authorizations made for this age group. White children received 126.0% of their fair share at LRC. (See Figure 3). There were no notable differences in results between the two years we analyzed. (See Appendix F).

---

<sup>29</sup> We reviewed the data for other subgroups, including African-American children and children living in Spanish-speaking families, but Hispanic children 3-21 saw the most significant disparities. (See Appendix F).

<sup>30</sup> For two regional centers (Far Northern Regional Center and North Bay Regional Center), Hispanic children received more than their ‘fair share’ of POS authorizations – perhaps because of the higher cost of purchasing services from bilingual providers. Hispanic children ages 3-21 at Far Northern Regional Center received authorizations at 112.1% of their population percentage, while Hispanic children ages 3-21 at North Bay Regional Center received authorizations at 108.3% of their population percentage.

**Figure 3: “Share” of Authorized POS for Whites and Hispanics Living at Home (3-21) 2015-2016**



Note: SCLARC data for its White consumers was suppressed due to its population size being less than 4% in this subgroup.

## **Conclusion**

Hispanic children ages 3-21 generally had the largest differences between their population percentage and the percentage of POS authorized to them by their regional centers. Thus, this subgroup received the least “fair share” from most of the regional centers.

### **3. Amounts of POS Authorized for Children Vary by Race/Ethnicity and Language Within Each Regional Center**

#### **Association between low POS Authorization and race/ethnicity and language within regional centers**

We found multiple instances of disparities among race/ethnicity and language subgroups within each regional center as well. The nature and extent of these disparities varied widely from one regional center to another, and may represent differences among the regional centers in terms of each center’s funding policies. For example:

- At ELARC, Hispanic children living at home ages 3-21 in 2015-2016 had the per capita expenditures at \$6,137 and the per capita authorizations at \$8,689, compared to Asians at \$9,179 for per capita expenditures and \$12,612 for per capita authorizations.
- At NBRC, Black/African American children 0-2 living in the home for Fiscal Year 2015-2016 had the per capita expenditures among NBRC’s race/ethnicity groups at \$2,019 and the per capita authorizations at \$4,165. In contrast, White children 0-2 living at home in 2015-2016 had \$4,753 in per capita expenditures and \$7,999 in per capita authorizations.
- At WRC, Hispanic children 3-21 living in the home for Fiscal Year 2015-2016 had per capita expenditures at \$6,914 and the per capita authorizations at \$10,126. By comparison, White children ages 3-21 living at home for Fiscal Year 2015-2016 had \$9,156 in per capita expenditures and \$14,835 in per capita authorizations.

An odd and troubling finding from our comparison of POS authorization rates between 2014-2015 and 2015-2016 is that per capita authorizations for minority children in many cases decreased in 2015-2016, suggesting that efforts by some regional centers to reduce intra-regional center racial disparities in POS authorizations have not been successful. For example:

- At ACRC, Asians living at home ages 3-21 for 2015-2016 had the lowest per capita expenditures at \$2,701 and the lowest per capita authorizations at \$4,571. These per capita amounts were significantly lower than the 2014-2015 per capita amounts for this group, which were \$3,598 for expenditures and \$6,246 for authorizations.
- At ELARC, Hispanic children living at home ages 3-21 in 2015-2016 had the lowest per capita expenditures at \$6,137 and the lowest per capita authorizations at \$8,689. In 2014-

2015, their per capita amounts were somewhat higher at \$6,429 for expenditures and \$8,865 for authorizations.

- At NBRC, Black/African American children 0-2 living in the home for Fiscal Year 2015-2016 had the lowest per capita expenditures among race/ethnicity groups at \$2,019 and the lowest per capita authorizations at \$4,165. In 2014-2015, Black/African American children 0-2 living in the home received significantly higher amounts of \$3,349 in per capita expenditures and \$6,294 in per capita authorizations.

(Full results are reported in Appendix H).

### **Conclusion**

POS disparities are still evident within the individual regional centers themselves and, despite the recent focus in addressing these issues, many regional centers still have been unsuccessful in their efforts thus far to reduce their own internal service disparities.

## **4. Transparency and Accountability of DDS and the Regional Centers Need Improvement**

WIC § 4519.5 requires DDS and the regional centers to annually compile and post specific data on their respective websites relating to the regional centers' POS authorizations, utilizations and expenditures. Each regional center must annually post this data by December 31<sup>st</sup> of each year and each regional center must maintain all previous years' data on its Internet Web site. DDS is also required to post this information from each regional center annually and to maintain all previous years' data from each regional center on its Internet Web site.

### **Analysis of Data Reporting Compliance**

Review of all 21 regional centers' current and prior data reports indicates that DDS and the regional centers are not in compliance with WIC § 4519.5's uniformity requirement and that many reports are missing, incomplete, inaccurate and inaccessible. Analysis of DDS's and the regional centers' current compliance with this statute's reporting requirements is provided in Appendix C.

### **Conclusion**

We conclude that the statutory data reporting requirements are not being met and that DDS and the regional centers must work harder to ensure that the regional centers' data reports are complete, accurate, and accessible to the public. Additionally, to make the data reports more accessible to independent analysis by the public, we recommend that the data reports be posted in Excel spreadsheets or another accessible format.

## RECOMENDATIONS

### **DDS' Budget and Allocation Methodology Should be Changed to a Client-Needs-Based Model**

The Legislature should appoint an independent taskforce, accountable directly to the Legislature, to address the disparate impact that DDS' POS budget and allocation methodology has had on minority families, which has persisted for decades as a result of the inequitable allocation of POS funds by DDS among the regional centers. This taskforce should provide its recommendations to the Legislature within the current fiscal year so that a new POS budget and allocation methodology based on client-need can be implemented for the next fiscal year.

### **The Suspended and Restricted Services Should be Fully Restored**

Under current law, the 2009 service restrictions can only be lifted if DDS develops and implements an Individual Choice Budget, which it has never done. The restrictions on these services were supposed to be temporary, and the burden of the service restrictions and suspensions has disproportionately affected low-income, minority, and non-English-speaking families. These services should be fully restored to their pre-2009 status.

The law should also be changed to undo the disproportionate impact of the 2009 parent participation requirements for behavioral intervention services. Regional centers should be required to facilitate parent participation whenever possible, but not deny, delay, or reduce behavioral services due to lack of parent participation.<sup>31</sup> This would be consistent with the 2012 Taskforce's finding that "the requirements for parent training are not intended to act as barriers to treatment or to hinder, decrease, or delay services provisions for consumers."<sup>32</sup>

Likewise, regional centers should be required to pay for medical and dental services pending approval by Medi-Cal or other generic sources, and to assist families in navigating generic agencies' service request and appeal processes.

---

<sup>31</sup> The California Health Benefits Review Program (CHBRP), in analyzing SB 1034 (2016), concluded that behavioral health treatment improves outcomes regardless of the extent of parent involvement. CHBRP's analysis of SB 1034 can be found here: [http://chbrp.ucop.edu/index.php?action=read&bill\\_id=207&doc\\_type=3](http://chbrp.ucop.edu/index.php?action=read&bill_id=207&doc_type=3).

<sup>32</sup> A Report by the Taskforce on Equity and Diversity for Regional Center Autism Services, pp.18-19.



## **The Legislature Should Convene a Follow Up Hearing Regarding the Use of Funding Appropriated to Reduce Disparities.**

### **Managed Care Organization Tax Reform Revenue**

On February 29, 2016, the Legislature passed through special session a managed care organization tax which now taxes all healthcare plans in the State, thereby generating approximately \$1.35 billion dollars to the State. With this additional revenue, the Legislature concurrently passed another bill, AB 2 X 1, that brought in \$400 million additional funds into the regional center system, including \$11 million allocated specifically to address POS disparities. Another \$400 million is expected to be allocated to the regional center system in 2017, with another \$11 million of that earmarked to address POS disparities.

WIC § 4519.5 now requires regional centers to implement recommendations and plans to promote equity and reduce disparities in the purchase of services, and requires DDS to allocate funding for regional centers in order to assist with the implementation of the recommendations and plans.

The Legislature should hold a hearing and require DDS to respond to the following questions regarding the \$11 million allocation:

- Has each of the regional centers finalized its plans to spend its share of the \$11 million and has DDS approved each of those plans?
- If so, what are the specifics of the plans and are they available to the public?
- If the plans have not yet been finalized, what are the remaining barriers in implementing this allocation?
- Will there be a public report describing the expenditures made and the outcomes produced?
- What plans are in place to spend this year's (2017) allocation and each year thereafter? Will funds be spent on reinforcing the expenditures for the 2016 plans or will new areas be targeted?

### **Questions regarding general service delivery issues should include:**

- What are the current outreach efforts of DDS and the regional centers respectively to target identified underserved groups, including immigrant communities?
- What are the current caseloads for bilingual service coordinators at each regional center?

- Are there currently wait lists for services among regional center vendors due to the lack of bilingual providers, or other language-related barriers to the receipt of authorized services?
- What efforts are DDS and regional centers making to facilitate the provision of services by local, culturally competent in-home service providers, through the use of vouchers, etc.?
- What steps is DDS taking to reduce the costs and time spent by low-income and minority families in having to travel long distances to obtain services?

### **The Legislature Should Implement Outstanding Key Recommendations by the 2012 Taskforce**

In addition to the specific recommendations discussed above, the Senate Select Committee Taskforce Report includes numerous recommendations supported by research studies and analysis of service disparity data, many of which have not yet been implemented by DDS.<sup>33</sup> The global recommendations contained in 2012 Taskforce's Report, with even more specific recommendations within these sections, are as follows:

- The Individual Program Plan (IPP), which is the cornerstone of the Lanterman Act, must be culturally and linguistically competent (Chapter 2, pages 14-17).
- Culturally and linguistically competent services must offer flexibility and creativity (Chapter 2, pages 17-20).
- All regional centers must establish a strategic plan to achieve equity and cultural competency (Chapter 2, pages 20-22).
- Cultural and linguistic competency require partnerships with community-based organizations and generic resources (Chapter 2, pages 22-24).
- Regional centers must receive appropriate funding and resources in order to provide culturally and linguistically competent services (Chapter 2, pages 24-26).
- There must be availability of statewide resources (Chapter 3, page 31-32).
- The Individual Program Plan (IPP) should comply with national standards on equity and cultural and linguistic competency (Chapter 3, pages 33-34).
- There must be a commitment by the Department of Developmental Services (DDS) and regional centers to continuous quality improvements in providing services that promote equity and cultural and linguistic competency (Chapter 3, pages 34-36).
- Regional centers should establish a partnership with consumers, and their families, to promote equity, diversity and cultural and linguistic competency (Chapter 3, pages 36-38).

---

<sup>33</sup> A Report by the Taskforce on Equity and Diversity for Regional Center Autism Services.

- There must be effective implementation of Welfare & Institutions Code (WIC) Section 4519.5, which includes uniform data collection, analysis, evaluation, transparency, and oversight (Chapter 4, pages 41-45).
- DDS should establish effective accountability to the legislature that is consistent with existing laws and regulations (Chapter 5, pages 50-53).
- DDS should provide leadership to establish a culture that promotes equity, fairness, and diversity within the regional center system of care (Chapter 5, pages 54-55).
- DDS should provide standards, guidelines, and outcome measures, consistent with current healthcare standards that regional centers can utilize as self-assessment tools in promoting equity and diversity for autism services (Chapter 5, pages 56-57).
- DDS should collaborate with existing resources to provide guidance and oversight on issues of equity and diversity (Chapter 5, pages 57-60).
- DDS should establish performance measures and indicators that are consistent with current healthcare standards (Chapter 5, pages 60-62).
- DDS should establish performance contract outcome measures to provide oversight on issues of equity and diversity (Chapter 5, pages 62-64).
- Cultural competency best practices and community outreach should utilize specific examples of effective regional center programs (Chapter 6, pages 67-74).
- Regional centers must establish new public-private partnerships and implement innovative approaches to obtain non-state resources (Chapter 6, pages 75-77).
- Additional strategies to implement best practices on cultural and linguistic competency should be evaluated regularly (Chapter 6, pages 77-79).

Since the 2012 Taskforce's report was issued to the Legislature five years ago, some of these recommendations have been incorporated into law, such as the right of the consumer and family to receive a translated copy of the IPP within certain timelines and in the family's preferred language; the requirement that regional centers develop annual POS disparity reduction plans and hold specific community meetings on disparity issues; the requirement that regional centers must now measure progress in reducing disparities and improving equity in purchase of services expenditures as part of their performance contract outcomes with DDS; and the appropriation of additional funding (\$11 million) to target the reduction of POS disparities.

Still, as was confirmed recently by the Senate Human Services Committee on March 14<sup>th</sup>, very little progress has been seen in actual outcomes since 2012. The Legislature should revisit the 2012 Taskforce Report and consider enacting additional legislation to effectuate the findings and recommendations made by the Taskforce.

## **DDS should Review Regional Centers' Performance Contract Outcome Measures Designed to Reduce Disparities to Ensure they are Concrete and Measurable**

Pursuant to the passage of Budget Trailer Bill SB 82 in 2015, the contracts between regional centers and DDS now must include annual performance objectives that measure progress in reducing disparities and improving equity in POS authorizations and expenditures. DDS worked with regional center representatives and ARCA to mutually agree upon specific outcomes/measures which regional centers could incorporate into their performance contracts. Each regional center is required to choose at least two measures from the jointly created list of measures and must develop activities for addressing/improving upon the chosen measures as part of its annual performance contracts with DDS. (See Appendix J).

Our review of the current performance contract measures from all 21 regional centers indicates that the activities regional centers identified to effectuate their chosen measures mainly consisted of increased board, staff and provider trainings, increased community outreach efforts, and measuring consumers' satisfaction through the National Core Indicators surveys. Some of the regional centers' objectives are not measurable, are missing, are already required by law, or do not address known causes of service disparities. For example:

- ACRC's activity to address disparities in the percentages of expenditures and authorizations related to residence and ethnicity is to: "continue to work with families to ensure that residence type meets the needs of the client."
- GGRC's currently posted online measures state: "To be determined."
- LRC's activity to measure "percent of total annual expenditures by residence type and ethnicity" is to: "Compare 2014 data to the 2015 data and share at the 2016 Disparity Meetings." This is already a legal requirement under WIC § 4519.5(e).
- One of SDRC's activities to measure "the percent of total annual authorized services for individuals by residence type and ethnicity" is to "work with legislators to authorize funding for *credible research* to determine the reasons for the differences in purchase of service expenditures." (emphasis added). Given the extensive research summarized in this report, it is surprising that SDRC believes "credible research" is still needed to confirm that disparities exist; moreover SDRC has acknowledged its own data is flawed due to the way it has historically categorized its race/ethnicity groups, and it is currently the least transparent regional center in publishing its full data reports. (See Appendix C).

In light of the results summarized in this report, DDS and the regional centers may wish to consider including more specific and targeted activities to reduce their disparities. A good example to follow is NLACRC's statement of its measures and activities. (Appendix J). NLACRC's plan includes specific activities, including the following:

- developed an IPP Person Centered Plan Service Coordinator Guide that has been incorporated into its mandatory trainings for new service coordinators;
- developing a database to be reviewed by case management supervisors on a quarterly basis to track authorizations to identify possible underserved consumers/families;
- seeking out California State University, Northridge to develop a Promotora Project that will help provide resources and information to families who live in underserved areas;
- increased the operation hours and staffing of the Family Focus Resource Center in order to serve more people, provide more trainings, and help identify underserved populations.

### **DDS Should Monitor the Regional Centers' Data Reports More Closely to Ensure Compliance with Transparency and Accountability Requirements**

DDS' own compliance with WIC § 4519.5 is largely dependent on whether the regional centers themselves are in compliance, because DDS provides links to each regional center's webpage instead of maintaining its own online repository for these reports. DDS should work more diligently with the regional centers to ensure there is consistent and full access to all the required reports. Our analysis has identified multiple instances of non-compliance with the data reporting requirements. These issues should be immediately corrected, and future reporting should be done more carefully and earnestly if the purpose of this statute is to ever be fully achieved. (See Appendix C).

Additionally, DDS should take the lead in being fully transparent on POS disparities. During the State Human Services Committee hearing on March 14th 2017 hearing, DDS agreed to publish its approvals of the disparity plan proposals required for regional centers to receive additional allocations from the \$11 million earmarked to reduce POS disparities. DDS has yet to post these approved proposals and these should be made public, along with DDS' and ARCA's reports to the Senate Human Services Committee, which are due in May 2017.

## CONCLUSION AND NEXT STEPS

POS disparities among and within the regional centers continue to be prevalent. We acknowledge that DDS and the regional centers now have a greater awareness of the POS disparities issue and are working to reduce these disparities. However, this issue calls for a deeper and broader approach, including legislation that will provide additional relief to communities that have been especially harmed by the draconian 2009 budget cuts. Moreover, to realize any hope of true equality in children's access to regional center services irrespective of race, ethnicity, language, income level, or geographic area, DDS' funding methodology needs to be overhauled and replaced with a client-needs-based model that does not perpetuate historic inequities.

Assembly Bill (AB) 1610 (Ridley-Thomas), co-sponsored by Public Counsel and Special Needs Network, is moving through the current legislative session. If this bill passes and is signed into law by the Governor, it should go a long way in addressing many of the problematic issues discussed in this report, including changing DDS' POS budget and allocation methodology to a client-needs-based model, restoring the services that were supposed to be "temporarily" suspended and restricted in 2009, making the program planning process more consumer and family-friendly, and making access to certain services more accessible. (Appendix L). AB 1610 will provide a meaningful solution to the stark disparities evident in the funding of developmental services with the regional center system.

We strongly urge Legislative and DDS leadership to pursue the recommendations contained within this report.

## GLOSSARY

DDS	Department of Developmental Services
ARCA	Association of Regional Center Agencies
ACRC	Alta California Regional Center
CVRC	Central Valley Regional Center
ELARC	Eastern Los Angeles Regional Center
FNRC	Far Northern Regional Center
GGRC	Golden Gate Regional Center
HRC	Harbor Regional Center
IRC	Inland Regional Center
KRC	Kern Regional Center
LRC	Frank D. Lanterman Regional Center
NBRC	North Bay Regional Center
NLACRC	North Los Angeles County Regional Center
RCEB	Regional Center of the East Bay
RCOC	Regional Center of Orange County
RCRC	Redwood Coast Regional Center
SARC	San Andreas Regional Center
SDRC	San Diego Regional Center
SCLARC	South Central Los Angeles Regional Center
SGPRC	San Gabriel Pomona Regional Center
TCRC	Tri-Counties Regional Center
VMRC	Valley Mountain Regional Center
WRC	Westside Regional Center

## APPENDIX A

# Methodology and Approach

The data reports compiled, reviewed and analyzed in this report were obtained from the following DDS webpage: <http://www.dds.ca.gov/RC/POSDData.cfm>. The data taken from the regional centers' data reports primarily came from the following sub-reports:

- “Total Annual Expenditures and Authorized Services by Ethnicity or Race for Resident Type: Home”- Fiscal Years 2015-2016 and 2014-2015
- “Total Annual Expenditures and Authorized Services by Language for Resident Type: Home” - Fiscal Years 2015-2016 and 2014-2015
- “Total Annual Expenditures and Authorized Services by Ethnicity or Race” – all reported fiscal year
- “Consumers with No Services by Ethnicity or Race” and “Consumers with No Services by Language” – Fiscal Years 2015-2016 and 2014-2015<sup>34</sup>

Certain regional centers have not provided all their required reports online or have provided information in formats which depart too significantly to be considered valid for this report. In these cases, the notation “n/a” for “not available” has been included in this report to account for these instances. A best attempt was made to include data from SGPRC and TCRC’s 2015-2016 reports relating to total expenditures and authorizations by ethnicity and race for the residence type of home, utilizing reports similar to, but not identical with, reports that were provided by the rest of the regional centers.

Data lifted from the online reports were placed onto an Excel spreadsheet and checked multiple times for input accuracy. Percentages independently derived from the regional centers’ data reports were mainly provided in tenths, i.e., 57.3 %.

For any data analyzed where the relevant sub-population of consumers consisted of less than 4%, that data was suppressed from the report to prevent against skewed results. For instance, on the low end, SCLARC’s 2015-2016 report for Asian & Pacific Islander language-speaking consumers ages 0-2 living at home had just one Asian out 2,800 individuals served, with just \$202 in expenditures and authorizations per capita for that one consumer. Similarly, RCRC’s

---

<sup>34</sup> Although we analyzed the data for consumers with no services, we did not include the analysis in our main report. The differences in the data across regional centers do not appear to be associated with racial and linguistic disparities but, rather, with the effectiveness in the individual regional centers’ ability to deliver services generally to the subgroups. Nevertheless, we are including our data analysis of consumers with no services in Appendix I.



2014-2015 report for consumers whose ethnicity or race is Asian ages 0-2 and living at home consisted of just two individuals out of 413 served, with the per capita expenditures for them amounting to \$18,547, and the per capita authorized services for them amounting to \$20,189.

Although WIC § 4519.5 has always required regional centers to report on service authorizations, utilizations, and expenditures according to primary language, the initial reports from 2011-2012 grouped the multiple Asian languages into the one “Asian” category. An example of this old reporting format can be found on TCRC’s website, which contains a link to this old sub-report under Fiscal Year 2011-2012 entitled: “Services by Language: WIC § 4519.5(a)(3).”

By Fiscal Year 2012-2013, however, the regional centers began reporting their language data mainly by listing out all potential consumer languages, so that reports of no POS by language and total expenditures and authorizations by language now include 45 languages, with possibly more than 14 languages which were previously consolidated under the prior Asian category from the 2011-2012 reports. Due to the significant difference in this reporting format for subsequent years, most of the 2011-2012 data reports from the seventeen regional centers who currently have their 2011-2012 reports online do not include the required sub-reports controlling for this factor; TCRC being one of a few exceptions.

The one area where the multiple Asian languages have been regrouped into one single category – “Asian & Pacific Islander Languages” – is in the reports for “Total Annual Expenditures and Authorized Services by Language for Resident Type: Home,” starting in 2014, when the requirement for reporting by residence type became effective through SB 1093.

For the report herein, when language is analyzed according to the home residence type for Fiscal Years 2014-2015 and 2015-2016, the “Asian & Pacific Islander Languages” category has been added to account for the reporting of information by the regional centers for this sub-report in this format. Otherwise, this report only analyzes data for English and Spanish, as trying to replicate a single category for “Asian & Pacific Islander Languages” by adding up the various Asian languages would be too cumbersome and would also be susceptible to inaccuracy due to under-inclusion or over-inclusion of the listed languages that one would need to presuppose belongs within this category. Lastly, no data is analyzed according to language for 2011-2012 due to the sparse online reporting for this factor by most regional centers.

## APPENDIX B

# Research Studies on Service Disparities

There have been several research studies which have focused specifically on POS disparities in regional center services in California, as well as relevant research using data from other states/contexts. These include:

*Advocacy for the “Abandonados:” Harnessing Cultural Beliefs for Latino Families and their Children with Intellectual Disabilities*, (2013). Shana Cohen, J. Policy & Practice in Intellectual Disabilities 10:1, 71-78.

