



San Diego-Imperial Counties Developmental Services, Inc.
4355 Ruffin Road, San Diego, California 92123 • (858) 576-2996 • www.sdrc.org

June 13, 2017

Nancy Bargmann, Director
Department of Developmental Services
1600 9th Street
Sacramento, CA 94244-2020

Dear Nancy:

Enclosed is the report entitled, "Report to the Department of Developmental Services Regarding the San Diego Regional Center's Purchase of Service Utilization Data." This report is sent in compliance with Article VII, Section 6, in the contract between the Department of Developmental Services (DDS) and the San Diego-Imperial Counties Developmental Services, Incorporated (SDICDSI).

The report was approved by the SDICDSI Board of Directors on June 13, 2017. Please contact me if you have any questions about the report. The Board of Directors and I appreciate the leadership and support from your staff and you.

Sincerely,

Carlos Flores
Executive Director

Enclosure

c. Brian Winfield, DDS
Allan Smith, DDS

t:\admin\sdaad\corresp\dds - pos utilization report 6-13-17 ltr.docx



San Diego-Imperial Counties Developmental Services, Inc.
4355 Ruffin Road, San Diego, California 92123 • (858) 576-2996 • www.sdrc.org

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

May 22, 2017

*This report was approved by the Board of Directors of the San Diego-Imperial Counties
Developmental Services, Inc. on June 13, 2017*

Table of Contents

Introduction	<u>3</u>
Purchase of Service Utilization Data	<u>4</u>
Issues Identified by the Data	<u>6</u>
Expenditures and Authorized Services by Ethnicity or Race	<u>6</u>
Expenditures and Authorized Services by Diagnosis	<u>7</u>
Clients with No POS	<u>8</u>
Data Charts	<u>9</u>
Chart 1 Year Trend of Per Capita POS Expenditures by Ethnicity	<u>9</u>
Chart 2 Total Annual POS Expenditure by Ethnicity or Race.....	<u>11</u>
Chart 3 Racial & Ethnic Profile: Staff & Client Profile	<u>13</u>
Chart 4 POS Per Capita Expenditures by Diagnosis	<u>14</u>
Chart 5 Percentage of Clients with No POS by Ethnicity	<u>16</u>
Chart 6 Percent of clients with no POS by Diagnosis	<u>18</u>
Propose Strategies	<u>20</u>
Activities Report	<u>21</u>
Stakeholder Meeting	<u>31</u>
Public Council Report	<u>39</u>

I. Introduction:

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

Regional centers are required to post the data on their websites by December 31. Within three months after compiling the data, regional centers are required to meet with stakeholders in a public meeting regarding the data. In addition, the contract with the State of California requires the Board of Directors of the San Diego-Imperial Counties Developmental Services, Inc., to provide a report to the State by May 31, 2017, that includes issues identified by the data; the results of the public stakeholder meeting; and, proposed strategies. This report is submitted to the Department of Developmental Services (DDS) in compliance with that contractual obligation.

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

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

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

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

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

Each regional center and the Department of Developmental Services shall annually post the reports required on its website by August 31.

II. Purchase of Service Utilization Data:

Data Limitations of Purchase of Service Expenditure Data

1. Purchase of Service Costs

The Purchase of Service (POS) data displayed represents the cost of services that clients received that are paid for by the regional center. This POS expenditure data does not include the cost of services clients receive that are paid for by Supplemental Security Income, Medi-Cal, the school system, and other generic agencies. The POS expenditure data represent expenditures the regional center made for services that clients received during FY 2015-16. The data are based on regional center POS state claim data that was provided to DDS as of December 31, 2016.

2. Client Count

The total number of clients who received services during the fiscal year will be greater than the regional center's actual caseload. A client is included in the data if the client received a regional center funded service at any time during the fiscal year. A client who received a single service once during the year is counted the same as a client who received ongoing monthly services. Clients are also counted regardless of their current status with the regional center. The data may include clients whose current status is closed, transferred-out, in-active, etc., if the client received regional center funded services during FY 2015-16.

3. Contract Purchase of Service Expenditures

Due to the limitations of the regional center uniform fiscal system (UFS), POS expenditure data do not include payments made by the regional center that are paid to a service provider under a contract. Typical services paid to a service provider under a contract may include, but are not limited to, transportation services and supported employment program group services. Therefore,

the total amount of POS expenditures reported will not reconcile with the regional center's actual POS expenditures for FY 2015-16.

4. Authorized Services

Services that are authorized "encumber" the funds needed to pay for those services. The regional center's computer system (UFS) gives the regional center options regarding the "maintenance" of its encumbrances. When encumbrances are routinely adjusted for non-utilization, there will be a higher utilization percentage. When encumbrances are not routinely adjusted for non-utilizations, there will be a lower utilization rate.

5. Clients with Multiple Diagnoses

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

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

An example could help illustrate this process. If a client has both diagnoses of Intellectual Disability and Epilepsy, the client will be included in the Intellectual Disability group (the more highly ranked diagnosis). If a client has three diagnoses Cerebral Palsy, Epilepsy, and Category 5, he/she would be included in Cerebral Palsy.

6. Category 5 Clients

Clients listed in Category 5, according to Welfare and Institutions Code section 4512, are individuals who have "disabling conditions found to be closely related to Intellectual Disability or to require treatment similar to that required for individuals with Intellectual

Disability, but shall not include other handicapping conditions that are solely physical in nature.”

7. Categorization of Client’s Ethnicity or Race

An artifact of the categorization process of racial or ethnic identification of SDRC’s clients has resulted in a disproportionate number of clients (33%) who were identified as “other ethnicity or race”. This large number of clients in this category prompts questions about the validity of the ethnicity and racial assignment of the clients.

III. Issues Identified by the Data:

1. Expenditures and Authorized Services by Ethnicity or Race

- a. Asian, Latino, Native American, Filipino clients received and were authorized less per capita POS expenditures as contrasted to White clients. The difference between Black/African- American and White clients was not as pronounced. There were clear age effects as outlined below.
- b. This pattern of disparity remains evident in Early Start clients though less prominent. Native American and Polynesian per capita expenses appeared significantly less, though sample sizes were very small. Due to the very high percentage of very young children in the “other ethnicity or race” category, the validity of these data is in question.
- c. This pattern of disparity is significantly attenuated for school age clients (3 years to 21 years, inclusive) with less significant differences among Asian, White and Black/African- American, Filipino, and Latino groups. The overall