Key findings: Many Latino families come from countries in which people with Developmental Disabilities are placed in institutions with very poor quality of care, so they may be more likely to resist out-of-home placements and/or distrust service systems. Latino families may have difficulty navigating service systems that require parents to advocate for their children, due to lack of familiarity with these systems, language barriers and poverty. Latino families are often dissatisfied with the services their children receive, due to communication problems with service providers, lack of information about the child’s disability and about available services, and feelings of discrimination. Service providers need to take into account Latino families’ cultural beliefs about child development and family-centered goals.

*Latino Children with Autism and other Developmental Disability Experience disparities in Access, Utilization and Quality of Health Care* (2011), Parish, S., Magana, S., Rose, R., Timberlake, M., Swaine, J. and Fichtenbaum, R., Lurie Institute for Disability Policy, Brandeis U.

Key findings: Latino children with autism and other Developmental Disability have worse outcomes in health care access, utilization and quality. The quality of care received influences families’ future utilization of health care, so providers may be able to alleviate disparities by providing high-quality, culturally sensitive care.

*Disparities in Services Utilization and Expenditures for Individuals with Developmental Disabilities*, Harrington and Kang (2008) Disability and Health Journal 1, 184-195.

Key findings: African Americans, and Hispanics had significantly lower odds (23-31% lower) of receiving any regional center services, and for those who received services, expenditures for these groups were significantly lower than for whites – even controlling for level of need, age, and Medicaid status, and even after controlling for at home/out-of-home setting. Study also found that allocation amounts vary widely among regional centers.

*Variation in types of service use and expenditures for individuals with Developmental Disabilities*, Harrington and Kang (2008) Disability and Health Journal 1, 30-41.

Key findings: Patterns of service use vary by race: “African Americans were less likely to receive out-of-home services and support services ... and more likely to receive transportation and respite than whites. Hispanics had lower odds of receiving out-of-

home services, support services, and out-of-home respite and were more likely to receive in-home respite services and health care than whites. ... It is not clear whether racial/ethnic minorities elect to live at home or whether they are not given other options. Certainly if racial/ethnic minorities are living at home, their lower odds of receiving support services may be placing a heavy burden on the families.”

*Cultural Models of Transition: Latina Mothers of Young Adults with Developmental Disabilities* (2005), Rueda, R., Monzo, L., Shapiro, J., Gomez, J., and Blacher, J, *Exceptional Children* 71:4, 401-414.

Key findings: Latina mothers reported poor communication with service providers, lack of accessible information, and low effort and negative attitude by service providers. These mothers valued development of life skills for their transition-age children, not with a goal of independent living, employment, and autonomy, but with a goal of “home-centered, sheltered adaptation.”

*Purchase of Service Study II, Report 1* (2003-2004), Widaman and Blacher

Key findings: when ‘legitimate’ variables were controlled in the 1999 POS Study data (age, place of residence, type and severity of disability), differences among ethnic groups in expenditures were small. Consumer age (under 21 vs. over 21) and residence (in family home or in residential placement) strongly influenced POS expenditures.

*Purchase of Service Study II, Report 2* (2003-2004), Widaman and Blacher

Key findings: In focus groups, minority families, especially Hispanic families, expressed greater unmet needs.

*Purchase of Service Study I* (1999), DDS

Key findings: Wide variation across regional centers in average service costs, and large differences in average POS cost for persons from different ethnic groups.

*The Ethnic Distribution of Services Purchased at Regional Centers*, Lozano (1992), DDS

Key findings: Non-white clients were less likely to have any nonresidential services purchased; minority children and youth living at home received the fewest services; persons whose primary language was not English received fewer services – even after controlling for age, placement, and severity of disability.

## APPENDIX C

# Data Reporting Requirements and Compliance

### Legal Framework

California Welfare and Institutions Code (WIC) § 4519.5, enacted through Budget Trailer Bill AB1472 in 2012, requires the Department of Developmental Services (DDS) and regional centers to annually collaborate to compile data in a uniform manner relating to purchase of service authorization, utilization, and expenditure by each regional center with respect to all of the following:

- (1) The age of the consumer, categorized by the following:
  - Birth to two years of age, inclusive.
  - Three to 21 years of age, inclusive.
  - Twenty-two years of age and older.
- (2) Race or ethnicity of the consumer.
- (3) Primary language of the consumer, and other related details, as feasible.
- (4) Disability detail, in accordance with the categories established under the law, and if applicable, a category specifying that the disability is unknown.
- (5) Resident type, subcategorized by age, race or ethnicity, and primary language.

The above data to be reported must also include the number and percentiles of individuals, categorized by age, race or ethnicity, and disability, and by residence type, who have been determined to be eligible for regional center services, but are not receiving purchase of service funds.

Each regional center must annually post this data by December 31<sup>st</sup> of each year and each regional center must maintain all previous years' data on its Internet Web site. DDS is also required to post this information from each regional center annually and to maintain all previous years' data from each regional center on its Internet Web site.

The requirement to report data according to residence type came through the enactment of SB1093 in 2013, with an effective date of January 2014. Therefore, while data reports date back to Fiscal Year 2011-2012, only the most two recent reports for Fiscal Years 2015-2016 and 2014-2015 contain data according to specific residence types, including the home, which is analyzed herein.

## **Assessment of DDS' and the Regional Centers' Compliance with the Data Reporting Requirements**

Review of all 21 regional centers' current and prior data reports indicates that DDS and the regional centers are not in compliance with WIC § 4519.5's uniformity requirement and that certain reports are missing, incomplete, inaccurate and inaccessible.

For the Fiscal Year 2015-2016 report, the following issues were noted:

- DDS' current Regional Center Purchase of Service Data webpage states: "You may view each regional center's data by selecting from the list on the left."<sup>35</sup> However, DDS' linkage system to the regional centers' websites is inconsistent in that some links provide direct links to some data reports, others provide links to some regional center's web pages containing links to multiple years of reports, and some provide links to more general Transparency and Accountability Portal webpages where one must then continue to search to try to find the data reports.
- DDS links to the direct current year reports include ACRC, ELARC, GGRC, HRC, IRC, KRC, RCEB, RCOC, SARC, SCLARC and SDRC. The problem with linking directly to just the current year report is that one must then go separately to the regional center's own website to try to find other years of reports to compare with the current year, which can be a daunting task, as most regional centers classify the data reports under various categories. For instance, most data reports are maintained under "Transparency" or "Governance" pages that are one or two links removed from the regional center's home page, via intermediary links such as "About Us" or "Information." IRC's data reports are maintained under an unassuming "Current Status" link instead of its "About" link. SARC's data reports are maintained under its "Services" link instead of its "About Us" or "Transparency" links. TCRC's data reports are accessed through an inconspicuously placed "Transparency & Public Info" link in small print to the right of the home page apart from its main links to the left of the home page, and VMRC's reports are maintained through a "Public Disclosures" link that one must scroll down on the home page to find.
- The most accessible design is maintained by ELARC, which has a direct link entitled "POS Data," situated center-right in big letters on its home page. Clicking that link brings one to a page devoted exclusively to the data reports. The only suggestion may be for ELARC to rename its link to something like "Purchase of Services Data," as "POS Data" may be an unfamiliar acronym to the general public.
- Although the links to FNRC, NLACRC, VMRC, and WRC go to those agencies' webpages which contain both current and prior year data reports, these reports are

---

<sup>35</sup> See DDS' Regional Center Purchase of Service Data webpage at : <http://www.dds.ca.gov/RC/POSDData.cfm>.

intermingled with other unrelated transparency and accountability information, making the search for the data reports specifically more difficult. The best approach is to have DDS links go directly to the regional center's website where all the data reports are specifically compiled and exclusively provided without any other information, which is the case for CVRC, ELARC, RCRC, SGPRC, and TCRC.

- IRC's report for 2015-2016 is currently posted in the form of a non-searchable scan (no "Control F" feature available for searching) of an apparent hastily-gathered 55 pages where the organization of these documents are scattered and depart dramatically from how all the other regional centers' reports are assembled. IRC should pull its report from its website and resubmit it so that it is organized and searchable like all the other regional centers' current data reports.
- NBRC's report for 2015-2016, while better organized than IRC's, still suffers from the inability to search within the document itself through the "Control F" function. NBRC should also pull its report from its website and resubmit it so that it is more easily searchable like all the other regional centers' current reports.
- SGPRC and TCRC's data reports for 2015-2016 are missing the sub-report entitled: "Total Annual Expenditures and Authorized Services by Ethnicity or Race for Resident Type: Home," which all other nineteen regional centers have provided. Instead, SGPRC and TCRC provided a slightly different report entitled: "Total Annual and Authorized Services for Consumers Living at Home by Race or Ethnicity." From close review of other regional center's reports where both of these reports were provided, for instance, RCEB's report for 2015-2016, it is clear that this data is slightly different for each report and that the organization of the data differs significantly in how the race or ethnicity is listed on the respective reports. SGPRC and TCRC should provide the "Total Annual Expenditures and Authorized Services by Ethnicity or Race for Resident Type: Home" report to ensure consistency and completeness among all regional centers reports.
- Some regional centers separate their current reports into components and provide separate links to each of the reporting requirements: FNRC, LRC, SCLARC, SGPRC, TCRC, VMRC, and WRC. Other regional centers provide their report in one full document: ACRC, CVRC, ELARC, GGRC, HRC, IRC, KRC, NBRC, NLACRC, RCEB, RCRC, RCOC, SARC, and SDRC. It would be best to follow the former model so that one can more easily navigate the sub-reporting and even open up multiple documents from the same regional center to review them simultaneously, rather than being forced to scroll up and down to review the reports in a more limited way. At the very least, if full document reporting continues, the document should be searchable through the "Control F" function. Additionally, there should be a table of contents provided, like ACRC, CVRC, ELARC, KRC and NLACRC have done, except that,

unlike these regional centers' current reports, the table of contents should be hyperlinked to make reviewing the various sections of the report easier.

- One significant statistical anomaly was identified within SARC's 2015-2016 report. SARC's overall per capita authorizations amount jumped from \$20,287 in 2014-2015 to \$29,131 in 2015-2016. The total authorized services reported by SARC for 2015-2016 is \$527,383,180, and with a consumer count of 18,104, that yields a per capita authorized amount of \$29,131, making it now the 2<sup>nd</sup> highest per capita regional center. In 2014-2015, however, SARC reported a total authorization amount of \$347,152,504 and a consumer count of 17,112, yielding the per capita authorizations at \$20,287 and placing SARC in 5<sup>th</sup> place in ranking by per capita authorizations among the 21 regional centers for 2014-2015.

It is unclear whether this increase is due to a computation or data entry error made by SARC, or if the increase reflects significant actual authorizations that SARC made for 2015-2016. In an attempt to verify if the former were true, we reviewed multiple sub-reports published by SARC for its Fiscal Year 2015-2016 report and the increase is accounted for in different areas reported, according to diagnosis, age, residence type, and language. We then compared these differences in the same areas from SARC's 2014-2015 data report. It seems that the authorization increases were associated with one or more individuals with combined diagnoses of autism and intellectual disabilities over the age of 22 who were living in community care facilities and who spoke Farsi. SARC reported in 2015-2016 that its 20 Persian (Farsi) speakers received \$154,765,182 in total authorizations and their per capita authorizations were \$7,738,259. Comparing this data to SARC's 2014-2015 data, there were 18 Persian (Farsi) speakers in 2014-2015 who received \$703,314 in total authorizations and their per capita authorizations were just \$39,073 – a difference of over \$154 million authorized and almost a \$7.7 million difference in per capita authorizations for just two additional consumers in this group between consecutive years. Our sense is that this is simply a reporting error.

Given this demographic, the statistical anomaly only affects our analysis with respect to the overall total authorizations among all 21 regional centers for 2015-2016, and does not implicate the data analysis we conducted for children for this year. We also analyzed the overall total authorizations among all 21 regional centers for 2014-2015, so that if SARC's data is ultimately determined invalid, given the relatively stable trajectory of the regional centers' total authorizations for all reported years otherwise, we are confident that our results regarding the overall total authorizations among all 21 regional centers for 2014-2015, in the alternative, will still portray the conclusions from our analysis accurately. Obviously, if SARC data is incorrect, it should be pulled and resubmitted online with the correct information so that all 21 regional centers can be fairly and collectively evaluated.

- A reporting error in VMRC's 2015-2016 report for its adult population also seems to be present with respect to its per capita expenditures and per capita authorizations, with the per capita expenditures being reported greater than the per capita authorizations, thus producing utilization rates exceeding 100% for this age group. A reasonable inference here is that VMRC erroneously switched the per capita amounts and they just need to be reversed so that the per capita authorizations exceed the per capita expenditures and therefore produce meaningful utilization rates. This apparent computation error does not affect our analysis because our focus group involves children under 21, except for the overall total authorization among all 21 regional centers. However, unlike the significant statistical anomaly seen in SARC's data mentioned above, the difference between VMRC's overall per capita expenditures and per capita authorized services for its adult population is \$20,906 and \$20,161, respectively, for just a difference of \$745. Given that the total overall authorizations for VMRC for 2015-2016 were \$145,340,508, the \$745 per capita anomaly would not affect our analysis. Nevertheless, if the data is currently not being reported correctly, VMRC should pull its data, make the correction, and resubmit it online.

For prior Fiscal Year reports, the following issues were noted:

- Data reports for Fiscal Year 2011-2012 are not currently maintained online for NLACRC, RCOC, SARC, and SGPRC. Although SGPRC has a link for 2011-2012, it produces a blank page when clicked. These reports should all be posted.
- For all years prior to the current year, SDRC has substituted the statutorily-required data reports for the public to independently review with its own inter-agency reports to DDS for these years, summarizing just excerpts of certain data for its reports to DDS. These reports are not substitutes for the data reports themselves, which are required to be maintained online pursuant to WIC § 4519.5. SDRC should post its full data reports for all years.

Due to SDRC's selective publishing of its reports, data intended for analysis herein, such as the 2014-2015 data from the sub-reports "Total Annual Expenditures and Authorized Services" by both Race or Ethnicity and Language which control for the home residence type, are missing from SDRC's inter-agency reports to DDS and are therefore unavailable for inclusion in this report. Moreover, two of the links to SDRC's inter-agency reports to DDS are mislabeled, so that clicking on the report to DDS labeled as 2015-2016 actually provides the 2014-2015 instead. The same is true with the link for the report to DDS labeled as 2014-2015, which provides the 2013-2014 instead.

- Also problematic with SDRC's data reports is SDRC's classification of consumers by race or ethnicity. The population reported under the category "Other Ethnicity or Race"



is abnormally high relative to all other regional centers and calls into question the validity of SDRC's reports according ethnicity or race. SDRC has acknowledged this issue in its reports to DDS, stating that the cause is attributable to an "artifact of the categorization process of racial and ethnic identification of SDRC' clients" which has resulted in 30% of its consumers being classified into this category. It is not clear if SDRC is working to reconcile its data to make its reporting of ethnicity or race more accurate. The analysis of this report herein thus reflects lower numbers from SDRC for the main ethnic and race groups, i.e., White, Black, Hispanic, Asian, than would otherwise be expected for the second largest regional center in the state by population.

- For all years prior to the current year, VMRC has created spreadsheets that do not correspond with the data reports from all the other regional centers. VMRC's reporting for residence type by race and language is named differently than the name all the other regional centers use -- "Total Annual Expenditures and Authorized Services by Race or Ethnicity (Language) for Resident Type: Home" -- so it is unclear if the same analysis has been applied, although this report herein will assume so. More significantly, unlike all other regional centers who have combined many Asian groups into one category -- "Asian" -- for Race or Ethnicity, and one category -- "Asian and Pacific Islander" -- for Language, VMRC has listed all the Asian groups separately, making it impossible to ensure accurate comparisons between VMRC's and the other regional centers' reports. As such, the analysis herein does not include VMRC's reports before Fiscal Year 2015-2016 when analyzing Asians and Asian and Pacific Islanders among the 21 regional centers. VMRC should reformat its prior years' reports to be consistent with the format of all the other regional centers and repost them.
- RCEB's report for 2011-2012 contains aggregated data in a different format that is difficult to understand and to make meaningful comparisons with other reports, including its own subsequent reports. RCEB should reformat its 2011-2012 report for purposes of uniformity and repost it.
- SGPRC's 2013-2014 report for "Consumers with No Purchase of Services by Ethnicity or Race" is actually linked to "Consumers with No Purchase of Services by Diagnosis -- Expanded" instead and should be replaced with the correct report. The links for all "Consumers with No Purchase of Services..." for each prior years' reports are mislabeled by including "by Diagnosis" in each link, even when Diagnosis is not being controlled for. SGPRC should re-label its links to minimize confusion to the public.
- GGRC's 2014-2015 report is missing the sub-report "Total Annual Expenditures and Authorized Services by Language for Resident Type: Home" and the absence of this data is reflected in the analysis of this report herein. GGRC should resubmit this report online containing the complete information.

- The 2014-2015 report by RCRC does not contain the full sub-report for Consumers with No Purchase of Services by Language.” Although a partial report is made “For All Ages,” the remaining sub-reports which control for Ages 0-2, Ages 3-21, and Ages 22 and older are not included. The absence of this data is reflected in the analysis of this report herein. RCRC should resubmit this report online containing the complete information.
- The 2012-2013 reports by ACRC, NBRC, NLACRC, and RCOC are all missing “Consumers with No Services by Language” and the absence of this data is reflected in the analysis of this report herein. ACRC, NBRC, NLACRC, and RCOC should resubmit these reports online containing the complete information.
- The 2012-2013 report by KRC mislabels its sub-report “Consumers with No Services by Language” with “Consumers with No Services by Residence” instead. KRC should correct this error and resubmit this report online reflecting the accurate title for this sub-report.
- ACRC, CVRC, NBRC, and RCRC all currently maintain prior year data reports that are in a non-searchable “Control F” format. ACRC, CVRC, NBRC, and RCRC should pull their prior year reports from their websites and resubmit them so that they are searchable like all the other regional centers’ prior year reports.
- Should reports continue to be posted as one full document by some regional centers, it is further recommended that the data reports do not begin with the regional centers’ Total Annual Insurance-Related reports. These reports are ancillary in that they do not concern all consumers generally. It would be more fitting to include the Total Annual Insurance-Related reports at the end of the full report document so that the general public reviewing these reports do not have to initially sift through documents that may not pertain to them.
- Lastly, since the passage of SB 82 in 2015, regional centers have been required to post the number of instances of when a written copy of the IPP was provided at the request of the consumer and, when appropriate, by his or her parents, legal guardian or conservator, or authorized representative, in a language other than a threshold language, as defined by Section 1810.410 of Title 9 of the California Code of Regulations, if that written copy was provided more than 60 days after the request. Despite this online reporting requirement, only TCRC has provided any report of this kind, and it did so in Fiscal Year 2014-2015 and not for the current year. In that report, TCRC affirmatively responded that there were no instances involving this set of circumstances within the reporting year. It may be that the regional centers felt it unnecessary to report on this issue if indeed there were no actual instances implicating such a report. However, without an affirmative statement like TCRC’s 2014-2015 report acknowledging the requirement, the

public is left to wonder if there were no requests for IPP translations into a non-threshold language, or if there were such requests but those requests were all timely met, or the regional centers have overlooked or ignored this reporting requirement. All regional centers, including TCRC, should post a report similar to TCRC's 2014-2015 report to reassure the public that the regional centers are aware of these reporting obligations pursuant to WIC § 4519.5(a)(6).

### **Conclusion**

DDS' own compliance with WIC § 4519.5 is largely dependent on whether the regional centers themselves are in compliance, because DDS is simply providing direct links to the regional center's webpage instead of maintaining its own online repository for these reports. DDS' should carefully review its linkage system and collaborate further with the regional centers to develop a more uniform manner of accessing all the required reports in a more consistent and accessible way, per the above observations and recommendations. We lastly recommend that the data reports be posted in Excel spreadsheets or another accessible format so that they can be more accessible to independent analysis by the public.

## APPENDIX D

# Association between Authorized Services and Black/African-American and Hispanic Consumers for Fiscal Years 2015-2016 and 2014-2015

### **2015-2016**

For the following analysis, the average per capita authorizations among all ages for the 21 regional centers was identified to be \$17, 274 for Fiscal Year 2015-2016. The per capita authorizations for consumers of all age groups were then ranked from highest to lowest among the 21 regional centers. Eight regional centers' per capita authorizations exceeded this average: RCRC, SARC, GGRC, KRC, WRC, TCRC, NBRC, and RCEB. As noted in Appendix C, SARC's data report may contain a statistical anomaly which places it second in this ranking.

Separately, the percentage amounts of each regional center's overall Black/African-American and Hispanic populations were combined and the identified average percentage of this combined ethnic group was determined to be 45.74% for Fiscal Year 2015-2016. Ranking this group's percentages from highest to lowest among the 21 regional centers, eleven regional centers' percentages were found to exceed this average: SCLARC, ELARC, SGPRC, CVRC, NLACRC, WRC, KRC, HRC, IRC, LRC and TCRC.

After comparing each set of averages, we found that out of the eleven regional centers whose combined specified minority group is above the 45.74% statewide average, only three regional centers (WRC, KRC, and TCRC) were found to have per capita authorizations exceeded the statewide average of \$17,274.

Of the thirteen regional centers falling below the per capita authorization average of \$17,274, eight consisted of regional centers with percentages above the 45.74% combined minority group average: CVRC, ELARC, HRC, IRC, LRC, NLACRC, SCLARC and SGPRC.

For the ten regional centers with combined Black/African-American and Hispanic population percentages lower than the 45.74% average, five out of these ten exceed the per capita authorizations average of \$17,274.

Sorting the five regional centers with the lowest percentage of combined Black/African-American and Hispanic populations (FNRC, RCRC, ACRC, GGRC, and NBRC), the average percentage of this combined minority group for these regional centers is 24.10%, which is 21.47% less than the combined minority group statewide average of 45.74%. The average per capita authorizations among these five regional centers is \$20,819, which is \$3,545 more than the per capita authorizations statewide average of \$17,274.

Conversely, the five regional centers with the highest percentage of combined Black/African-American and Hispanic populations (SCLARC, ELARC, SGPRC, CVRC, and NLACRC) have an average percentage of this combined minority group of 67.80%, which is 22.06% greater than the combined minority group statewide average of 45.74%. The average per capita authorizations among these five regional centers is \$14,081, which is \$3,193 less than the per capita authorizations statewide average of \$17,274.

## **2014-2015**

To determine if there any similarities with the above results for 2015-2016 with the data from the prior year, especially given the anomalies reported for 2015-2016 by SARC and VMRC, we analyzed the 2014-2015 in the same way.

As described in Appendix C regarding the regional centers' data reporting requirements and compliance thereof, SARC's overall per capita authorizations amount jumped from \$20,287 to \$29,131 from last year to this year. If the 2015-2016 SARC data is ultimately determined invalid, given the relatively stable trajectory of the regional centers' total authorizations for all reported years otherwise, we are confident that our results analyzed here for 2014-2015, in the alternative, will still portray our conclusions accurately. Also as described in Appendix C, VMRC per capita expenditures and per capita authorizations appear to be reversed. However, the difference between these two amounts is minimal and we do not believe it will affect the validity of the analysis presented.

For the following analysis, the average per capita authorization amount among all ages for the 21 regional centers was identified to be \$16,474 for Fiscal Year 2014-2015. The per capita authorizations for consumers of all age groups were then ranked from highest to lowest among the 21 regional centers. Nine regional centers' per capita authorizations exceeded this average: RCRC, GGRC, KRC, WRC, SARC, TCRC, NBRC, RCEB, and RCOC.

Separately, the percentage amounts of each regional center's overall Black/African-American and Hispanic populations were combined and the identified average percentage of this combined ethnic group was determined to be 45.31% for Fiscal Year 2014-2015. Ranking this group's percentages from highest to lowest among the 21 regional centers, ten regional centers'

percentages were found to exceed this average: SCLARC, ELARC, SGPRC, CVRC, NLACRC, WRC, HRC, KRC, IRC, and LRC.

After comparing each set of averages, out of the ten regional centers whose combined specified minority group is above the statewide average of 45.31%, only two regional centers (WRC, and KRC) were found to also fall above the per capita authorizations statewide average of \$16,474.

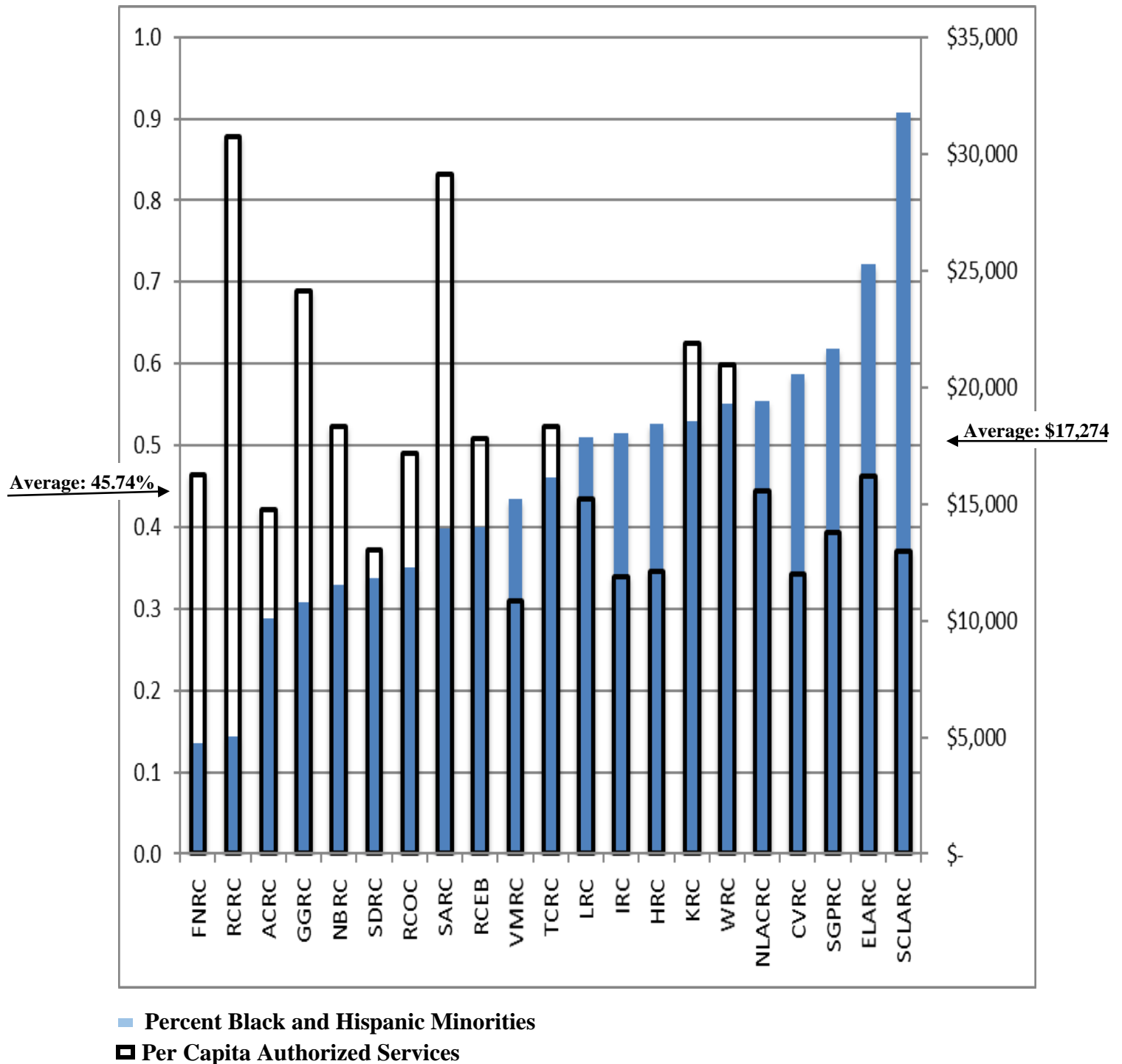
Of the twelve regional centers falling below the statewide per capita authorizations average of \$16,474, eight consisted of regional centers with percentages above the combined minority group statewide average of 45.31%: CVRC, ELARC, HRC, IRC, LRC, NLACRC, SCLARC and SGPRC.

For the eleven regional centers with combined Black/African-American and Hispanic population percentages lower than the statewide average of 45.31%, seven out of these eleven regional centers exceed the per capita authorizations statewide average of \$16,474.

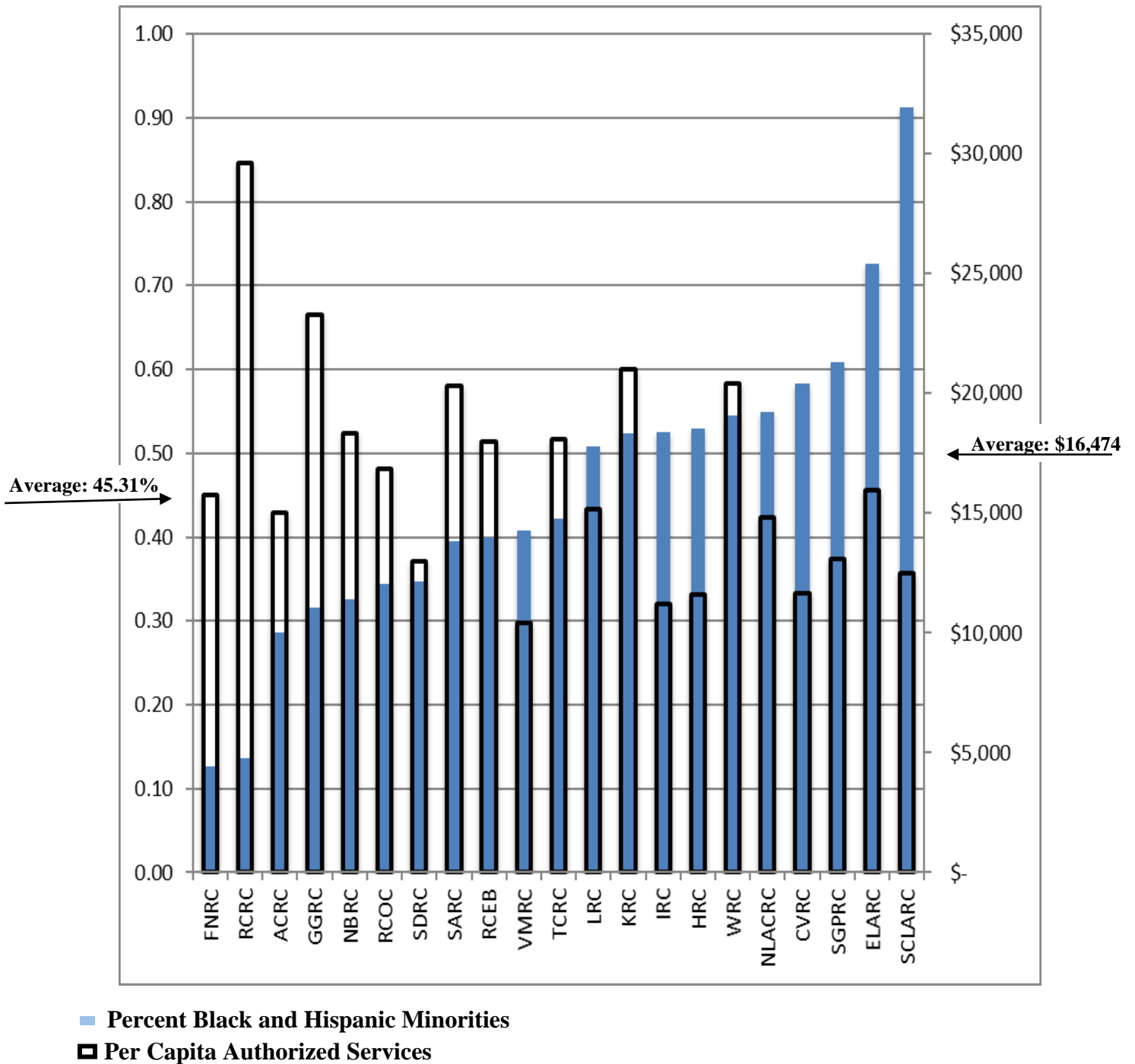
Sorting the five regional centers with lowest percentage of combined Black/African-American and Hispanic populations (FNRC, RCRC, ACRC, GGRC, and NBRC), the average percentage of this combined minority group for these regional centers is 23.83%, which is 21.48% less than the combined minority group average of 45.31% among all the regional centers. The average per capita authorizations among these five regional centers is \$20,397, which is \$3,923 more than the per capita authorizations statewide average of \$16,474.

Conversely, the five regional centers with the highest percentage of combined Black/African-American and Hispanic populations (SCLARC, ELARC, SGPRC, CVRC, and NLACRC) have an average percentage of this combined minority group of 67.57%, which is 22.26% greater than the combined minority group average of 45.31% among all the regional centers. The average per capita authorizations among these five regional centers is \$13,590, which is \$2,884 less than the per capita authorizations statewide average of \$16,474.

**Per Capita Authorized Services Compared with Percentage of Black/African-American and Hispanic Consumers (All Regional Centers, Fiscal Year 2015-2016)**



**Per Capita Authorized Services Compared with Percentage of Black/African-American and Hispanic Consumers (All Regional Centers, Fiscal Year 2014-2015)**





## Budget Methodology 2015-2016

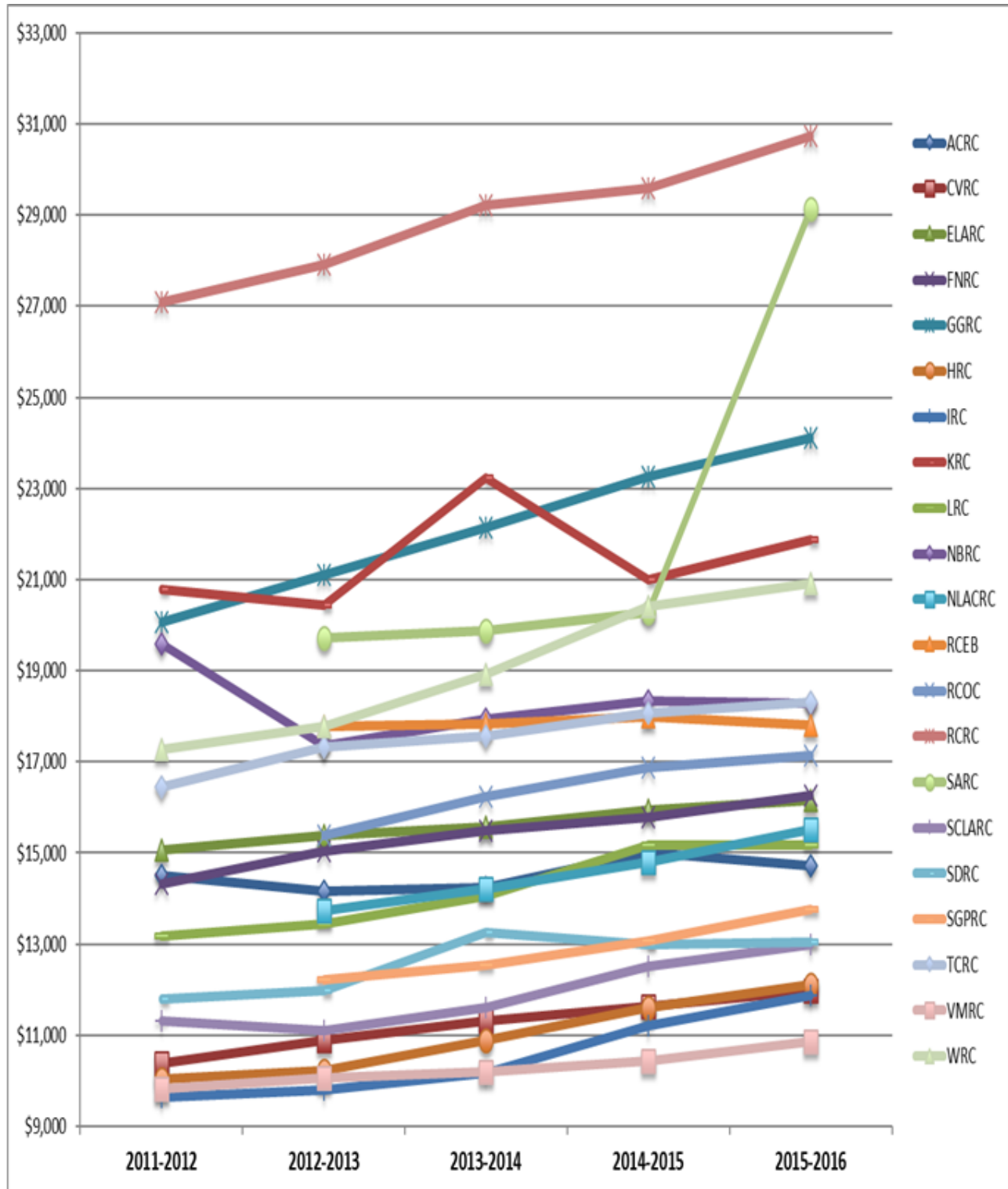
Regional Center	Per Capita Authorized Services	Percentage of Black/Hispanic Minorities	Average Per Capita Authorizations by Highest & Lowest Percentage of Minorities	Average Percentage of Minorities
<b>FNRC</b>	<b>\$16,265</b>	<b>13.62%</b>	<b>Lowest 7 minorities</b>	<b>27.03%</b>
RCRC	\$30,726	14.32%	<b>\$19,182</b>	
<b>ACRC</b>	<b>\$14,722</b>	<b>28.81%</b>		
GGRC	\$24,097	30.74%	<b>Lowest 5 minorities</b>	<b>24.10%</b>
NBRC	\$18,285	32.99%	<b>\$20,819</b>	
<b>SDRC</b>	<b>\$13,031</b>	<b>33.68%</b>		
<b>RCOC</b>	<b>\$17,146</b>	<b>35.04%</b>	<b>Lowest 3 minorities</b>	<b>18.92%</b>
SARC	\$29,131	39.80%	<b>\$20,571</b>	
RCEB	\$17,794	39.94%		
<b>VMRC</b>	<b>\$10,858</b>	<b>43.40%</b>		
<u>TCRC</u>	<u>\$18,316</u>	<u>46.06%</u>		
<u>LRC</u>	<u>\$15,180</u>	<u>51.04%</u>		
<u>IRC</u>	<u>\$11,879</u>	<u>51.49%</u>		
<u>HRC</u>	<u>\$12,116</u>	<u>52.65%</u>	<b>Highest 7 minorities</b>	
<u>KRC</u>	<u>\$21,871</u>	<u>52.98%</u>	<b>\$16,172</b>	<b>63.86%</b>
<u>WRC</u>	<u>\$20,928</u>	<u>55.05%</u>		
<b>NLACRC</b>	<b>\$15,528</b>	<b>55.41%</b>	<b>Highest 5 minorities</b>	
<u>CVRC</u>	<u>\$11,969</u>	<u>58.77%</u>	<b>\$14,081</b>	<b>67.80%</b>
<u>SGPRC</u>	<u>\$13,769</u>	<u>61.84%</u>		
<u>ELARC</u>	<u>\$16,157</u>	<u>72.17%</u>	<b>Highest 3 minorities</b>	
<u>SCLARC</u>	<u>\$12,981</u>	<u>90.80%</u>	<b>\$14,302</b>	<b>74.93%</b>
<b>Average</b>	<b>\$17,274</b>	<b>45.74%</b>		
<b>Lowest percentage of minorities</b>				
<b>Middle</b>				
<b>Highest percentage of minorities</b>				

## Budget Methodology 2014-2015

Regional Center	Per Capita Authorized Services	Percentage of Black/Hispanic Minorities	Average Per Capita Authorizations by Highest & Lowest Percentage of Minorities	Average Percentage of Minorities
<b>FNRC</b>	<b>\$15,777</b>	<b>12.71%</b>	<b>Lowest 7 minorities</b>	
RCRC	\$29,600	13.62%	<b>\$18,833</b>	<b>26.89%</b>
<b>ACRC</b>	<b>\$15,022</b>	<b>28.62%</b>		
GGRC	\$23,258	31.54%	<b>Lowest 5 minorities</b>	
NBRC	\$18,329	32.65%	<b>\$20,397</b>	<b>23.83%</b>
RCOC	\$16,863	34.47%		
<b>SDRC</b>	<b>\$12,979</b>	<b>34.65%</b>	<b>Lowest 3 minorities</b>	
SARC	\$20,287	39.46%	<b>\$20,133</b>	<b>18.32%</b>
RCEB	\$18,001	39.93%		
<b>VMRC</b>	<b>\$10,434</b>	<b>40.72%</b>		
TCRC	\$18,066	42.19%		
<b>LRC</b>	<b>\$15,170</b>	<b>50.83%</b>		
KRC	\$20,995	52.34%		
<b>IRC</b>	<b>\$11,203</b>	<b>52.49%</b>	<b>Highest 7 minorities</b>	
<b>HRC</b>	<b>\$11,592</b>	<b>52.97%</b>	<b>\$14,280</b>	<b>63.62%</b>
WRC	\$20,420	54.49%		
<b>NLACRC</b>	<b>\$14,801</b>	<b>54.91%</b>	<b>Highest 5 minorities</b>	
<b>CVRC</b>	<b>\$11,628</b>	<b>58.30%</b>	<b>\$13,590</b>	<b>67.57%</b>
<b>SGPRC</b>	<b>\$13,062</b>	<b>60.91%</b>		
<b>ELARC</b>	<b>\$15,950</b>	<b>72.53%</b>	<b>Highest 3 minorities</b>	
<b>SCLARC</b>	<b>\$12,508</b>	<b>91.20%</b>	<b>\$13,840</b>	<b>74.88%</b>
<b>Average</b>	<b>\$16,474</b>	<b>45.31%</b>		
<b>Lowest percentage of minorities</b>				
<b>Middle</b>				
<b>Highest percentage of minorities</b>				

## APPENDIX E

### Overall Per Capita Authorized Services for All Consumers, 2011 – 2012 through 2015 – 2016



**Overall Per Capita Authorized Services  
for All Consumers, 2011 – 2012 through 2015-2016**

Regional Center	2011-2012	Regional Center	2012-2013	Regional Center	2013-2014	Regional Center	2014-2015	Regional Center	2015-2016
RCRC	\$27,084	RCRC	\$27,911	RCRC	\$29,223	RCRC	\$29,600	RCRC	\$30,726
KRC	\$20,773	GGRC	\$21,115	KRC	\$23,218	GGRC	\$23,258	SARC	\$29,131
GGRC	\$20,058	KRC	\$20,448	GGRC	\$22,139	KRC	\$20,995	GGRC	\$24,097
NBRC	\$19,598	SARC	\$19,708	SARC	\$19,876	WRC	\$20,420	KRC	\$21,871
WRC	\$17,262	RCEB	\$17,776	WRC	\$18,928	SARC	\$20,287	WRC	\$20,928
TCRC	\$16,458	WRC	\$17,767	NBRC	\$17,938	NBRC	\$18,329	TCRC	\$18,316
ELARC	\$15,053	NBRC	\$17,359	RCEB	\$17,819	TCRC	\$18,066	NBRC	\$18,285
ACRC	\$14,515	TCRC	\$17,333	TCRC	\$17,557	RCEB	\$18,001	RCEB	\$17,794
FNRC	\$14,321	ELARC	\$15,373	RCOC	\$16,245	RCOC	\$16,863	RCOC	\$17,146
LRC	\$13,169	RCOC	\$15,373	ELARC	\$15,571	ELARC	\$15,950	FNRC	\$16,265
SDRC	\$11,798	FNRC	\$15,035	FNRC	\$15,481	FNRC	\$15,777	ELARC	\$16,157
SCLARC	\$11,323	ACRC	\$14,167	ACRC	\$14,228	LRC	\$15,170	NLACRC	\$15,528
CVRC	\$10,384	NLACRC	\$13,721	NLACRC	\$14,213	ACRC	\$15,022	LRC	\$15,180
HRC	\$10,031	LRC	\$13,448	LRC	\$14,060	NLACRC	\$14,801	ACRC	\$14,722
VMRC	\$9,829	SGPRC	\$12,210	SDRC	\$13,253	SGPRC	\$13,062	SGPRC	\$13,769
IRC	\$9,627	SDRC	\$11,973	SGPRC	\$12,544	SDRC	\$12,979	SDRC	\$13,031
NLACRC		SCLARC	\$11,095	SCLARC	\$11,594	SCLARC	\$12,508	SCLARC	\$12,981
RCEB		CVRC	\$10,875	CVRC	\$11,303	CVRC	\$11,628	HRC	\$12,116
RCOC		HRC	\$10,232	HRC	\$10,876	HRC	\$11,592	CVRC	\$11,969
SARC		VMRC	\$10,066	VMRC	\$10,181	IRC	\$11,203	IRC	\$11,879
SGPRC		IRC	\$9,799	IRC	\$10,179	VMRC	\$10,434	VMRC	\$10,858

**Note: Regional Centers with blank fields for Fiscal Year 2011-2012 represent reports that were not made available.**

## APPENDIX F

# Authorizations Compared to Percentages of Populations for Children

### Race/Ethnicity

#### Percentages of authorizations compared to percentages of children living at home by ethnicity in 2015-2016

- For White children living in their home ages 0-2, there were nine regional centers whose percentage of White consumers exceeded the percentage of POS authorized to them as a subpopulation. The regional centers with the largest discrepancies were GGRC with a 2.5% differential, followed by LRC at 2.2%, and SARC and WRC at 2.0%. SCLARC and SDRC were not factored in due to reporting less than 4.0% of White children ages 0-2 living at home served for 2015-2016.
- For Black/African-American children living in their home ages 0-2, there were eight regional centers whose percentage of Black/African-American consumers exceeded the percentage of POS authorized to them as a subpopulation. The regional centers with the largest discrepancies were WRC with a 2.1% differential, followed by NBRC at 1.7%, and SARC and LRC at 1.1%. SCLARC and SDRC were not factored in due to reporting less than 4.0% of White children ages 0-2 living at home served for 2015-2016. CVRC, ELARC, FNRC, GGRC, RCOC, RCRC, SARC, SDRC, SGPRC, and TCRC were not factored in due to reporting less than 4.0% of Black/African-American children under three served for 2015-2016.
- For Hispanic children living in their home ages 0-2, there were ten regional centers whose percentage of Hispanic consumers exceeded the percentage of POS authorized to them as a subpopulation. The regional centers with the largest discrepancies were RCOC with a 5.9% differential, followed by SARC at 4.2%, and RCEB at 3.3%. All regional centers' data reports for 2015-2016 were included in this analysis.
- For Asian children living in their home ages 0-2, there were two regional centers whose percentage of Asian consumers exceeded the percentage of POS authorized to them as a subpopulation. NBRC and WRC each had a 0.3% differential. CVRC, FNRC, IRC, KRC, RCRC, SCLARC, SDRC and TCRC were not factored in due to reporting less than 4.0% of Asian children ages 0-2 living at home served for 2015-2016.

**Percentages of total authorizations compared to percentages of consumers 3-21 living at home by ethnicity or race in 2015-2016**

- For White children living in their home ages 3-21, there were four regional centers whose percentage of White consumers exceeded the percentage of POS authorized to them as a subpopulation. The regional centers with the largest discrepancies were FNRC with a 1.1% differential, followed by RCEB at 0.8%, and SDRC at 0.2%. SCLARC was not factored in due to reporting less than 4.0% of White children ages 3-21 living at home served for 2015-2016.
- For Black/African-American children living in their home ages 3-21, there were eight regional centers whose percentage of Black/African-American consumers exceeded the percentage of POS authorized to them as a subpopulation. The regional centers with the largest discrepancies were IRC with a 1.1% differential, followed by HRC at 0.7%, and ACRC and CVRC tied at 0.6%. ELARC, FNRC, RCOC, RCRC, SARC, SDRC, SGPRC and TCRC were not factored in due to reporting less than 4.0% of White children ages 3-21 living at home served for 2015-2016.
- For Hispanic children living in their home ages 3-21, only FNRC and NBRC authorized more percentage of POS than the population of their Hispanic subpopulation, with all other 18 regional centers authorizing less. The regional centers with the largest discrepancies were LRC with an 11.0% differential, followed by WRC at 6.6%, and KRC at 5.9%. Converting LRC's 11.0% differential into a percentage, Hispanic children ages 3-21 living in the home received 78.8% of their "fair share" of authorizations based on the population percentage they represent for this subgroup at LRC. All regional centers' data reports for 2015-2016 were included in this analysis, with the exception of SDRC due to the unavailability of its report online.
- For Asian children living in their home ages 3-21, there were four regional centers whose percentage of Asian consumers exceeded the percentage of POS authorized to them as a subpopulation. The regional centers with the largest discrepancies were ACRC with a 1.4% differential, followed by CVRC at 1.2%, and SDRC at 0.9%. FNRC, KRC, RCRC, SCLARC, and TCRC were not factored in due to reporting less than 4.0% of Asian children ages 3-21 living at home served for 2015-2016.

**Percentages of total authorizations compared to percentages of consumers 0-2 living at home by ethnicity or race in 2014-2015**

- For White children living in their home ages 0-2, there were eight regional centers whose percentage of White consumers exceeded the percentage of POS authorized to them as a subpopulation. The regional centers with the largest discrepancies were SARC with a

4.9% differential, followed by RCRC at 3.5%, and WRC at 3.0%. SCLARC was not factored in due to reporting less than 4.0% of White children ages 0-2 living at home served for 2014-2015. Additionally, SDRC's fiscal year data report for 2014-2015 is not posted online and therefore is not included in this analysis.

- For Black/African-American children living in their home ages 0-2, there were five regional centers whose percentage of Black/African-American consumers exceeded the percentage of POS authorized to them as a subpopulation. The regional centers with the largest discrepancies were HRC with a 2.1% differential, followed by KRC at 0.8%, and LRC at 0.5%. CVRC, ELARC, FNRC, GGRC, NBRC, RCOC, RCRC, SARC, SGPRC, and TCRC were not factored in due to reporting less than 4.0% of Black/African-American children under three served for 2014-2015. Additionally, SDRC's fiscal year data report for 2014-2015 is not posted online and therefore is not included in this analysis.
- For Hispanic children living in their home ages 0-2, there were twelve regional centers whose percentage of Hispanic consumers exceeded the percentage of POS authorized to them as a subpopulation. The regional centers with the largest discrepancies were RCOC with a 5.7% differential, followed by SARC at 4.0%, and KRC at 2.9%. All regional centers' data reports for 2014-2015 were included in this analysis, with the exception of SDRC due to the unavailability of its report online.
- For Asian children living in their home ages 0-2, there were three regional centers whose percentage of Asian consumers exceeded the percentage of POS authorized to them as a subpopulation. RCEB had a differential of 1.9%, followed by SGPRC at 0.8%, and LRC at 0.2%. CVRC, FNRC, IRC, KRC, RCRC, SCLARC, and TCRC were not factored in due to reporting less than 4.0% of Asian children ages 0-2 living at home served for 2014-2015. Additionally, SDRC's fiscal year data report for 2014-2015 is not posted online and therefore is not included in this analysis. VMRC's data report also was not available for analysis due to its departure from the uniform reporting of Asian languages by all other regional centers for this category.

**Percentages of total authorizations compared to percentages of consumers 3-21 living at home by ethnicity or race in 2014-2015**

- For White children living in their home ages 3-21, there were three regional centers whose percentage of White consumers exceeded the percentage of POS authorized to them as a subpopulation. FNRC had a differential of 2.6%, followed by RCEB at 0.2% and NBRC at 0.1%. SCLARC was not factored in due to reporting less than 4.0% of White children ages 3-21 living at home served for 2014-2015. Additionally, SDRC's

fiscal year data report for 2014-2015 is not posted online and therefore is not included in this analysis.

- For Black/African-American children living in their home ages 3-21, there were eight regional centers whose percentage of Black/African-American consumers exceeded the percentage of POS authorized to them as a subpopulation. The regional centers with the largest discrepancies were VMRC at 1.8%, followed by ACRC at 1.7% and IRC at 1.5%. ELARC, FNRC, RCOC, RCRC, SARC, and TCRC were not factored in due to reporting less than 4.0% of Black/African-American children ages 3-21 living at home served for 2014-2015. Additionally, SDRC's fiscal year data report for 2014-2015 is not posted online and therefore is not included in this analysis.
- For Hispanic children living in their home ages 3-21, only FNRC and NBRC authorized more percentage of POS than the population of their Hispanic subpopulation, with all other 18 regional centers authorizing less. The regional centers with the largest discrepancies were LRC with an 11.6% differential, followed by WRC at 7.3%, and SCLARC at 6.1%. Converting LRC's 11.6% differential into a percentage, Hispanic children ages 3-21 living in the home received 77.4% of their "fair share" of authorizations based on the population percentage they represent for this subgroup at LRC. All regional centers' data reports for 2014-2015 were included in this analysis, with the exception of SDRC due to the unavailability of its report online.
- For Asian children living in their home ages 3-21, there were three regional centers whose percentage of Asian consumers exceeded the percentage of POS authorized to them as a subpopulation. CVRC and SARC both had differentials of 1.1% and ACRC had a differential of 0.3%. FNRC, KRC, RCRC, SCLARC, and TCRC were not factored in due to reporting less than 4.0% of Asian children ages 3-21 living at home served for 2014-2015. Additionally, SDRC's fiscal year data report for 2014-2015 is not posted online and therefore is not included in this analysis. VMRC's data report also was not available for analysis due to its departure from the uniform reporting of Asian languages by all other regional centers for this category.

## **Language**

### **Percentages of authorizations compared to percentages of consumers 0-2 living at home by language in 2015-2016**

- For English-speaking children living in their home ages 0-2, there were eleven regional centers whose percentage of English-speaking children exceeded the percentage of POS authorized to them as a subpopulation. The regional centers with the largest



discrepancies were LRC with a 5.6% differential, followed by TCRC at 3.4%, and ELARC at 3.2%. All regional centers' data reports for 2015-2016 were included in this analysis.

- For Spanish-speaking children living in their home ages 0-2, there were nine regional centers whose percentage of Spanish-speaking children exceeded the percentage of POS authorized to them as a subpopulation. The regional centers with the largest discrepancies were RCOC with a 4.6% differential, followed by RCEB at 2.9%, and VMRC at 2.8%. All regional centers' data reports for 2015-2016 were included in this analysis.
- For Asian & Pacific Islander Language-speaking children living in their home ages 0-2, no relevant discrepancies were noted among the seven regional centers whose Asian & Pacific Islander Language-speaking children constitute at 4.0% or more of the subpopulation.

**Percentages of authorizations compared to percentages of consumers 3-21 living at home by language in 2015-2016**

- For English-speaking children living in their home ages 3-21, there were six regional centers whose percentage of English-speaking children exceeded the percentage of POS authorized to them as a subpopulation. The regional centers with the largest discrepancies were RCEB with a 2.5% differential, followed by NBRC at 1.5%, and FNRC at 1.2%. All regional centers' data reports for 2015-2016 were included in this analysis.
- For Spanish-speaking children living in their home ages 3-21, there were seventeen regional centers whose percentage of Spanish-speaking children exceeded the percentage of POS authorized to them as a subpopulation. The regional centers with the largest discrepancies were LRC at 8.4%, CVRC at 7.9%, and WRC with a 4.2% differential. Converting LRC's 8.4% differential into a percentage, Hispanic children ages 3-21 living in the home received 75.8% of their "fair share" of authorizations based on the population percentage they represent for this subgroup at LRC. More significant however, is that the smaller differential from CVRC of 7.9% actually yields a lower percent of "fair share" for its Spanish-speaking children 3-21 living in the home, because their population percentage is lower than LRC's. For CVRC, 65.2% of these children received their "fair share" of the authorizations for this subgroup. All regional centers' data reports for 2015-2016 were included in this analysis.

- For Asian & Pacific Islander Language–speaking children living in their home ages 3-21, with the exception of SARC with a 0.1% differential, no relevant discrepancies were noted among the six regional centers whose Asian & Pacific Islander Language–speaking children constitute at 4.0% or more of the subpopulation.

**Percentages of authorizations compared to percentages of consumers 0-2 living at home by language in 2014-2015**

- For English–speaking children living in their home ages 0-2, there were thirteen regional centers whose percentage of English–speaking children exceeded the percentage of POS authorized to them as a subpopulation. The regional centers with the largest discrepancies were LRC with a 4.1% differential, followed by SGPRC at 4.0%, and ELARC at 2.9%. GGRC and SDRC did not post their sub-report information relevant to this analysis and consequently they are excluded from the analysis.
- For Spanish–speaking children living in their home ages 0-2, there were six regional centers whose percentage of Spanish–speaking children exceeded the percentage of POS authorized to them as a subpopulation. The regional centers with the largest discrepancies were SARC with a 7.2% differential, followed by RCOC at 4.0%, and RCEB at 1.9%. GGRC and SDRC did not post their sub-report information relevant to this analysis and consequently they are excluded from the analysis.
- For Asian & Pacific Islander Language–speaking children living in their home ages 0-2, with the exception of SGPRC with a 0.5% differential, no relevant discrepancies were noted among the seven regional centers whose Asian & Pacific Islander Language – speaking children constitute at 4.0% or more of the subpopulation. GGRC and SDRC did not post their sub-report information relevant to this analysis and consequently they are excluded from the analysis.

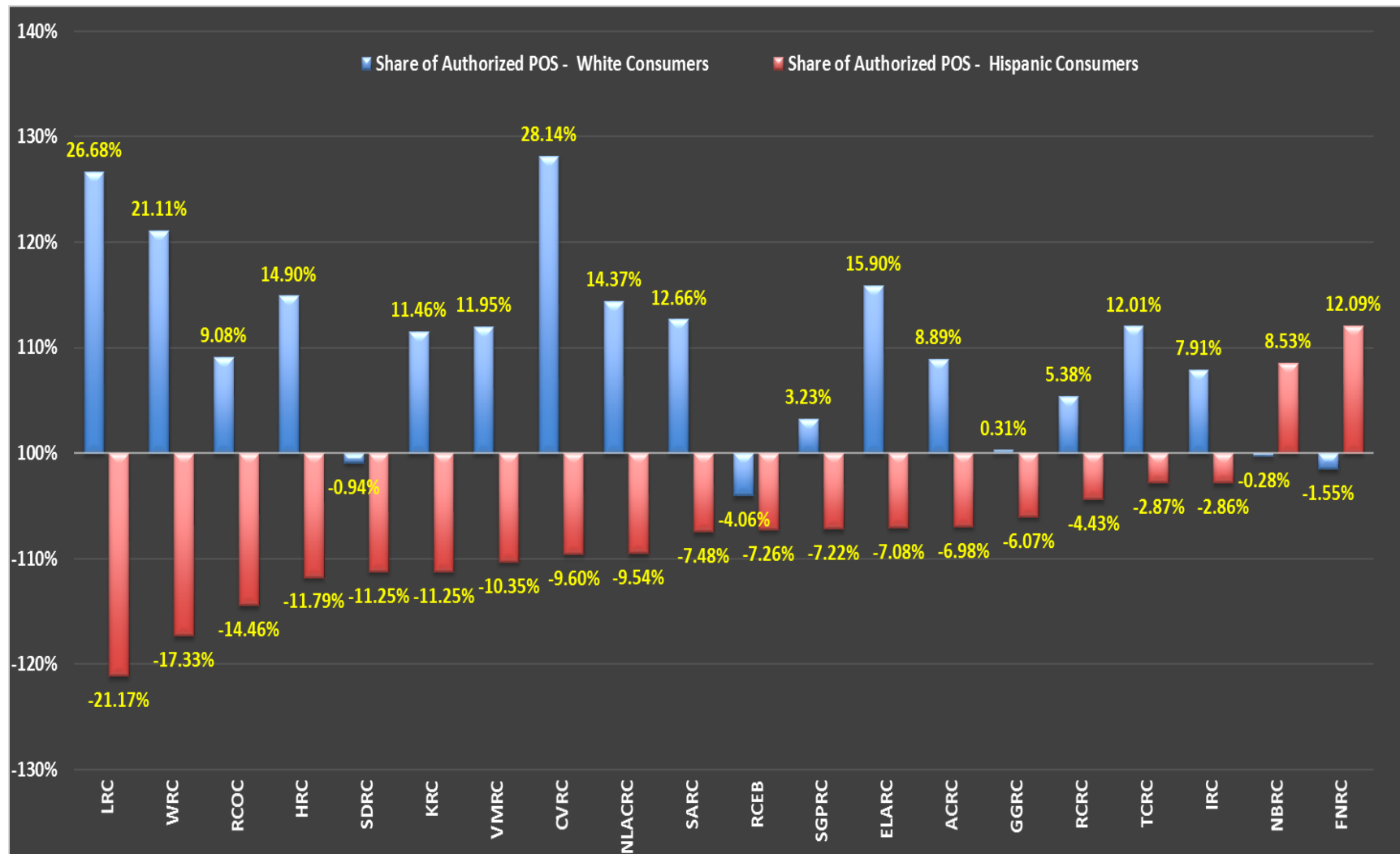
**Percentages of authorizations compared to percentages of consumers 3-21 living at home by language in 2014-2015**

- For English–speaking children living in their home ages 3-21, there were four regional centers whose percentage of English–speaking children exceeded the percentage of POS authorized to them as a subpopulation. The regional centers with the largest discrepancies were FNRC with a 1.5% differential, followed by RCEB at 1.1%, and IRC at 0.5%. GGRC and SDRC did not post their sub-report information relevant to this analysis and consequently they are excluded from the analysis.
- For Spanish–speaking children living in their home ages 3-21, only FNRC authorized more percentage of POS than the population of their Hispanic subpopulation, with all other 18 regional centers authorizing less. The regional centers with the largest

discrepancies were LRC with an 8.9% differential, followed by CVRC at 7.9% and SCLARC at 6.7%. Converting LRC's 8.9% differential into a percentage, Hispanic children ages 3-21 living in the home received 74.7% of their "fair share" of authorizations based on the population percentage they represent for this subgroup at LRC. More significant however, is that the smaller differential from CVRC of 7.9% actually yields a lower percent of "fair share" for its Spanish-speaking children 3-21 living in the home, because their population percentage is lower than LRC's. For CVRC, 69.2% of these children received their "fair share" of the authorizations for this subgroup. GGRC and SDRC did not post their sub-report information relevant to this analysis and consequently they are excluded from the analysis.

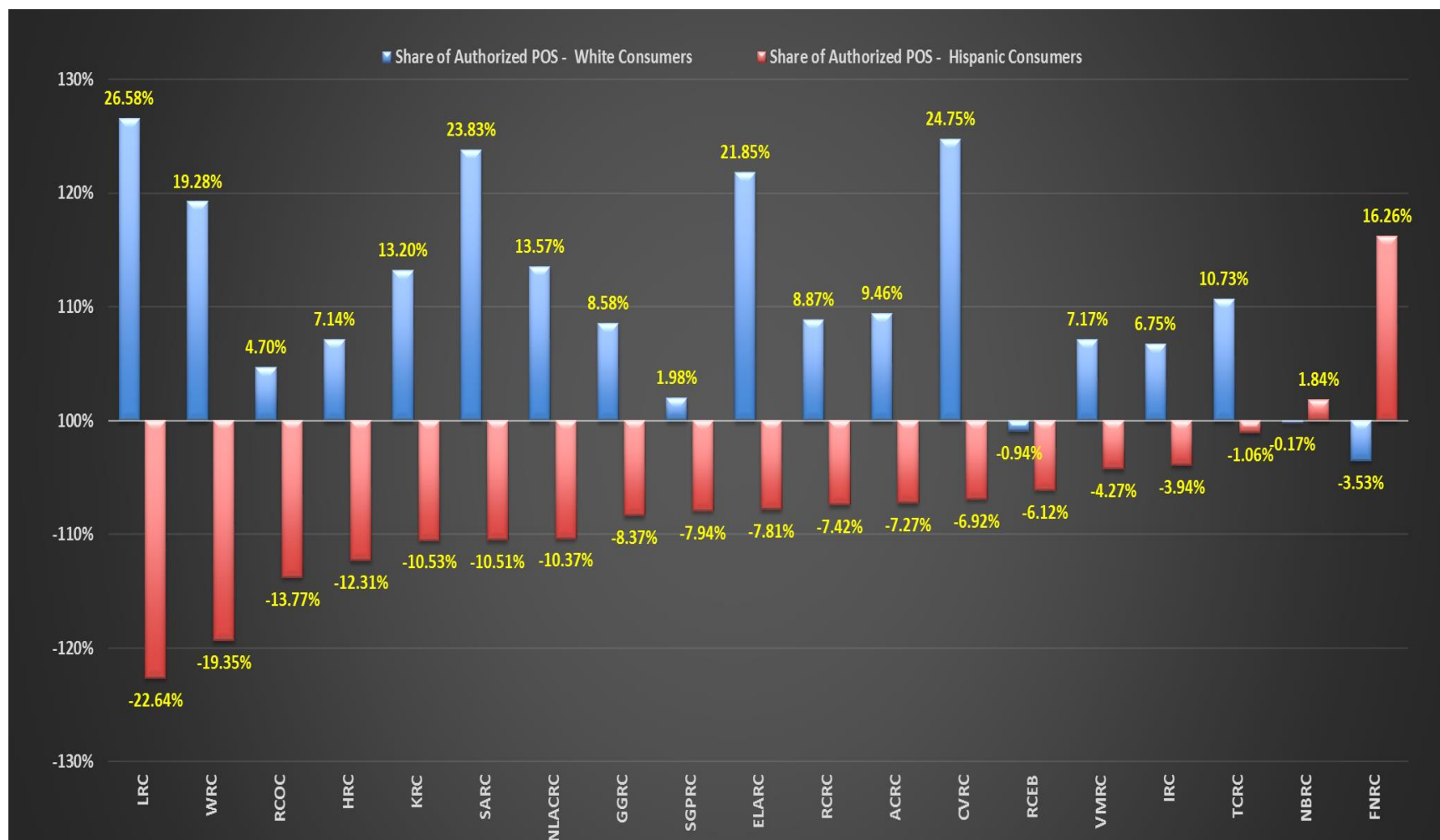
- For Asian & Pacific Islander Language-speaking children living in their home ages 3-21, with the exception of SARC with a 0.7% differential, no relevant discrepancies were noted among the six regional centers whose Asian & Pacific Islander Language-speaking children constitute at 4.0% or more of the subpopulation. GGRC and SDRC did not post their sub-report information relevant to this analysis and consequently they are excluded from the analysis.

## “Share” of Authorized POS for Whites and Hispanics Living at Home (3-21) 2015-2016



Note: SCLARC data for its White consumers was suppressed due to its population size being less than 4% in this subgroup.

## “Share” of Authorized POS for Whites and Hispanics Living at Home (3-21) 2014-2015



**Note: SCLARC data for its White consumers was suppressed due to its population size being less than 4% in this subgroup.**

**Note: SDRC did not provide its full data report for Fiscal Year 2014-2015; consequently, the data for this analysis was not available.**

**“Share” of Authorized POS for Whites and Hispanics Living at Home (3-21), 2015 - 2016**

<b>Regional Centers</b>	<b>White Percentage Consumers</b>	<b>White Percentage Authorized</b>	<b>Share of Funding for White Consumers</b>	<b>Hispanic Percentage Consumers</b>	<b>Hispanic Percentage Authorized</b>	<b>Share of Funding for Hispanic Consumers</b>
ACRC	43.7%	47.6%	108.89%	20.0%	18.6%	93.02%
CVRC	21.2%	27.2%	128.14%	60.1%	54.3%	90.40%
ELARC	7.2%	8.3%	115.90%	73.3%	68.2%	92.92%
FNRC	71.2%	70.1%	98.45%	15.2%	17.0%	112.09%
GGRC	24.5%	24.6%	100.31%	30.2%	28.3%	93.93%
HRC	18.1%	20.8%	114.90%	45.7%	40.3%	88.21%
IRC	22.8%	24.6%	107.91%	49.8%	48.4%	97.14%
KRC	26.9%	30.0%	111.46%	53.1%	47.2%	88.75%
LRC	23.7%	30.0%	126.68%	51.9%	40.9%	78.83%
NBRC	36.2%	36.1%	99.72%	30.4%	33.0%	108.53%
NLACRC	26.6%	30.4%	114.37%	50.1%	45.3%	90.46%
RCEB	21.5%	20.7%	95.94%	27.2%	25.2%	92.74%
RCOC	24.8%	27.1%	109.08%	38.6%	33.0%	85.54%
RCRC	65.6%	69.1%	105.38%	17.7%	16.9%	95.57%
SARC	22.2%	25.0%	112.66%	40.1%	37.1%	92.52%
SCLARC				74.3%	70.4%	94.81%
SDRC	19.8%	19.6%	99.06%	36.0%	32.0%	88.75%
SGPRC	10.0%	10.3%	103.23%	63.7%	59.1%	92.78%
TCRC	36.7%	41.2%	112.01%	45.8%	44.5%	97.13%
VMRC	30.7%	34.3%	111.95%	40.9%	36.7%	89.65%
WRC	24.4%	29.5%	121.11%	37.6%	31.0%	82.67%

**Note: SCLARC data for its White consumers was suppressed due to its population size being less than 4% in this subgroup.**

**“Share” of Authorized POS for Whites and Hispanics Living at Home (3-21), 2014 – 2015**

<b>Regional Centers</b>	<b>White Percentage consumers</b>	<b>White Percentage authorized</b>	<b>Share of Funding for White Consumers</b>	<b>Hispanic Percentage consumers</b>	<b>Hispanic Percentage authorized</b>	<b>Share of Funding for Hispanic Consumers</b>
<b>ACRC</b>	44.0%	48.1%	109.46%	20.1%	18.6%	92.73%
<b>CVRC</b>	22.1%	27.6%	124.75%	59.5%	55.4%	93.08%
<b>ELARC</b>	6.9%	8.4%	121.85%	74.5%	68.6%	92.19%
<b>FNRC</b>	72.2%	69.6%	96.47%	13.8%	16.1%	116.26%
<b>GGRC</b>	25.5%	27.7%	108.58%	30.0%	27.5%	91.63%
<b>HRC</b>	19.1%	20.5%	107.14%	45.6%	39.9%	87.69%
<b>IRC</b>	23.8%	25.4%	106.75%	50.9%	48.9%	96.06%
<b>KRC</b>	28.6%	32.4%	113.20%	52.5%	47.0%	89.47%
<b>LRC</b>	23.9%	30.2%	126.58%	51.5%	39.9%	77.36%
<b>NBRC</b>	39.0%	38.9%	99.83%	29.2%	29.8%	101.84%
<b>NLACRC</b>	27.6%	31.3%	113.57%	49.2%	44.1%	89.63%
<b>RCEB</b>	22.1%	21.9%	99.06%	26.5%	24.9%	93.88%
<b>RCOC</b>	26.0%	27.2%	104.70%	38.5%	33.2%	86.23%
<b>RCRC</b>	65.3%	71.1%	108.87%	17.2%	15.9%	92.58%
<b>SARC</b>	22.5%	27.9%	123.83%	40.0%	35.8%	89.49%
<b>SCLARC</b>				74.9%	68.8%	91.85%
<b>SDRC</b>	n/a	n/a		n/a	n/a	
<b>SGPRC</b>	10.5%	10.7%	101.98%	63.4%	58.3%	92.06%
<b>TCRC</b>	35.2%	39.0%	110.73%	43.5%	43.0%	98.94%
<b>VMRC</b>	30.5%	32.7%	107.17%	38.2%	36.6%	95.73%
<b>WRC</b>	25.5%	30.5%	119.28%	37.8%	30.5%	80.65%

**Note: SCLARC data for its White consumers was suppressed due to its population size being less than 4% in this subgroup.**

**Note: SDRC did not provide its full data report for Fiscal Year 2014-2015; consequently, the data for this analysis was not available.**

## APPENDIX G

# Per Capita POS Authorizations of Children Living in the Home by Race/Ethnicity & Language

### Race/Ethnicity

Fiscal Year 2015-2016, Ages 0-2, Annual Per Capita Authorizations

- For White children living in their home ages 0-2, the highest per capita authorizations were through NLACRC with \$9,804, followed by GGRC with \$8,903 and VMRC with \$8,588. The lowest per capita authorizations were through ELARC with \$4,843, followed by TCRC with \$5,412 and ACRC with \$5,847. A disparity of \$4,961 exists between NLACRC's and ELARC's per capita amounts of authorizations for White children living in their home ages 0-2. SCLARC and SDRC were not factored in due to reporting less than 4.0% of White children ages 0-2 living at home served for 2015-2016.
- For Black/African-American children living in their home children ages 0-2, the highest per capita authorizations were through NLACRC with \$8,042, followed by VMRC with \$7,463 and LRC with \$6,742. The lowest per capita authorizations were through NBRC with \$4,165, followed by HRC with \$5,092 and IRC with \$5,095. A disparity of \$3,877 exists between NLACRC's and NBRC's per capita amounts of authorizations for Black/African-American children living in their home ages 0-2. CVRC, ELARC, FNRC, GGRC, RCOC, RCRC, SARC, SDRC, SGPRC and TCRC were not factored in due to reporting less than 4.0% of White children ages 0-2 living at home served for 2015-2016.
- For Hispanic children living in their home ages 0-2, the highest per capita authorizations were through GGRC with \$10,378, followed by LRC with \$9,718 and SDRC with \$9,349. The lowest per capita authorizations were through HRC with \$5,249, followed by RCEB with \$5,418 and RCOC with \$5,755. A disparity of \$5,129 exists between GGRC's and HRC's per capita amounts of authorizations for Hispanic children living in their home ages 0-2. All regional centers' data reports for 2015-2016 were included in this analysis.
- For Asian children living in their home ages 0-2, the highest per capita authorizations were through GGRC with \$12,075, followed by NLACRC with \$10,846 and VMRC with



\$9,899. The lowest per capita authorizations were through ACRC with \$5,515, followed by WRC with \$5,912 and RCEB with \$6,607. A disparity of \$6,560 exists between GGRC's and ACRC's per capita amounts of authorizations for Asian children living in their home ages 0-2. CVRC, FNRC, IRC, KRC, RCRC, SCLARC, SDRC and TCRC were not factored in due to reporting less than 4.0% of Asian children ages 0-2 living at home served for 2015-2016.

#### Fiscal Year 2015-2016, Ages 3-21, Annual Per Capita Authorizations

- For White children living in their home ages 3-21, the highest per capita authorizations were through RCRC with \$16,553, followed by WRC with \$14,835 and KRC with \$12,763. The lowest per capita authorizations were through VMRC with \$4,123, followed by HRC with \$4,170 and CVRC with \$5,284. A disparity of \$12,430 exists between RCRC's and VMRC's per capita amounts of authorizations for White children living in their home ages 3-21. SCLARC was not factored in due to reporting less than 4.0% of White children ages 3-21 living at home served for 2015-2016.
- For Black/African-American children living in their home children ages 3-21, the highest per capita authorizations were through WRC with \$12,209, followed by KRC with \$11,363 and NLACRC with \$10,384. The lowest per capita authorizations were through HRC with \$3,350, followed by CVRC with \$3,672 and VMRC with \$3,729. A disparity of \$8,859 exists between WRC's and HRC's per capita amounts of authorizations for Black/African-American children living in their home ages 3-21. ELARC, FNRC, RCOC, RCRC, SARC, SDRC, SGPRC and TCRC were not factored in due to reporting less than 4.0% of White children ages 3-21 living at home served for 2015-2016.
- For Hispanic children living in their home ages 3-21, the highest per capita authorizations were through RCRC with \$15,011, followed by KRC with \$10,612 and WRC with \$10,126. The lowest per capita authorizations were through HRC with \$3,201, followed by VMRC with \$3,302 and SCLARC with \$3,354. A disparity of \$11,810 exists between RCRC's and HRC's per capita amounts of authorizations for Hispanic children living in their home ages 3-21. All regional centers' data reports for 2015-2016 were included in this analysis.
- For Asian children living in their home ages 3-21, the highest per capita authorizations were through RCOC with \$13,071, followed by ELARC with \$12,613 and WRC with \$12,280. The lowest per capita authorizations were through CVRC with \$3,272, followed by VMRC with \$3,740 and HRC with \$3,930. A disparity of \$9,799 exists between RCOC's and CVRC's per capita amounts of authorizations for Asian children living in their home ages 3-21. FNRC, KRC, RCRC, SCLARC, and TCRC were not

factored in due to reporting less than 4.0% of Asian children ages 3-21 living at home served for 2015-2016.

#### Fiscal Year 2014-2015, Ages 0-2, Annual Per Capita Authorizations

- For White children living in their home ages 0-2, the highest per capita authorizations were through NLACRC with \$9,793, followed by GGRC with \$9,574 and CVRC with \$8,288. The lowest per capita authorizations were through HRC with \$5,233, followed by SARC with \$5,272 and SGPRC with \$5,422. A disparity of \$4,570 exists between NLACRC's and HRC's per capita amounts of authorizations for White children living in their home ages 0-2. SCLARC was not factored in due to reporting less than 4.0% of White children ages 0-2 living at home served for 2014-2015. Additionally, SDRC's fiscal year data report for 2014-2015 is not posted online and therefore is not included in this analysis.
- For Black/African-American children living in their home children ages 0-2, the highest per capita authorizations were through RCEB with \$9,390, followed by NLACRC with \$8,361 and LRC with \$8,174. The lowest per capita authorizations were through HRC with \$4,036, followed by KRC with \$5,285 and IRC with \$5,324. A disparity of \$5,354 exists between RCEB's and HRC's per capita amounts of authorizations for Black/African-American children living in their home ages 0-2. CVRC, ELARC, FNRC, GGRC, NBRC, RCOC, RCRC, SARC, SGPRC and TCRC were not factored in due to reporting less than 4.0% of Black/African-American children ages 0-2 living at home served for 2014-2015. Additionally, SDRC's fiscal year data report for 2014-2015 is not posted online and therefore is not included in this analysis.
- For Hispanic children living in their home ages 0-2, the highest per capita authorizations were through GGRC with \$11,258, followed by LRC with \$9,889 and NLACRC with \$8,536. The lowest per capita authorizations were through HRC with \$5,038, followed by IRC with \$5,408 and VMRC with \$5,577. A disparity of \$6,220 exists between GGRC's and HRC's per capita amounts of authorizations for Hispanic children living in their home ages 0-2. All regional centers' data reports for 2014-2015 were included in this analysis, with the exception of SDRC due to the unavailability of its report online.
- For Asian children living in their home ages 0-2, the highest per capita authorizations were through GGRC with \$10,926, followed by NLACRC with \$10,448 and RCOC with \$9,257. The lowest per capita authorizations were through HRC with \$5,623, followed by RCEB with \$5,999 and SGPRC with \$6,106. A disparity of \$4,673 exists between GGRC's and HRC's per capita amounts of authorizations for Asian children living in their home ages 0-2. CVRC, FNRC, IRC, KRC, RCRC, SCLARC, and TCRC were not factored in due to reporting less than 4.0% of Asian children ages 0-2 living at home

served for 2014-2015. Additionally, SDRC's fiscal year data report for 2014-2015 is not posted online and therefore is not included in this analysis. VMRC's data report also was not available for analysis due to its departure from the uniform reporting of Asian languages by all other regional centers for this category.

#### Fiscal Year 2014-2015, Ages 3-21, Annual Per Capita Authorizations

- For White children living in their home ages 3-21, the highest per capita authorizations were through RCRC with \$18,465, followed by WRC with \$14,993 and ROCC with \$12,007. The lowest per capita authorizations were through HRC with \$4,104, followed by VMRC with \$4,458 and CVRC with \$5,325. A disparity of \$14,361 exists between RCRC's and HRC's per capita amounts of authorizations for White children living in their home ages 3-21. SCLARC was not factored in due to reporting less than 4.0% of White children ages 3-21 living at home served for 2014-2015. Additionally, SDRC's fiscal year data report for 2014-2015 is not posted online and therefore is not included in this analysis.
- For Black/African-American children living in their home children ages 3-21, the highest per capita authorizations were through WRC with \$12,530, followed by KRC with \$10,546 and NLACRC with \$10,453. The lowest per capita authorizations were through VMRC with \$3,111, followed by CVRC with \$3,854 and HRC with \$3,909. A disparity of \$9,419 exists between WRC's and VMRC's per capita amounts of authorizations for Black/African-American children living in their home ages 3-21. ELARC, FNRC, RCO, RCRC, SARC, and TCRC were not factored in due to reporting less than 4.0% of Black/African-American children ages 3-21 living at home served for 2014-2015. Additionally, SDRC's fiscal year data report for 2014-2015 is not posted online and therefore is not included in this analysis.
- For Hispanic children living in their home ages 3-21, the highest per capita authorizations were through RCRC with \$15,702, followed by WRC with \$10,138 and TCRC with \$10,070. The lowest per capita authorizations were through SCLARC with \$3,280, followed by HRC with \$3,359 and CVRC with \$3,973. A disparity of \$12,422 exists between RCRC's and SCLARC's per capita amounts of authorizations for Hispanic children living in their home ages 3-21. All regional centers' data reports for 2014-2015 were included in this analysis, with the exception of SDRC due to the unavailability of its report online.
- For Asian children living in their home ages 3-21, the highest per capita authorizations were through TCRC with \$15,195, followed by RCO with \$13,519 and ELARC with \$13,072. The lowest per capita authorizations were through CVRC with \$3,501, followed by HRC with \$4,276 and ACRC with \$6,246. A disparity of \$11,694 exists

between TCRC's and CVRC's per capita amounts of authorizations for Asian children living in their home ages 3-21. FNRC, KRC, RCRC, SCLARC, and TCRC were not factored in due to reporting less than 4.0% of Asian children ages 3-21 living at home served for 2014-2015. Additionally, SDRC's fiscal year data report for 2014-2015 is not posted online and therefore is not included in this analysis. VMRC's data report also was not available for analysis due to its departure from the uniform reporting of Asian languages by all other regional centers for this category.

## **Language**

### **Fiscal Year 2015-2016, Ages 0-2, Annual Per Capita Authorizations**

- For English-speaking children living in their home ages 0-2, the highest per capita authorizations were through GGRC with \$10,254, followed by NLACRC with \$8,952, and LRC with \$8,289. The lowest per capita authorizations were through ACRC with \$5,319, followed by HRC with \$5,345 and RCEB with \$5,358. A disparity of \$4,935 exists between GGRC's and ACRC's per capita amounts of authorizations for English – speaking children living in their home ages 0-2. All regional centers' data reports for 2015-2016 were included in this analysis.
- For Spanish-speaking children living in their home ages 0-2, the highest per capita authorizations were through LRC with \$10,796, followed by GGRC with \$10,035 and NLACRC with \$8,450. The lowest per capita authorizations were through IRC with \$4,932, followed by RCOC with \$5,058 and RCEB with \$5,389. A disparity of \$5,864 exists between LRC's and IRC's per capita amounts of authorizations for Spanish – speaking children living in their home ages 0-2. All regional centers' data reports for 2015-2016 were included in this analysis.
- For Asian & Pacific Islander Language-speaking children living in their home ages 0-2, only six regional centers (GGRC, LRC, RCEB, RCOC, SARC, and SGPRC) are implicated for Fiscal Year 2015-2016, as the other 15 regional centers all have populations less than 4.0% for this sub-group. The per capita authorizations for this sub-group among the relevant regional centers rank from highest to lowest as follows: GGRC with \$10,524, SARC with \$10,252, LRC with \$8,977, RCOC with \$8,929, RCEB with \$6,703, and SGPRC with \$6,558. A disparity of \$3,966 exists between GGRC's and SGPRC's per capita amounts of authorizations for Asian & Pacific Islander Language – speaking children living in their home ages 0-2.

#### Fiscal Year 2015-2016, Ages 3-21, Annual Per Capita Authorizations

- For English-speaking children living in their home ages 3-21, the highest per capita authorizations were through RCRC with \$15,558, followed by WRC with \$12,854 and NLACRC with \$11,994. The lowest per capita authorizations were through HRC with \$3,638, followed by SCLARC with \$3,749 and VMRC with \$3,789. A disparity of \$11,920 exists between RCRC's and HRC's per capita amounts of authorizations for English-speaking children living in their home ages 3-21. All regional centers' data reports for 2015-2016 were included in this analysis.
- For Spanish-speaking children living in their home ages 3-21, the highest per capita authorizations were through RCRC with \$16,801, followed by WRC with \$9,849 and NLACRC with \$9,789. The lowest per capita authorizations were through CVRC with \$2,690, followed by SCLARC with \$3,311 and VMRC with \$3,320. A disparity of \$14,111 exists between RCRC's and CVRC's per capita amounts of authorizations for Spanish-speaking children living in their home ages 3-21. All regional centers' data reports for 2015-2016 were included in this analysis.
- For Asian & Pacific Islander Language speaking children living in their home ages 3-21, only seven regional centers (ELARC, GGRC, LRC, RCEB, RCOC, SARC, and SGPRC) are implicated, as the other 14 regional centers all have populations less than 4.0% for this sub-group. The per capita authorizations for this sub-group among the relevant regional centers rank from highest to lowest as follows: RCOC with \$12,666, ELARC with \$11,676, RCEB with \$9,354, LRC with \$8,787, SGPRC with \$7,958, GGRC with \$7,397, and SARC with \$6,650. A disparity of \$6,016 exists between RCOC's and SARC's per capita amounts of authorizations for Asian & Pacific Islander Language-speaking children living in their home ages 3-21.

#### Fiscal Year 2014-2015, Ages 0-2, Annual Per Capita Authorizations

- For English-speaking children living in their home ages 0-2, the highest per capita authorizations were through NLACRC with \$8,828, followed by LRC with \$8,515, and FNRC with \$7,887. The lowest per capita authorizations were through HRC with \$4,943, followed by IRC with \$5,093 and VMRC with \$5,200. A disparity of \$3,885 exists between NLACRC's and HRC's per capita amounts of authorizations for English-speaking children living in their home ages 0-2. GGRC and SDRC did not post their sub-report information relevant to this analysis and consequently they are excluded from the analysis.
- For Spanish-speaking children living in their home ages 0-2, the highest per capita authorizations were through LRC with \$10,557, followed by NLACRC with \$8,848, and

FNRC with \$8,434. The lowest per capita authorizations were through IRC with \$4,826, followed by RCOC with \$5,398 and KRC with \$5,440. A disparity of \$5,117 exists between LRC's and IRC's per capita amounts of authorizations for Spanish-speaking children living in their home ages 0-2. GGRC and SDRC did not post their sub-report information relevant to this analysis and consequently they are excluded from the analysis.

- For Asian & Pacific Islander Language-speaking children living in their home ages 0-2, only five regional centers (ELARC, RCEB, RCOC, SARC, and SGPRC) are implicated for Fiscal Year 2014-2015, as 14 regional centers all have populations less than 4.0% for this sub-group, and GGRC, SARC and VMRC do not have reported data for this sub-group. The per capita authorizations for this sub-group among the five relevant regional centers rank from highest to lowest as follows: RCOC with \$9,990, SARC with \$8,700, ELARC with \$7,346, SGPRC with \$5,723, and RCEB with \$5,679. A disparity of \$4,311 exists between RCOC's and RCEB's per capita amounts of authorizations for Asian & Pacific Islander Language –speaking children living in their home ages 0-2.

#### Fiscal Year 2014-2015, Ages 3-21, Annual Per Capita Authorizations

- For English-speaking children living in their home ages 3-21, the highest per capita authorizations were through RCRC with \$17,012, followed by WRC with \$13,272 and RCOC with \$11,825. The lowest per capita authorizations were through HRC with \$3,837, followed by SCLARC with \$4,062 and VMRC with \$4,225. A disparity of \$13,175 exists between RCRC's and HRC's per capita amounts of authorizations for English –speaking children living in their home ages 3-21. GGRC and SDRC did not post their sub-report information relevant to this analysis and consequently they are excluded from the analysis.
- For Spanish-speaking children living in their home ages 3-21, the highest per capita authorizations were through RCRC with \$16,805, followed by RCOC with \$9,890 and WRC with \$9,812. The lowest per capita authorizations were through CVRC with \$2,955, followed by SCLARC with \$3,112 and HRC with \$3,762. A disparity of \$13,810 exists between RCRC's and CVRC's per capita amounts of authorizations for Spanish –speaking children living in their home ages 3-21. GGRC and SDRC did not post their sub-report information relevant to this analysis and consequently they are excluded from the analysis.
- For Asian & Pacific Islander Language-speaking children living in their home ages 3-21, only six regional centers (ELARC, LRC, RCEB, RCOC, SARC, and SGPRC) are implicated for Fiscal Year 2014-2015, as 12 regional centers all have populations less than 4.0% for this sub-group, and GGRC, SARC and VMRC do not have reported data

for this sub-group. The per capita authorizations for this sub-group among the relevant regional centers rank from highest to lowest as follows: RCOC with \$13,698, ELARC with \$12,106, LRC with \$9,525, SGPRC with \$8,583, RCEB with \$8,400, and SARC with \$6,323. A disparity of \$7,375 exists between RCOC's and SARC's per capita amounts of authorizations for Asian & Pacific Islander Language-speaking children living in their home ages 3-21.

Annual Per Capita Authorized Services by Race or Ethnicity: Home									Annual Per Capita Authorized Services by Language: Home			
Regional Center	2015 - 2016 (Ages 0-2)				2015 - 2016 (Ages 3-21)				2015-2016 (Ages 0-2)		2015 - 2016 (Ages 3-21)	
	White	Black/African-American	Hispanic	Asian	White	Black/African-American	Hispanic	Asian	English	Spanish	English	Spanish
ACRC	\$5,847	\$5,401	\$6,186	\$5,515	\$6,012	\$5,206	\$5,139	\$4,751	\$5,319	\$5,842	\$5,563	\$5,394
CVRC	\$7,424		\$7,224		\$5,284	\$3,672	\$3,728	\$3,272	\$7,150	\$7,756	\$4,708	\$2,690
ELARC	\$4,843		\$5,768	\$8,287	\$10,838		\$8,689	\$12,613	\$5,552	\$6,125	\$9,438	\$8,632
FNRC	\$8,120		\$8,706		\$5,639		\$6,420		\$8,206	\$8,298	\$5,656	\$6,854
GGRC	\$8,903		\$10,378	\$12,075	\$6,200	\$5,868	\$5,806	\$6,783	\$10,254	\$10,035	\$6,215	\$5,511
HRC	\$5,901	\$5,092	\$5,249	\$6,962	\$4,170	\$3,350	\$3,201	\$3,930	\$5,345	\$5,853	\$3,638	\$3,341
IRC	\$6,983	\$5,095	\$5,933		\$7,484	\$6,175	\$6,737	\$8,763	\$5,358	\$4,932	\$6,914	\$6,882
KRC	\$6,216	\$5,451	\$5,809		\$12,763	\$11,363	\$10,162		\$5,648	\$6,542	\$11,994	\$9,760
LRC	\$8,404	\$6,742	\$9,718	\$9,205	\$8,937	\$9,346	\$5,562	\$8,820	\$8,289	\$10,796	\$7,847	\$5,348
NBRC	\$7,999	\$4,165	\$6,713	\$6,658	\$5,909	\$5,608	\$6,437	\$7,079	\$7,123	\$7,012	\$5,805	\$6,209
NLACRC	\$9,804	\$8,042	\$8,647	\$10,846	\$12,186	\$10,384	\$9,638	\$11,587	\$8,952	\$8,450	\$10,918	\$9,789
RCEB	\$6,530	\$6,035	\$5,418	\$6,607	\$7,210	\$8,106	\$6,969	\$8,495	\$6,117	\$5,389	\$7,237	\$7,300
RCOC	\$6,395		\$5,755	\$8,700	\$12,254		\$9,610	\$13,071	\$7,061	\$5,058	\$11,633	\$9,666
RCRC	\$8,045		\$8,473		\$16,553		\$15,011		\$7,870	\$8,198	\$15,558	\$16,801
SARC	\$5,957		\$6,053	\$8,436	\$7,462		\$6,128	\$6,505	\$6,492	\$5,770	\$6,927	\$5,752
SCLARC		\$6,646	\$6,052			\$4,487	\$3,354		\$5,946	\$6,486	\$3,749	\$3,311
SDRC			\$9,349		\$5,541		\$4,964	\$4,857	\$7,619	\$7,334	\$5,585	\$5,371
SGPRC	\$6,702		\$7,208	\$7,868	\$6,640		\$5,967	\$7,857	\$7,341	\$6,984	\$6,457	\$6,065
TCRC	\$5,412		\$6,119		\$11,334		\$9,828		\$5,445	\$6,265	\$10,306	\$9,585
VMRC	\$8,588	\$7,463	\$7,385	\$9,899	\$4,123	\$3,729	\$3,302	\$3,740	\$7,810	\$6,438	\$3,789	\$3,320
WRC	\$5,917	\$5,285	\$6,606	\$5,912	\$14,835	\$12,209	\$10,126	\$12,280	\$6,164	\$6,989	\$12,854	\$9,849

**Note: Regional Centers with no entries in the fields represent suppressed data due to insufficient numbers.**



Annual Per Capita Authorized Services by Race or Ethnicity: Home									Annual Per Capita Authorized Services by Language: Home			
Regional Center	2014 - 2015 (Ages 0-2)				2014 - 2015 (Ages 3-21)				2014 - 2015 (Ages 0-2)		2014-2015 (Ages 3-21)	
	White	Black/African-American	Hispanic	Asian	White	Black/African-American	Hispanic	Asian	English	Spanish	English	Spanish
ACRC	\$7,724	\$7,405	\$6,894	\$7,179	\$7,033	\$5,406	\$5,958	\$6,246	\$6,893	\$7,430	\$6,495	\$6,350
CVRC	\$8,288		\$7,009		\$5,325	\$3,854	\$3,973	\$3,501	\$7,354	\$6,756	\$4,851	\$2,955
ELARC	\$6,592		\$5,972	\$7,483	\$11,717		\$8,865	\$13,072	\$5,898	\$6,637	\$9,759	\$8,876
FNRC	\$8,124		\$7,810		\$6,039		\$7,278		\$7,887	\$8,434	\$6,157	\$8,542
GGRC	\$9,574		\$11,258	\$10,926	\$6,736	\$4,987	\$5,684	\$6,873	n/a	n/a	n/a	n/a
HRC	\$5,233	\$4,036	\$5,038	\$5,623	\$4,104	\$3,909	\$3,359	\$4,276	\$4,943	\$5,678	\$3,837	\$3,762
IRC	\$6,050	\$5,324	\$5,408		\$7,075	\$5,708	\$6,367	\$8,809	\$5,093	\$4,826	\$6,584	\$6,567
KRC	\$6,597	\$5,285	\$5,616		\$11,690	\$10,546	\$9,240		\$6,122	\$5,440	\$10,965	\$8,450
LRC	\$8,126	\$8,174	\$9,889	\$8,910	\$9,573	\$7,332	\$5,851	\$10,412	\$8,515	\$10,557	\$8,419	\$5,650
NBRC	\$7,757		\$7,777	\$8,428	\$7,273	\$8,042	\$7,269	\$9,834	\$7,414	\$8,085	\$7,253	\$7,224
NLACRC	\$9,793	\$8,361	\$8,536	\$10,448	\$11,872	\$10,453	\$9,369	\$11,617	\$8,828	\$8,848	\$10,776	\$9,483
RCEB	\$6,136	\$9,390	\$6,250	\$5,999	\$7,507	\$7,965	\$7,115	\$8,013	\$7,025	\$6,183	\$7,449	\$7,467
RCOC	\$6,605		\$5,795	\$9,257	\$12,007		\$9,888	\$13,519	\$7,002	\$5,398	\$11,825	\$9,890
RCRC	\$5,797		\$7,813		\$18,465		\$15,702		\$5,983	\$7,553	\$17,012	\$16,805
SARC	\$5,272		\$6,594	\$9,027	\$8,440		\$6,100	\$6,514	\$7,858	\$5,447	\$7,296	\$5,700
SCLARC		\$6,455	\$6,653			\$4,717	\$3,280		\$6,287	\$7,059	\$4,062	\$3,112
SDRC	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
SGPRC	\$5,422		\$6,696	\$6,106	\$6,853	\$6,388	\$6,186	\$8,491	\$6,463	\$6,950	\$6,851	\$6,095
TCRC	\$5,724		\$5,627		\$11,270		\$10,070		\$5,491	\$6,027	\$10,450	\$9,319
VMRC	\$6,975	\$7,059	\$5,577	n/a	\$4,458	\$3,111	\$3,986	n/a	\$5,200	\$5,694	\$4,225	\$3,805
WRC	\$5,927	\$6,582	\$6,523	\$7,483	\$14,993	\$12,530	\$10,138	\$12,466	\$6,423	\$6,716	\$13,272	\$9,812

**Note: Regional Centers with no entries in the fields represent suppressed data due to insufficient numbers.**

**Note: Regional Centers with “n/a” in the fields represent reports that were not made available.**

## APPENDIX H

# Internal POS Disparities within Regional Centers

Instances of select intra-regional center disparities identified through the data analysis follow. The disparities discussed below do not reflect the exclusive disparities within each regional center; rather, for the sake of brevity, only some key issues are mentioned herein. All race/ethnicity and language groups mentioned below constitute at least 4.0% of the subgroup for the regional center at issue.

### ACRC

- Disparities in No POS – For consumers with no POS by ethnicity or race for 2015-2016, Asians 3-21 at ACRC had the highest rate at 33.8% compared to lowest for the Hispanic population at 22.7%, for a difference of 11.1%. The discrepancy in these rates between these two groups increased minimally by .2% from 2014-2015.
- Disparities in Per Capita Expenditures and Authorizations – Asians living at home ages 3-21 for 2015-2016 had the lowest per capita expenditures (\$2,701) and lowest per capita authorizations (\$4,751) compared to the respective general averages of this age group at ACRC, which were \$2,973 for expenditures and \$5,525 for authorizations. The above per capita amounts for Asians were significantly lower than their 2014-2015 per capita amounts of \$3,598 for expenditures and \$6,246 for authorizations.
- Other Disparities – Hmong-speaking consumers of all ages at ACRC (153 consumers total) in 2015-2016 constituted the 4th largest population (after English, Spanish and Russian). Only 34.3% (24 out of the 70) Hmong-speaking children ages 3-21 received POS. By comparison, 71.5% of English-speaking children ages 3-21 and 85.3% of Spanish-speaking children ages 3-21 received POS. English-speaking children ages 3-21 overall received annual per capita expenditures of \$4,075 and annual per capita authorized expenditures of \$6,706, while Spanish-speaking children ages 3-21 overall received annual per capita expenditures of \$3,535 and annual per capita authorized expenditures of \$5,742. By comparison, for the 24 Hmong-speaking children ages 3-21 that were reported to have received some services from ACRC, the overall annual per capita expenditures were \$1,130 and the annual per capita authorized expenditures were \$1,397.

## CVRC

- Disparities in No POS - For consumers with no POS by ethnicity or race in 2015-2016, Black/African-Americans ages 3-21 at CVRC had the highest rate at 47.7% compared to lowest for the Hispanic population at 39.2%. In 2014-2015, Asians ages 3-21 had the highest rate at 50.1% compared to the lowest rate for Whites at 38.2%.
- Disparities in Per Capita Expenditures and Authorizations - Asians living at home ages 3-21 in 2015-2016 had the lowest per capita expenditures at \$2,107 and lowest per capita authorizations \$3,272 compared to Whites at \$3,399 for per capita expenditures and \$5,284 for per capita authorizations. Hispanic children ages 3-21 living at home also received considerably less than their White counterparts -- \$2,422 for expenditures and \$3,728 for authorizations. The above per capita amounts for both Asian and Hispanic children ages 3-21 living at home were both lower in 2015-2016 than their 2014-2015 amounts, which were \$2,528 in expenditures and \$3,501 in authorizations for Asians, and \$2,555 in expenditures and \$3,973 in authorizations for the Hispanic children.
- Other Disparities- CVRC consists of the largest Hmong-speaking population statewide. Hmong-speaking consumers of all ages (360 consumers total) in 2015-2016 constituted the 3rd largest population (after English and Spanish). Only 48.1% (64 out of the 133) Hmong-speaking children ages 3-21 received POS from CVRC. By comparison, 58.0% of English-speaking children ages 3-21 received POS and 65.9% of Spanish-speaking children ages 3-21 received POS. English-speaking children ages 3-21 overall received annual per capita expenditures of \$3,747 and annual per capita authorized expenditures of \$5,458, while Spanish-speaking children ages 3-21 overall received annual per capita expenditures of \$2,191 and annual per capita authorized expenditures of \$3,048. By comparison, for the 64 Hmong-speaking children ages 3-21 that were reported to have received some services from CVRC, the overall annual per capita expenditures were \$968 and the annual per capita authorized expenditures were \$1,202.

## ELARC

- Disparities in Per Capita Expenditures and Authorizations – Hispanic children living at home ages 3-21 in 2015-2016 had the lowest per capita expenditures among significant populations at \$6,137 and lowest per capita authorizations at \$8,689 compared to Asians at \$9,179 for expenditures and \$12,612 for authorizations. The above per capita amounts for Hispanic children ages 3-21 who are living at home were somewhat lower than their 2014-2015 per capita amounts of \$6,429 for expenditures and \$8,865 for authorizations.

## FNRC

- Disparities in Per Capita Expenditures and Authorizations - Spanish-speaking children living at home ages 0-2 in 2015-2016 had lower capita expenditures at \$3,983 but higher per capita authorizations at \$8,298 compared to English-speaking children living at home ages 0-2 for expenditures at \$4,362 and for authorizations at \$8,206.

- Spanish-speaking children living at home ages 3-21 in 2015-2016 had \$3,178 in per capita expenditures and \$6,854 in per capita authorizations, which were considerably lower than what the amounts they received of \$4,138 in expenditures and \$8,542 in authorizations for 2014-2015.
- Spanish-speaking children's utilization rates were at 48.0% for ages 0-2 and 46.4% for ages 3-21.

### GGRC

- Disparities in No POS - For consumers with no POS by ethnicity or race in 2015-2016, Black/African-Americans ages 3-21 at GGRC had the highest rate at 41.6% compared to lowest rate for Asians ages 3-21 at 25.0%. In 2014-2015, the difference was greater between these two groups, with Black/African-Americans at 41.7% and Asians at 21.0% having no POS.
- Disparities in Per Capita Expenditures and Authorizations - Black/African-Americans living at home ages 3-21 in 2015-2016 had per capita expenditures at \$4,259 and per capita authorizations at \$5,868. By comparison, Asians living at home ages 3-21 had per capita expenditures of \$5,167 and per capita authorizations of \$6,783 for 2015-2016.

### HRC

- Comparison with other Regional Centers – In Fiscal Year 2015-2016, next to VMRC, HRC has the second lowest per capita authorizations amount for all ages. However, HRC has the lowest per capita expenditures for all ages among all the regional centers. And while HRC's total per capita authorizations among all ages are \$1,258 more than VMRC, it is only due to HRC's per capita authorizations for adults over age 22 being approximately \$6,000 more than VMRC's for adults over age 22.
- Disparities in Per Capita Expenditures and Authorizations – For children 3-21 living in the home for Fiscal Year 2015-2016, Hispanic children had the lowest per capita expenditures at \$1,785 and lowest per capita authorizations at \$3,201. By comparison, White children 3-21 living at home had \$2,260 in per capita expenditures and \$4,170 per capita authorizations. Although the White figures cited here were the highest per capita amounts within HRC for the four main ethnic groups, these amounts still ranked the lowest in per capita expenditures among all 21 regional centers and second lowest in per capita authorizations, slightly above VMRC at \$4,123. In 2014-2015, Hispanic children ages 3-21 living in the home had slighter higher per capita amounts, with \$1,938 in per capita expenditures and \$3,359 per capita authorizations.
- HRC's average utilization rates in 2015-2016 for children 0-2 living at home for all ethnic groups and for all languages spoken were each 47.3%, down from 47.8 % for each in 2014-2015.

## IRC

- Disparities in Per Capita Expenditures and Authorizations Black/African American children 0-2 living in the home for Fiscal Year 2015-2016 had the lowest per capita expenditures at \$3,100 and lowest per capita authorizations at \$5,095. In contrast, White children 0-2 living at home had \$4,521 in per capita expenditures and \$6,983 in per capita authorizations.
- Black/African American children 3-21 living in the home for Fiscal Year 2015-2016 had the lowest per capita expenditures at \$4,011 and lowest per capita authorizations at \$6,175. In contrast, Asian children 3-21 living at home had \$6,136 in per capita expenditures and \$7,763 in per capita authorizations in 2015-2016.

## KRC

- Disparities in No POS- For children 0-2 of all ethnic groups in 2015-2016, the percentage of no POS is 8.1%, down from 10.2% in 2014-2015, but still the highest among the 21 regional centers. For English-speaking children 0-2, the rate of no POS in 2015-2016 is 7.7% and for Spanish –speaking children 0-2, the rate is 9.7%. While these rates are also down from 2014-2015, where the English-speaking rate of no POS was 9.7% and the Spanish – speaking rate of no POS was 11.7%, the 2015-2016 rates are still the highest among all of the 21 regional centers.
- Disparities in Per Capita Expenditures and Authorizations- Hispanic children ages 3-21 living in the home for Fiscal Year 2015-2016 had the lowest per capita expenditures at \$5,073 and lowest per capita authorizations at \$10,162. In contrast, White children ages 3-21 living at home had \$6,352 in per capita expenditures and \$12,763 in per capita authorizations.
- Spanish–speaking children living at home ages 3-21 in 2015-2016 had \$4,683 in per capita expenditures and \$9,760 in per capita authorizations, compared to English-speaking children living at home ages 3-21, who received \$6,032 in per capita expenditures and \$11,994 in per capita authorizations for 2015-2016.

## LRC

- Disparities in Per Capita Expenditures and Authorizations - For children 3-21 living in the home for Fiscal Year 2015-2016, Hispanic children had the lowest per capita expenditures at \$3,691 and lowest per capita authorizations at \$5,562. In contrast, White children 3-21 living at home had \$5,532 in per capita expenditures and \$8,937 per capita authorizations.
- Spanish–speaking children living at home ages 3-21 in 2015-2016 had \$3,524 in per capita expenditures and \$5,348 in per capita authorizations, compared to English-speaking children living at home ages 3-21, who received \$4,901 in per capita expenditures and \$7,847 in per capita authorizations for 2015-2016.

- Other Disparities –For Hispanic children living in their home ages 3-21, LRC authorized less percentage of its POS than the percentage of this subpopulation. The differential in 2015-2016 was 11% and the differential in 2014-2015 was 11.6%. This translates into Hispanic children ages 3-21 living in the home receiving 78.8% of their “fair share” of authorizations based on the population percentage they represent for this subgroup at LRC in 2015-2016, and 77.4% of their “fair share” for 2014-2015.
- The utilization rate for lack/African American children 3-21 living in the home for Fiscal Year 2015-2016 was 44.9%, which was 17.0% less than the next lowest utilization rate of 61.9% for Whites.

### NBRC

- Disparities in Per Capita Expenditures and Authorizations - Black/African American children 0-2 living in the home for Fiscal Year 2015-2016 had the lowest per capita expenditures at \$2,019 and lowest per capita authorizations at \$4,165. In contrast, White children 0-2 living at home in 2015-2016 had \$4,753 in per capita expenditures and \$7,999 in per capita authorizations. In 2014-2015, Black/African American children 0-2 living in the home received significantly higher amounts of \$3,349 in per capita expenditures and \$6,294 in per capita authorizations.

### NLACRC

- Disparities in Per Capita Expenditures and Authorizations - Black/African American children 0-2 living in the home for Fiscal Year 2015-2016 had the lowest per capita expenditures at \$4,547 and lowest per capita authorizations at \$8,042. By comparison, Asian children 0-2 living at home in 2015-2016 had \$6,606 in per capita expenditures and \$10,846 in per capita authorizations.
- Hispanic children ages 3-21 living in the home for Fiscal Year 2015-2016 had the lowest per capita expenditures at \$6,767 and the lowest per capita authorizations at \$9,638. In contrast, Asian children ages 3-21 living at home for Fiscal Year 2015-2016 had \$8,408 in per capita expenditures and \$11,587 in per capita authorizations.

### RCEB

- Disparities in Per Capita Expenditures and Authorizations - Hispanic children 0-2 living in the home for Fiscal Year 2015-2016 had the lowest per capita expenditures at \$3,412 and lowest per capita authorizations at \$5,418. By comparison, White children 0-2 living at home in 2015-2016 had \$4,320 in per capita expenditures and \$6,530 in per capita authorizations. In 2014-2015, Hispanic children 0-2 living in the home received significantly higher amounts of \$3,988 in per capita expenditures and \$6,250 in per capita authorizations.
- Hispanic children ages 3-21 living in the home for Fiscal Year 2015-2016 had the lowest per capita expenditures at \$4,401 and the lowest per capita authorizations at \$6,969. In

contrast, Asian children ages 3-21 living at home for Fiscal Year 2015-2016 had \$5,035 in per capita expenditures and \$8,495 in per capita authorizations.

### RCOC

- Disparities in No POS – Spanish-speaking consumers ages 0-2 with no POS for 2015-2016 had a rate of 6.9% compared to English-speaking consumers ages 0-2 at 4.4% Spanish-speaking consumers ages 3-21 with no POS for 2015-2016 had a rate of 34.8% compared to English-speaking consumers ages 3-21 at 24.4%
- Disparities in Per Capita Expenditures and Authorizations - Hispanic children 0-2 living in the home for Fiscal Year 2015-2016 had the lowest per capita expenditures at \$3,521 and lowest per capita authorizations at \$5,755. By comparison, Asian children 0-2 living at home in 2015-2016 had \$5,736 in per capita expenditures and \$8,700 in per capita authorizations.
- Hispanic children ages 3-21 living in the home for Fiscal Year 2015-2016 had the lowest per capita expenditures at \$6,153 and the lowest per capita authorizations at \$9,610. In contrast, Asian children ages 3-21 living at home for Fiscal Year 2015-2016 had \$8,608 in per capita expenditures and \$13,071 in per capita authorizations. In 2014-2015, Hispanic children ages 3-21 living in the home received a higher amount of \$6,552 in per capita expenditures and a higher amount of \$9,888 in per capita authorizations.

### RCRC

- Disparities in Per Capita Expenditures and Authorizations - Hispanic children ages 3-21 living in the home for Fiscal Year 2015-2016 had per capita expenditures at \$5,574 and per capita authorizations at \$15,011. By comparison, White children ages 3-21 living at home for Fiscal Year 2015-2016 had \$8,394 in per capita expenditures and \$16,553 in per capita authorizations. In 2014-2015, Hispanic children ages 3-21 living in the home received a higher amount of \$6,706 in per capita expenditures and a higher amount of \$15,702 in per capita authorizations.
- The utilization rate for Hispanic children 0-2 living in the home for Fiscal Year 2015-2016 was 49.6% while the utilization rate of their White counterparts for this period was 56.5%. For Hispanic children ages 3-21 living in the home for 2015-2016, the utilization rate was 37.1% compared to their White counterparts for this period, whose rate was 50.7%.
- The utilization rate for Spanish-speaking children ages 0-2 living at home in 2015-2016 was 47.5% compared to 55.0% for English-speaking children. For Spanish-speaking consumers ages 3-21, the utilization rate was 34.1% compared to English-speaking children at 48.6%.

## SARC

- Disparities in Per Capita Expenditures and Authorizations - Hispanic children ages 3-21 living in the home for Fiscal Year 2015-2016 had the lowest per capita expenditures at \$4,266 and the lowest per capita authorizations at \$6,128. By comparison, White children ages 3-21 living at home for Fiscal Year 2015-2016 had \$4,797 in per capita expenditures and \$7,462 in per capita authorizations. In 2014-2015, the differences were greater as Hispanic children had per capita expenditures at \$4,171 and per capita authorizations at \$6,100, while White children ages 3-21 living at home for Fiscal Year 2014-2015 had \$5,497 in per capita expenditures and \$8,440 in per capita authorizations.

## SCLARC

- Disparities in Per Capita Expenditures and Authorizations – Hispanic children ages 3-21 living in the home for Fiscal Year 2015-2016 had the lowest per capita expenditures at \$2,189 and the lowest per capita authorizations at \$3,354. In contrast, Black/African-American children ages 3-21 living at home for Fiscal Year 2015-2016 had \$2,760 in per capita expenditures and \$4,487 in per capita authorizations.
- Spanish-speaking children living at home ages 3-21 in 2015-2016 had \$2,218 in per capita expenditures and \$3,311 in per capita authorizations. English-speaking children living at home ages 3-21 received slightly higher amounts of \$2,308 in per capita expenditures and \$3,749 in per capita authorizations for 2015-2016. In 2014-2015, Spanish-speaking children living at home ages 3-21 had \$2,099 in per capita expenditures and \$3,112 in per capita authorizations. English-speaking children living at home ages 3-21 received higher amounts of \$2,571 in per capita expenditures and \$4,062 in per capita authorizations for 2014-2015.

## SDRC

- Disparities in Per Capita Expenditures and Authorizations - Hispanic children ages 3-21 living in the home for Fiscal Year 2015-2016 were reported as having per capita expenditures of \$3,270 and per capita authorizations of \$4,694. By comparison, White children ages 3-21 living at home for Fiscal Year 2015-2016 were reported as having \$3,602 in per capita expenditures and \$5,541 in per capita authorizations. Data for 2014-2015 is not available to make fiscal year comparisons because SDRC failed to post its full data report for 2014-2015 (and all other prior years) online.
- As discussed in Appendix C, SDRC's "Other Ethnicity or Race" category is abnormally high relative to all other regional centers and calls into question the validity of SDRC's reports according ethnicity or race, as many children currently under SDRC's "Other Ethnicity or Race" category likely would be more appropriately classified under the main four ethnic/race groups instead.



## SGPRC

- Disparities in Per Capita Expenditures and Authorizations – According to SGPRC’s report “Total Annual Expenditures and Authorized Services for Consumers Living at Home by Ethnicity or Race,” Hispanic children ages 3-21 living in the home for Fiscal Year 2015-2016 had the lowest per capita expenditures at \$4,267 and the lowest per capita authorizations at \$5,967. By comparison, Asian children ages 3-21 living at home for Fiscal Year 2015-2016 had \$5,577 in per capita expenditures and \$7,857 in per capita authorizations. In 2014-2015, according to SGPRC’s report “Total Annual Expenditures and Authorized Services by Ethnicity or Race for Residence Type: Home,” Hispanic children had slightly higher per capita expenditures at \$4,320 and per capita authorizations at \$6,186, while Asian children ages 3-21 living at home for Fiscal Year 2014-2015 had \$6,051 in per capita expenditures and \$8,491 in per capita authorizations.

## TCRC

- Disparities in Per Capita Expenditures and Authorizations - According to TCRC’s report “Total Annual Expenditures and Authorized Services for Consumers Living at Home by Ethnicity or Race,” Hispanic children ages 3-21 living in the home for Fiscal Year 2015-2016 had per capita expenditures at \$6,292 and per capita authorizations at \$9,828. By comparison, White children ages 3-21 living at home for Fiscal Year 2015-2016 had roughly the same in per capita expenditures at \$6,433 but a significantly larger per capita authorization amount of \$11,334. In 2014-2015, according to TCRC’s report “Total Annual Expenditures and Authorized Services by Ethnicity or Race for Residence Type: Home,” Hispanic children ages 3-21 living in the home received a higher amount of \$6,808 in per capita expenditures and a higher amount of \$10, 070 in per capita authorizations, while White children ages 3-21 living at home for Fiscal Year 2014-2015 had \$6,811 in per capita expenditures and \$11,270 in per capita authorizations. Comparing both years, Hispanic children had higher utilization rates than White children to reach nearly the same per capita expenditures despite being authorized less.

## VMRC

- Disparities in No POS- For children 0-2 of all ethnic groups in 2015-2016, the percentage of no POS is now at 4.2%, down from an alarming 23.1% in 2014-2015. For English-speaking children 0-2, the rate of no POS in 2015-2016 is 4.3% and for Spanish-speaking children 0-2, the rate is 4.0%. These rates are down from 2014-2015, where the English-speaking rate of no POS was shockingly at 25.4% and the Spanish-speaking rate of no POS was also extremely high at 12.7%.
- Disparities in Per Capita Expenditures and Authorizations - Hispanic children ages 3-21 living in the home for Fiscal Year 2015-2016 had the lowest per capita expenditures at \$2,144 and the lowest per capita authorizations at \$3,302. By comparison, White children ages 3-21 living at home for Fiscal Year 2015-2016 had \$2,857 in per capita

expenditures and \$4,123 in per capita authorizations. In 2014-2015, Hispanic children had per capita expenditures at \$2,501 and per capita authorizations at \$3,986, while White children ages 3-21 living at home for Fiscal Year 2014-2015 had \$3,067 in per capita expenditures and \$4,458 in per capita authorizations.

- Spanish-speaking children living at home ages 3-21 in 2015-2016 had \$2,093 in per capita expenditures and \$3,320 in per capita authorizations. English-speaking children living at home ages 3-21 received higher amounts of \$2,608 in per capita expenditures and \$3,789 in per capita authorizations for 2015-2016. In 2014-2015, Spanish-speaking children living at home ages 3-21 had \$2,308 in per capita expenditures and \$3,805 in per capita authorizations. English-speaking children living at home ages 3-21 also received higher amounts of \$2,832 in per capita expenditures and \$4,225 in per capita authorizations for 2014-2015.

## WRC

- Disparities in Per Capita Expenditures and Authorizations - Hispanic children ages 3-21 living in the home for Fiscal Year 2015-2016 had the per capita expenditures at \$6,914 and the per capita authorizations at \$10,126. By comparison, White children ages 3-21 living at home for Fiscal Year 2015-2016 had \$9,156 in per capita expenditures and \$14,835 in per capita authorizations. In 2014-2015, Hispanic children ages 3-21 living at home had per capita expenditures at \$7,256 and the per capita authorizations at \$10,138. By comparison, White children ages 3-21 living at home for Fiscal Year 2014-2015 had \$9,861 in per capita expenditures and \$14,993 in per capita authorizations.

## APPENDIX I

# Analysis of Children with No POS by Race/Ethnicity and Language

### Race/Ethnicity

#### Fiscal Year 2015-2016, Ages 0-2

- For White children ages 0-2 without any POS, KRC's rate ranked the highest, with 9.8%, followed by RCRC at 9.6% and GGRC at 9.1%. The three lowest rates were LRC at 0.4%, followed by SGPRC at 0.8%, and NLACRC at 0.9%. SCLARC and SDRC were not factored in due to reporting less than 4.0% of White children under three served for 2015-2016.
- For Black/African-American children ages 0-2 without any POS, KRC's rate ranked the highest at 9.6%, followed by IRC at 7.4. % and VMRC at 6.6%. The three lowest rates were LRC at 0.9%, and then 1.3% shared by NLACRC and SCLARC. CVRC, ELARC, FNRC, GGRC, RCOC, RCRC, SARC, SDRC, SGPRC, and TCRC were not factored in due to reporting less than 4.0% of Black/African-American children under three served for 2015-2016.
- For Hispanic children ages 0-2 without any POS, SDRC's rate ranked the highest at 8.1%, followed by RCRC at 7.8 and KRC at 7.5%. Five regional centers had rates at less than 1.0%. The lowest rates were NLACRC at 0.2%, LRC at 0.3%, SCLARC at 0.4%, TCRC at 0.6%, and WRC at 0.7%. All regional centers' data reports for 2015-2016 were included in this analysis.
- For Asian children ages 0-2 without any POS, GGRC's rate ranked the highest at 5.8%, followed by SARC and RCEB tied at 4.8% each. Both LRC and NBRC had rates of 0.0%, meaning all Asian children 0-2 received POS from these two agencies, followed by NLACRC at 0.6%. CVRC, FNRC, IRC, KRC, RCRC, SCLARC, SDRC, and TCRC were not factored in due to reporting less than 4.0% of Asian children under three served for 2015-2016.

#### Fiscal Year 2015-2016, Ages 3-21

- For White children ages 3-21 without any POS, HRC's rate ranked the highest at 41.7%, followed by RCEB at 40.7% and CVRC at 40.5%. Ten regional centers did not provide any POS to White children ages 3 to 21 at rates exceeding 33.3% (HRC, RCEB, CVRC,

GGRC, SGPRC, NBRC, FNRC, KRC, VMRC, and IRC). The three lowest rates were RCRC at 21.0%, RCOC at 23.5%, and WRC at 23.6%. Only five regional centers provided POS to more than 75.0% of its White children ages 3-21 (RCRC, RCOC, WRC, TCRC and ELARC). SCLARC was not factored in due to serving less than 4.0% of White children 3 to 21 for 2015-2016.

- For Black/African-American children ages 3-21 without any POS, CVRC's rate ranked the highest at 47.7%, followed by RCEB at 43.6% and NBRC at 42.0%. HRC and GGRC's were also notably high at 41.9% and 41.6% respectively. Eight regional centers did not provide any POS to Black/African-American children ages 3 to 21 at rates exceeding 33.3% (CVRC, RCEB, NBRC, HRC, GGRC, IRC, KRC, and SCLARC). The three lowest rates were WRC at 22.5%, VMRC at 25.2% and ACRC at 29.2%. Only WRC provided POS to more than 75.0% of its Black/African-American children ages 3-21. ELARC, FNRC, RCOC, RCRC, SARC, SDRC, SGPRC, and TCRC were not factored in due to reporting less than 4.0% of Black/African-American children ages 3-21 served for 2015-2016.
- For Hispanic children ages 3-21 without any POS, KRC's rate ranked the highest at 40.3%, followed by CVRC at 39.2% and RCEB at 37.3%. Eight regional centers did not provide any POS to Hispanic children ages 3 to 21 at rates exceeding 33.3% (KRC, CVRC, RCEB, IRC, FNRC, SGPRC, RCOC, and SDRC). The three lowest rates were TCRC at 17.3%, RCRC at 19.3% and ELARC at 22.2%. Only five regional centers provided POS to more than 75.0% of its Hispanic children ages 3-21 (TCRC, RCRC, ELARC, ACRC, and VMRC). All regional centers' data reports for 2015-2016 were included in this analysis.
- For Asian children ages 3-21 without any POS, CVRC's rate ranked the highest at 45.9%, followed by RCEB at 41.5% and HRC at 37.9%. Six regional centers did not provide any POS to Asian children ages 3 to 21 at rates exceeding 33.3% (CVRC, RCEB, HRC, NBRC, SDRC, and ACRC). The three lowest rates were RCOC at 18.1%, ELARC at 20.0%, and WRC at 22.4.0%. Only five regional centers provided POS to more than 75.0% of its Asian children ages 3-21 (RCOC, ELARC, WRC, LRC and GGRC). FNRC, KRC, RCRC, SCLARC, SDRC, and TCRC were not factored in due to reporting less than 4.0% of Asian children under three served for 2015-2016.

### Combined Rates

For the Fiscal Year 2015-2016, combining both age groups, GGRC had the highest percentage of no POS for Whites, with 48.0% of its White children ages 0-21 not receiving any POS. RCEB had the highest combined rate of no POS for Black/African-American children ages 0-21 at 49.6%. KRC had the highest combined rate of no POS for Hispanic children ages 0-21 at 47.8%.

RCEB had the highest combined rate of no POS for Asian children ages 0-21 at 46.3%.

#### Fiscal Year 2014-2015, Ages 0-2

- For White children ages 0-2 without any POS, VMRC's rate ranked the highest at 15.9%, followed by KRC at 11.9% and SDRC at 10.4%. SARC also had a notably high rate of 10.1%. The three lowest rates were LRC at 0.4%, WRC at 0.6%, and NLACRC at 0.8%. SCLARC was not factored in due to reporting less than 4.0% of White children under three served for 2014-2015.
- For Black/African-American children ages 0-2 without any POS, VMRC's rate ranked the highest at 15.9%, followed by SDRC at 13.2% and KRC at 9.6%. The three lowest rates were NLACRC at 0.3%, LRC at 0.9%, and RCEB at 1.8%. CVRC, ELARC, FNRC, GGRC, NBRC, RCOC, RCRC, SARC, SDRC, SGPRC, and TCRC were not factored in due to reporting less than 4.0% of Black/African-American children under three served for 2014-2015.
- For Hispanic children ages 0-2 without any POS, VMRC's rate ranked the highest at 14.8%, followed by KRC at 9.7% and IRC at 6.5%. The lowest rates were LRC at 0.3%, NLACRC at 0.5%, and SCLARC at 0.6%. All regional centers' data reports for 2014-2015 were included in this analysis.
- For Asian children ages 0-2 without any POS, ACRC's rate ranked the highest at 7.5%, followed by HRC at 6.7% and SDRC at 6.1%. Both LRC and NLACRC had 0.0%, meaning all its children received some POS from these two agencies, followed by SGPRC at 0.8%. CVRC, FNRC, IRC, KRC, RCRC, SCLARC, and TCRC were not factored in due to reporting less than 4.0% of Asian children under three served for 2014-2015. VMRC's data report was not available for analysis due to its departure from the uniform reporting of Asian languages by all other regional centers for this category.

#### Fiscal Year 2014-2015, Ages 3-21

- For White children ages 3-21 without any POS, HRC's rate ranked the highest at 42.4%, followed by RCEB at 39.8% and SGPRC at 39.7%. Nine regional centers did not provide any POS to White children ages 3 to 21 at rates exceeding 33.3% (HRC, RCEB, SGPRC, CVRC, NBRC, FNRC, KRC, IRC and VMRC). The three lowest rates were RCRC at 19.5%, WRC at 21.4%, and LRC at 22.8%. Only five regional centers provided POS to more than 75.0% of its White children ages 3-21 (RCRC, WRC, LRC, TCRC and RCOC). SCLARC was not factored in due to serving less than 4.0% of White children 3 to 21 for 2014-2015.

- For Black/African-American children ages 3-21 without any POS, CVRC's rate ranked the highest at 49.1%, followed by SGPRC at 45.5% and HRC at 43.6%. GGRC's and RCEB's rates were also notably high at 41.7% and 40.8% respectively. Ten regional centers did not provide any POS to Black/African-American children ages 3 to 21 at rates exceeding 33.3% (CVRC, SGPRC, HRC, GGRC, RCEB, IRC, SDRG, NBRC, ACRC, and SCLARC). The three lowest rates were WRC at 22.7%, VMRC at 27.6% and LRC at 30.5%. Only WRC provided POS to more than 75.0% of its Black/African-American children ages 3-21. ELARC, FNRC, RCOC, RCRC, SARC, and TCRC were not factored in due to reporting less than 4.0% of Black/African-American children ages 3-21 served for 2014-2015.
- For Hispanic children ages 3-21 without any POS, CVRC's rate ranked the highest at 42.5%, followed by RCEB at 41.7% and SGPRC at 38.8%. Nine regional centers did not provide any POS to Hispanic children ages 3 to 21 at rates exceeding 33.3% (CVRC, RCEB, SGPRC, KRC, IRC, SDRG, FNRC, HRC, and RCOC). The three lowest rates were RCRC at 17.6%, TCRC at 18.6%, and ELARC at 20.9%. Only five regional centers provided POS to more than 75% of its Hispanic children ages 3-21 (RCRC, TCRC, ELARC, ACRC and VMRC). All regional centers' data reports for 2014-2015 were included in this analysis.
- For Asian children ages 3-21 without any POS, CVRC's ranked the highest at 50.1%, followed by RCEB at 37.8% and HRC at 37.7%. Five regional centers did not provide any POS to Asian children ages 3 to 21 at rates exceeding 33.3% (CVRC, RCEB, HRC, NBRC, and ACRC). The three lowest rates were RCOC at 19.0%, ELARC at 20.8%, and GGRC at 21.0%. Only six regional centers provided POS to more than 75.0% of its Asian children ages 3-21 (RCOC, ELARC, GGRC, SARC, LRC and WRC). FNRC, KRC, RCRC, SCLARC, and TCRC were not factored in due to reporting less than 4.0% of Asian children under three served for 2014-2015.

### Combined Rates

For the Fiscal Year 2014-2015, combining both age groups, VMRC had the highest percentage of no POS for Whites, with 50.4% of its White children ages 0-21 not receiving any POS. HRC had the highest combined rate of no POS for Black/African-American children ages 0-21 at 49.4%. KRC had the highest combined rate of no POS for Hispanic children ages 0-21 at 47.4%. CVRC, while not having a sufficient enough population for analyzing its Asian children 0-2, still had the highest combined rate of no POS for Asian children ages 0-21 at 50.1%, despite that rate being solely attributable to its ages 3-21 population, which exceed the next highest no POS rate for that age group by RCEB by 12.3%.

## **Language**

### **Fiscal Year 2015-2016, Ages 0-2**

- For English-speaking children ages 0-2 without any POS, RCRC had the highest rate at 8.7%, followed by KRC at 7.7% and GGRC at 7.6%. The three lowest rates were LRC at 0.4%, SCLARC at 0.6%, and NLACRC at 0.7%. All regional centers' data reports for 2015-2016 were included in this analysis.
- For Spanish-speaking children ages 0-2 without any POS, KRC had the highest rate at 9.7%, followed by RCOC at 6.9% and SDRC at 6.6%. Five regional centers had rates less than 1.0%. The lowest rates were NLACRC at 0.2%, LRC at 0.3%, SCLARC at 0.5%, TCRC at 0.6%, and SGPRC at 0.7%. All regional centers' data reports for 2015-2016 were included in this analysis.

### **Fiscal Year 2015-2016, Ages 3-21**

- For English-speaking children ages 3-21 without any POS, RCEB had the highest rate at 42.9%, followed by CVRC at 42.0% and HRC at 41.3%. Nine regional centers did not provide any POS to English-speaking children ages 3-21 at rates exceeding 33.3% (RCEB, CVRC, HRC, FNRC, SGPRC, KRC, GGRC, NBRC, and IRC). The three lowest rates were TCRC at 20.5%, RCRC at 22.3%, and RCOC at 24.4%. Only five regional centers provided POS to more than 75.0% of its English-speaking children ages 3-21 (TCRC, RCRC, RCOC, ELARC and WRC). All regional centers' data reports for 2015-2016 were included in this analysis.
- For Spanish-speaking children ages 3-21 without any POS, KRC had the highest rate at 39.6%, followed by RCOC at 34.8%, and CVRC and RCEB tied at 34.1%. Four regional centers did not provide any POS to Spanish-speaking children ages 3-21 at rates exceeding 33.3% (KRC, RCOC, CVRC, and RCEB). The lowest rates were RCRC at 14.6 %, and VMRC and ACRC each tied at 14.7%. Eight regional centers provided POS to more than 75.0% of its Spanish-speaking children ages 3-21 (RCRC, VMRC, ACRC, RCOC, TCRC, ELARC, HRC, NBRC, and SARC). All regional centers' data reports for 2015-2016 were included in this analysis.

### **Combined Rates**

For the Fiscal Year 2015-2016, combining both age groups, CVRC had the highest percentage of English-speaking children ages 0-21 without any POS at 48.2%. KRC had the highest combined rate of no POS for Spanish-speaking children ages 0-21 at 49.3%.

### Fiscal Year 2014-2015, Ages 0-2

- For English-speaking children ages 0-2 without any POS, VMRC had the highest rate at 25.4%, followed by KRC at 9.7% and SARC at 7.7%. The three lowest rates were NLACRC at 0.8%, SGPRC at 1.0%, and LRC at 1.1%. SDRC's fiscal year data report for 2014-2015 is not posted online and therefore is not included in this analysis. Additionally, RCRC's 2014-2015 data report is missing sub-report information relevant to this analysis and consequently is also excluded.
- For Spanish-speaking children ages 0-2 without any POS, VMRC had the highest rate at 12.7%, followed by KRC at 11.7% and RCOC at 7.1%. The lowest rates were LRC and FNRC with 0.0%, meaning all its children received some POS from these two agencies, NLACRC at 0.1%, and WRC at 0.3%. SDRC's fiscal year data report for 2014-2015 is not posted online and therefore is not included in this analysis. Additionally, RCRC's 2014-2015 data report is missing sub-report information relevant to this analysis and consequently is also excluded.

### Fiscal Year 2014-2015, Ages 3-21

- For English-speaking children ages 3-21 without any POS, HRC had the highest rate at 42.3%, followed by CVRC at 41.1% and RCEB at 40.7%. Ten regional centers did not provide any POS to English-speaking children ages 3-21 at rates exceeding 33.3% (HRC, CVRC, RCEB, SGPRC, FNRC, NBRC, KRC, IRC, GGRC, and SCLARC). The three lowest rates were TCRC at 20.8%, ELARC at 23.1%, and WRC at 23.3%. Only four regional centers provided POS to 75.0% or more of its English-speaking children ages 3-21 (TCRC, ELARC, WRC, and RCOC). SDRC's fiscal year data report for 2014-2015 is not posted online and therefore is not included in this analysis. Additionally, RCRC's 2014-2015 data report is missing sub-report information relevant to this analysis and consequently is also excluded.
- For Spanish-speaking children ages 3-21 without any POS, CVRC had the highest rate at 43.0%, followed by RCEB at 39.8%, and KRC at 38.5%. Six regional centers did not provide any POS to Spanish-speaking children ages 3-21 at rates exceeding 33.3% (CVRC, RCEB, KRC, SGPRC, RCOC, and IRC). The lowest rates were VMRC at 14.6%, ACRC at 16.3%, and TCRC at 17.3%. Only four regional centers provided POS to more than 75.0% of its Spanish-speaking children ages 3-21 (VMRC, ACRC, TCRC, and ELARC). SDRC's fiscal year data report for 2014-2015 is not posted online and therefore is not included in this analysis. Additionally, RCRC's 2014-2015 data report is missing sub-report information relevant to this analysis and consequently is also excluded.



### Combined Rates

For the Fiscal Year 2014-2015, combining both age groups, VMRC had the highest percentage of English-speaking children ages 0-21 without any POS at 57.9%. KRC had the highest combined rate of no POS for Spanish-speaking children ages 0-21 at 50.2%.

Percentage of Consumers Who Did Not Receive any POS by Race or Ethnicity									Percentage of Consumers Who Did Not Receive any POS by Language			
Regional Center	2015 - 2016 (Ages 0-2)				2015 - 2016 Ages (3-21)				2015 - 2016 (Ages 0-2)		2015 - 2016 (Ages 3-21)	
	White	Black/African-American	Hispanic	Asian	White	Black/African-American	Hispanic	Asian	English	Spanish	English	Spanish
ACRC	5.3%	2.7%	3.3%	3.5%	27.8%	29.2%	22.7%	33.8%	3.8%	2.7%	28.5%	14.7%
CVRC	6.3%		5.4%		40.5%	47.7%	39.2%	45.9%	6.2%	4.6%	42.0%	34.1%
ELARC	5.7%		2.4%	1.9%	24.7%		22.2%	20.0%	2.9%	1.5%	24.6%	17.6%
FNRC	3.8%		1.6%		38.3%		34.2%		3.7%	1.1%	39.0%	29.7%
GGRC	9.1%		3.1%	5.8%	38.9%	41.6%	30.9%	25.0%	7.6%	2.4%	36.6%	29.4%
HRC	3.8%	4.5%	3.7%	4.4%	41.7%	41.9%	31.0%	37.9%	4.1%	2.4%	41.3%	18.3%
IRC	4.8%	7.4%	5.3%		33.7%	39.5%	34.6%	29.7%	4.1%	4.2%	34.4%	31.4%
KRC	9.8%	9.6%	7.5%		37.3%	35.4%	40.3%		7.7%	9.7%	37.8%	39.6%
LRC	0.4%	0.9%	0.3%	0.0%	26.9%	32.0%	28.4%	24.8%	0.4%	0.3%	29.2%	27.6%
NBRC	1.9%	6.3%	3.8%	0.0%	38.4%	42.0%	28.2%	37.3%	3.8%	4.1%	36.3%	24.3%
NLACRC	0.9%	1.3%	0.2%	0.6%	27.9%	29.4%	27.1%	26.4%	0.7%	0.2%	28.3%	25.3%
RCEB	4.4%	3.3%	1.6%	4.8%	40.7%	43.6%	37.3%	41.5%	3.2%	1.7%	42.9%	34.1%
RCOC	5.0%		6.1%	3.2%	23.5%		33.7%	18.1%	4.4%	6.9%	24.4%	34.8%
RCRC	9.6%		7.8%		21.0%		19.3%		8.7%	3.3%	22.3%	14.6%
SARC	8.1%		3.5%	4.8%	30.2%		26.2%	25.4%	6.3%	3.3%	28.8%	24.7%
SCLARC		1.3%	0.4%			35.0%	31.1%		0.6%	0.5%	31.9%	29.9%
SDRC			8.1%		29.4%		33.6%	34.0%	7.1%	6.6%	32.3%	29.6%
SGPRC	0.8%		1.3%	2.5%	38.7%		33.9%	29.5%	1.6%	0.7%	38.4%	27.1%
TCRC	1.5%		0.6%		23.8%		17.3%		1.1%	0.6%	20.5%	16.2%
VMRC	4.0%	6.6%	4.7%	2.2%	34.4%	25.2%	23.7%	30.9%	4.3%	4.0%	31.4%	14.7%
WRC	1.3%	2.4%	0.7%	1.4%	23.6%	22.5%	28.2%	22.4%	1.4%	1.2%	24.8%	26.9%

**Note: Regional Centers with no entries in the fields represent suppressed data due to insufficient numbers.**

Percentage of Consumers Who Did Not Receive any POS by Race or Ethnicity									Percentage of Consumers Who Did Not Receive Any POS by Language			
Regional Center	2014 - 2015 (Ages 0-2)				2014 - 2015 (Ages 3-21)				2014 - 2015 (Ages 0-2)		2014 - 2015 (Ages 3-21)	
	White	Black/African-American	Hispanic	Asian	White	Black/African-American	Hispanic	Asian	English	Spanish	English	Spanish
ACRC	5.9%	5.3%	5.1%	7.5%	29.6%	36.0%	22.9%	33.6%	4.9%	5.4%	30.2%	16.3%
CVRC	5.2%		5.8%		38.2%	49.1%	42.5%	50.1%	5.3%	6.0%	41.1%	43.0%
ELARC	3.1%		4.5%	3.5%	25.2%		20.9%	20.8%	2.6%	1.4%	23.1%	17.5%
FNRC	3.6%		1.3%		37.4%		35.0%		3.4%	0.0%	37.7%	32.7%
GGRC	5.8%		1.8%	5.0%	33.2%	41.7%	30.2%	21.0%	5.9%	1.3%	33.7%	29.0%
HRC	5.5%	5.8%	4.1%	6.7%	42.4%	43.6%	34.6%	37.7%	5.7%	2.4%	42.3%	25.4%
IRC	4.7%	6.6%	6.5%		34.5%	39.3%	35.6%	27.5%	5.1%	5.1%	34.8%	34.0%
KRC	11.9%	9.6%	9.7%		36.7%	31.1%	37.7%		9.7%	11.7%	35.1%	38.5%
LRC	0.5%	0.9%	0.8%	0.0%	22.8%	30.5%	26.7%	24.4%	1.1%	0.0%	25.4%	27.0%
NBRC	2.1%		4.4%	2.9%	38.1%	37.5%	32.6%	37.0%	3.2%	5.0%	36.7%	30.0%
NLACRC	0.8%	0.3%	0.5%	0.0%	27.7%	30.8%	27.9%	29.0%	0.8%	0.1%	28.2%	26.7%
RCEB	4.4%	1.8%	1.6%	1.8%	39.8%	40.8%	41.7%	37.8%	2.5%	1.9%	40.7%	39.8%
RCOC	6.1%		6.0%	3.9%	24.5%		33.7%	19.0%	4.9%	7.1%	25.0%	35.6%
RCRC	8.4%		6.1%		19.5%		17.6%		n/a	n/a	n/a	n/a
SARC	10.1%		5.9%	5.2%	27.5%		26.2%	23.6%	7.7%	5.5%	26.9%	25.4%
SCLARC		2.7%	1.2%			35.8%	33.1%		1.7%	1.0%	33.4%	32.4%
SDRC	10.4%	13.2%	5.5%	6.1%	30.6%	38.4%	35.2%	31.4%	n/a	n/a	n/a	n/a
SGPRC	2.0%		1.0%	0.8%	39.7%	45.5%	38.8%	29.2%	1.0%	1.0%	38.8%	37.9%
TCRC	1.9%		1.2%		23.4%		18.6%		1.8%	1.3%	20.8%	17.3%
VMRC	15.9%	15.9%	14.8%	n/a	34.4%	27.6%	23.1%	n/a	25.4%	12.7%	32.5%	14.6%
WRC	0.6%	2.5%	0.6%	1.4%	21.4%	22.7%	26.7%	25.0%	1.2%	0.3%	23.3%	26.2%

Note: Regional Centers with no entries in the fields represent suppressed data due to insufficient numbers.

Note: Regional Centers with "n/a" in the fields represent reports that were not made available.

# APPENDIX J

STATE OF CALIFORNIA--HEALTH AND HUMAN SERVICES AGENCY

EDMUND G. BROWN JR., Governor

## DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 340, MS 3-8  
SACRAMENTO, CA 95814  
TDD 654-2054 (For the Hearing Impaired)  
(916) 654-1954



October 8, 2015

TO: REGIONAL CENTER EXECUTIVE DIRECTORS AND BOARD PRESIDENTS

SUBJECT: ADDENDUM TO THE CALENDAR YEAR 2016 PERFORMANCE  
CONTRACT GUIDELINES

This correspondence is an addendum to the enclosed Calendar Year 2016 Performance Contract Guidelines, issued by the Department of Developmental Services (Department) on May 29, 2015. The recently enacted Developmental Services Budget Trailer Bill, SB 82 (Chapter 23, Statutes of 2015), effective June 24, 2015, amended Welfare and Institutions Code (Welf. & Inst. Code) section 4629, adding a new requirement for regional centers' annual outcome-based performance plans. Pursuant to Welf. & Inst. Code section 4629(c)(1)(A)(iv), regional centers' contracts are required to include annual performance objectives that, "*Measure progress in reducing disparities and improving equity in purchase of service expenditures.*"

Department staff worked with regional center representatives and the Association of Regional Center Agencies, to mutually agree upon specific outcomes/measures regional centers can incorporate into their performance contracts (see Enclosure D). The measures will be utilized in evaluating progress and reporting outcomes related to reducing disparities and improving equity. Each regional center is required to choose at least two measures from Enclosure D and develop activities for addressing/improving upon the chosen measures as part of its 2016 Performance Contract.

If your regional center has not held its public meeting pursuant to Welf. & Inst. Code section 4629(c)(1)(B)(ii), these additional measures may be presented to the community for input at the meeting. We recommend that you include the community in choosing which measures to incorporate into your plan.

If your regional center has already held at least one public meeting to discuss your 2016 Performance Contract, you are not required to hold another meeting. However, the regional center is still required to obtain public input by:

- Choosing at least two measures from Enclosure D.
- Developing activities for addressing/improving upon the chosen measures.
- Posting these additional measures and accompanying activities on the regional center's website for public input for at least 10 days, prior to the Board adopting them as part of the regional center's 2016 Performance Contract.

**"Building Partnerships, Supporting Choices"**

Regional Center Executive Directors and Board Presidents  
October 8, 2015  
Page two

The outcomes should be submitted to the Department along with the other Public Policy Performance Measures contained in the Calendar Year 2016 Performance Contract Guidelines.

Data Generation

The Department will issue relevant baseline and year-end data to each regional center, based on the measures chosen by the center and the enclosed methodology. Please note, the Department does not capture data for "authorized" services.

Performance Contract Due Date

Because regional centers may need additional time to incorporate these measures into their 2016 performance contracts and obtain Board approval, the Department is extending the due date of the submission of plans from November 1, 2015 to December 1, 2015.

If you have any questions regarding this correspondence and/or the performance contract process, please contact Rachel Long, Regional Center Operations Section, at (916) 654-1976.

Sincerely,



BRIAN WINFIELD  
Assistant Deputy Director  
Community Services Division

Enclosures

cc: State Council on Developmental Disabilities  
Association of Regional Center Agencies  
Regional Center Chief Counselors  
Regional Center Chief Administrators

**PERFORMANCE CONTRACT MEASURES RELATED TO REDUCING DISPARITIES AND  
IMPROVING EQUITY IN PURCHASE OF SERVICES EXPENDITURES**

<b>Measure</b>	<b>Measurement Methodology*</b>
Percent of total annual expenditures by individual's residence type and ethnicity.	Prior fiscal year (FY) purchase of service data and Client Master File (CMF).
Percent of total annual authorized services for individuals by residence type and ethnicity.	Regional center generated data.
Percent of total annual purchase of service expenditures by individual's diagnosis and ethnicity.	Prior FY purchase of service data, Client Development Evaluation Report data, and CMF.
Percent of total annual authorized services by individual's diagnosis and ethnicity.	Regional center generated data.
Percent of total annual purchase of service expenditures by individual's ethnicity and age: <ul style="list-style-type: none"> <li>• Birth to age two, inclusive.</li> <li>• Age three to 21, inclusive.</li> <li>• Twenty-two and older.</li> </ul>	Prior FY purchase of service data and CMF.
Number and percent of adult individuals by ethnicity receiving only case management services.	Prior FY purchase of service data and regional center caseload.
Percent of total annual purchase of service expenditures by individual's primary language.	Prior FY purchase of service data and CMF.
Number and percent of individuals, by race/ethnicity who are satisfied with the services and supports received by the family and family member.	National Core Indicators (NCI) data: Child Family Survey FY 12/13 and FY 15/16 Adult Family Survey FY 10/11, FY 13/14 and FY 16/17 Family Guardian Survey FY 10/11, FY 13/14 and FY 16/17
Number and percent of individuals, by race/ethnicity whose IPP/IFSP includes all the services and supports needed.	NCI data: Child Family Survey FY 12/13 and FY 15/16 Adult Family Survey FY 13/14 and FY 16/17 Family Guardian Survey FY 10/11, FY 13/14 and FY 16/17
Number and percent of families, by race/ethnicity who report that services have made a difference in helping keep their family member at home.	NCI data: Adult Family Survey FY 10/11 and FY 16/17 Child Family Survey FY 15/16 and FY 18/19



\* Measurement Methodology: NCI data is specific to the FYs in which the surveys are conducted. It may take up to two years after the survey year for NCI data to become available. All other data is available annually for the prior FY.

## PERFORMANCE CONTRACT

<b><i>Measures related to reducing disparities and improving equity in purchase of service expenditures</i></b>	<b><i>Activities Regional Center will employ to achieve outcome</i></b>
<p><b>Number and percent of individuals by race/ethnicity who are satisfied with the services and supports received by the family and family member.</b></p> <p><b>Number and percent of individuals, by race/ethnicity whose IPP/IFSP includes all the services and supports needed.</b></p> <p><b>Number and percent of families by race/ethnicity who report that services have made a difference in helping keep their family member at home.</b></p>	<ul style="list-style-type: none"> <li>• NLACRC has developed an IPP Person Centered Plan Service Coordinator Guide that includes a section to document desired outcomes that includes a plan for achieving desired outcomes, target dates, community supports and the role of the service coordinator in achieving desired outcomes. The Guide is included in training that is mandatory for all new service coordinators.</li> <li>• NLACRC will seek methods to help better analyze POS expenditure data to gain a better understanding about our underserved population's needs.</li> <li>• NLACRC has monolingual language support groups that offer training to families.</li> <li>• NLACRC offers a quarterly new consumer/family orientation for Spanish-speaking families.</li> <li>• NLACRC is currently in discussion with California State University, Northridge to develop a Promotora Project that will help provide resources and information to families who live in underserved areas.</li> <li>• NLACRC is developing a database to be reviewed by case management supervisors on a quarterly basis. This data will help track authorizations to identify possible underserved consumers/families in terms of the amount of funding being spent by age range, language, ethnicity, zip code, etc., and to identify underserved individuals.</li> <li>• NLACRC will continue to offer Festival Educacional, a free, half-day educational seminar for Spanish-speaking parents</li> </ul>

## PERFORMANCE CONTRACT

of consumers.

- NLACRC will continue to work in partnership with the Office of Clients' Rights Advocacy to offer educational seminars to our community.
- NLACRC will increase the operation hours and staffing of the Family Focus Resource Center in order to serve more people.
- NLACRC will work in partnership with the Family Focus Resource Center (FFRC) to provide more training and to help identify underserved populations.





ASSOCIATION OF REGIONAL CENTER AGENCIES

915 L Street, Suite 1440 • Sacramento, CA 95814 • 916.446.7961 • Fax: 916.446.6912 • E-mail: [arca@arcnet.org](mailto:arca@arcnet.org)

## Minutes

### ARCA Finance Committee

*October 1, 2010*

**915 L Street, Suite 1440  
Sacramento, CA 95814  
Conference Call**

#### Present

Darryll Walker, CVRC  
Gloria Wong, ELARC  
Laura Larson, FNRC  
Chris Rognier, GGRC  
Janet Goehring, IRC  
Mike Clark, KRC  
Barry Londer, Patrick Aulicino, Diane Anand, LRC  
Bob Hamilton, NBRC  
Ellen Stein, Kim Rolfes, NLACRC  
Jim Burton, RCEB  
Thomasina Parker, RCRC  
Beth Calara, SARC  
Gabi McLean, SGPRC  
Roy Doronila, SCLARC  
Lorna Owens, Omar Noorzad, Phil Stucky, TCRC  
Debra Roth, Dick Jacobs, Paul Billodeau, VMRC  
Kate Callaghan, WRC  
Karyn Meyreles, Mark Hutchinson, Terri Delgadillo, DDS  
John Popadak, Anh Nguyen, Jean Ritchie, ARCA

#### Call to Order

The meeting was called to order at 10:00 a.m. by Chairperson Mike Clark. Roll was called.

#### Purpose of Special Meeting

Chairperson Mike Clark explained that the single agenda item for this special meeting is to discuss the proposed allocation methodology. Appreciation was expressed to Mark Hutchinson, Terri Delgadillo, Rita Walker, Bob Baldo, John Popadak, Jim Burton, Bob Hamilton, Darryll Walker, Janet Goehring, Carlos Flores, Diane Anand, Pete Tiedemann, Jim Shorter and Pat DelMonico, who have worked through a substantial number of calls and meetings, to get the necessary information together and move forward with a

proposed allocation methodology.

Terri Delgadillo also expressed appreciation for those who have worked on this project. Ms. Delgadillo stated that at the start of this process there was recognition that the way the system was headed, using the normal allocation methodology, was likely to result in significant impacts to lower cost centers, related particularly to what had transpired over the past two years with cost containment activities. As DDS went through this process they looked at a number of different factors. The plan is to find a long term solution, but the long term solution is going to take a while to come about. It is not something that DDS wants to rush into place and then have it be dysfunctional. In the interim a bridge is needed between where the system has been and where it is going.

A lot of time has been spent looking at various alternatives. In the discussion about allocation it has been noted that each regional center has certain factors that might be contributing to their costs. DDS tried to look at what the key factors might be that may affect the allocation. They looked at things such as no cost cases, Early Start versus Lanterman, residential costs, developmental center movers, contracting costs, and the waiver. DDS went through all of these factors and tried to identify the things that when compared to the allocation formula, did or did not have an impact. From there, working together, the group looked at the things that did have an impact and tried to make informed recommendations, as to what should and should not be considered in this "bridge", this temporary allocation. Some of the foundational issues that came from these discussions were noted: People felt strongly that in a bridge situation, the one thing that must remain constant is residential expenditures, including SLS and ILS. People feel strongly that there needs to be fully funded continuation for the placements that have occurred. In looking at the different data runs, one of the big things that jumped out is that expenditures for Lanterman consumers and expenditures for Early Start consumers were very different in terms of how the regional centers were arrayed on average costs. A recommendation was made that will split those expenditures.

DDS, based on the recommendations, included every consumer that was touched during the year. One option was to take a point in time caseload and use that caseload. But that did not fairly capture expenditures that had occurred for people where things had changed, especially in centers that had significant intake. The decision was to look at consumers touched. The other thing was to look at a graduated formula. The formula that will be talked about is graduated. It will be necessary to look at a long term formula. The options being presented are gradual steps toward narrowing the gap between regional center expenditures, with a focus on not disrupting residential placement. It was pointed out that the data charts before the Committee do not contain accurate continuation information. What they contain is the original request and do not reflect where it ended

up in the final agreement. That will need to be adjusted, but the recommendation is that DDS fund 100% of continuation.

DDS is cautiously optimistic that the Legislature and the Governor are on the cusp of a budget deal. That does not preclude the possibility that some big issue might blow the whole thing up, but it appears they may be close to a final agreement on the budget.

DDS cautioned that the numbers today cannot be taken as the final concrete numbers. The numbers are close and are for purposes of discussion today, but when the budget has been passed the numbers will be adjusted based on whether or not the additional payment reduction is .65%, which is what Conference Committee was considering, or something higher or lower in the final budget. The Charts were reviewed by Mark Hutchinson.

Mike Clark explained the methods he used to arrive at the gradations.

In discussion it was asserted that this analysis puts forward an incentive for every regional center to look at why it is that some centers are only purchasing on average \$2,000 or \$3,000 per individual child and other centers are purchasing much more. One of the things that might be instructive is that perhaps some centers are not purchasing services that in fact they should be purchasing for children. It was noted in discussion that there are policy differences among regional centers that significantly impact the purchase of services.

It was pointed out that there is currently a focus within the legislature on the discrepancies between regional centers. When budgets get tight those discrepancies become a bigger issue. For example, with respite, when the changes went into effect ARCA did a survey of centers and there were large differences in terms of utilization.

There was discussion about the way services are purchased for consumers in Early Start and the number of consumers that leave the system without being disabled versus those who stay in the system. There is a need for data to show the rate of retention of clients between zero to two and a comparison between centers in terms of funding. DDS stated they do have that data, but the problem will be in terms of intake. There is great discrepancy between regional centers in determining eligibility. It cannot be assumed that the number going into Lanterman is reflective, necessarily, of just the services delivered. The policy of the center related to intake would play a dramatic part in that. It was suggested that this is a service system and does not have the competency to do good research on this type of thing, although the research needs to be done.

In discussion it was suggested that it will be critical for every regional center to receive technical assistance from the Department on this. There will be millions of dollars in cuts in funding and each center will need to see that the same type of data that DDS is running for GGRC and LRC. DDS responded that starting a year ago, they began working with centers, and have visited three centers which now already have that data or similar data. DDS will continue to work with centers to show a comparison. In terms of resources, it will be necessary to do this one center at a time, but they are happy to do that and the Department desires to be helpful. These data runs have been very educational and have

enabled DDS and the center to figure out issues that have been significant drivers.

A cautionary note was expressed: All centers differ in the way they use service codes, and in terms of the kinds of contracts they have which cause data to sometimes appear in strange places with respect to expenditures. When working with this, it must be remembered that even though the data may look like an apples to apples comparison, there is a good chance that it is not. DDS agreed with this and stated that has been very evident in the visits that have been done. The data did help, however, in identifying cost drivers for those centers that have been done.

Concern was expressed that with the Department visiting one center at a time there will be a lag period, and therefore centers may not realize the savings as quickly as the Department anticipates. DDS responded that ARCA has the data, and that is a starting point. Working with ARCA, centers can get that information as well. Separately, DDS is going to look first at the centers that are being impacted the most, focusing on them in order to help them, versus the centers that may be at the other end of the spectrum.

In discussion it was suggested that ARCA could be very helpful in getting all of the funding policies into a grid, regardless of the service code being used. It was suggested that DDS may be putting the cart before the horse, that the analysis needs to be done first, otherwise there will be an expectation on centers to generate savings, but without the knowledge and the technical assistance and the data, centers will be unable to generate those savings.

The Department's goal is to get a first allocation out quickly after the budget is passed. The two options being presented have the smallest impact on the allocation, compared to what a center would have received using the old formula. DDS can look at other things, but does not want to get to a point where a centers do not get an allocation shortly after the budget comes out.

## **Proposed Budget Methodology**

The two options were explained in detail using the charts. It was suggested that the group make a decision regarding whether to accept option A, option B, or to look for more options.

DDS noted that there is money for growth which DDS built into the budget in May of this year. The growth is not allocated in these options, but will be allocated separately. DDS also will be working with centers that have significant issues that come up that impact the ability to stay within the budget, regardless of how they are funded in this allocation.

The policy for validating for growth was questioned. It was suggested that centers need their growth up front so they know what to control to. DDS responded that they understand the concern, but they cannot at this time answer the question. They will work

with centers to try to figure out what the right answer is. That will be step two.

DDS will continue to do month over month, year over year expenditure trends by regional center. They are already seeing, in the first set of SOARs, a significant increase in half of the centers in the month over month. That automatically brings up the question, what is different? DDS is pleased that the SOARs are starting to get closer to actual costs and they are becoming more useful to DDS as a tool to be able to see where things are.

DDS agreed that they can take the aggregate statewide and give it to John Popadak. Each center knows what their expenditures are by service code and could then compare their expenditures to the statewide expenditures. The purpose is for a center to look at where they are spending money and the policies around those areas.

It was noted that the only difference between the two allocation methodology options is the gradation. In theory, an integral gradation is more reflective of the actual differences between average expenditures than is the ordinal array. Mike Clark explained that he looked at distributing things using the semi-inter-quartile range around the median. He looked at using the standard deviation around mean. By restricting the range between 90 and 100% they all pretty much reduced to one of these two formulations, and it would be really good if the group could reach agreement on which of the gradations is preferred. The allocation subcommittee was unanimous in deciding they preferred to take a graded approach as opposed to simply putting the centers into three buckets at 100%, 95%, 90%. They also had a lengthy discussion why it should be between 90% and 100%; why not between 95% and 100% or 95% and 105%, and some other options. Ultimately, allocation is a decision that can be made and is being made by the Director of the Department of Developmental Services and the ARCA Finance Committee and ARCA as a whole has had a negotiating participant role in reaching that decision. It seems like the range between 90% and 100% is pretty well set, and so the Finance Committee is asking the group for a preference between option A or option B.

LRC prefers option A.

FNRC prefers option A.

DDS does not have a preference, but feels that option A puts more money in the system quicker.

*M/S/C To approve option A.*

The vote for option A was unanimous. Option A is the recommendation of the Finance Committee back to the Department.

A one hour meeting is scheduled for Thursday, October 7, at 3:00 p.m. This will be for regional center Directors and ARCA Board Member Delegates who serve on the Executive Committee.

## **Adjournment**

The meeting was adjourned at 11:44 a.m.

Respectfully submitted,

Glenda Larsen  
for  
Mike Clark, Chairperson

# **Assembly Bill 1610**

## **DEVELOPMENTAL SERVICES**

AMENDED 4.18.2017

**Assemblyman Sebastian Ridley-Thomas 54<sup>th</sup> District**

### **SUMMARY**

AB 1610 will reduce existing funding disparities for developmental services.

### **BACKGROUND**

In 2011, a Los Angeles Times series reported significant disparities in the funding of developmental services based on race, ethnicity, income level and socio-economic community. The Senate Select Committee on Autism and Related Disorders held an informational meeting on April 30, 2012 on this issue and several recommendations came from that hearing, many of which remain outstanding. On March 14, 2017, the Senate Human Services Committee held another informational hearing on disparities and found that the purchase of services gap between Latinos and Whites served by the regional centers has only been reduced by 1/10 of a percent point in five years, with Latinos receiving 45.9% of what Whites receive.

### **THIS BILL**

- Repeal statutes enacted in 2009 which suspended certain services such as non-medical therapies and restrictions on respite services authorizations;
- Restore respite services to families served in the Early Intervention Services program;
- Appoint a task force to create a budget and allocation methodology for purchases of services based on client needs;
- Require regional centers to provide information in a specific culturally and linguistically manner;
- Require regional centers to provide written information before the initial Individual Program Plan (IPP) or Individualized

Family Service Plan (IFSP) meeting and at least annually before these meetings, regarding services provided by the regional center,

- Require regional centers to provide written information during the IPP or IFSP and at least annually during these meetings, regarding the regional centers' appeals, complaint and mediation processes, and the exceptions or exemptions which must be met in order to access certain services;
- Require regional centers to provide, at the end of the IPP/IFSP meeting, a list of services agreed upon with anticipated start dates and those services for which final agreement still needs to be made
- Require regional centers to provide funding for medical and dental services agreed upon by the IPP team while those services are being pursued or appealed with a generic agency;
- Require regional centers to facilitate parent participation in providing behavioral intervention services;
- Prohibit regional centers from denying, delaying or reducing behavioral intervention services due to the lack of parent participation.

### **SUPPORT**

- Public Counsel (Sponsor)
- Special Needs Network (Sponsor)
- Asian Americans Advancing Justice
- Autism Business Association
- Autism Deserves Equal Coverage
- Center for Autism & Related Disorders
- Consumer Care Inc.
- Crystal Stairs Inc.
- Los Angeles Urban League
- The Arc California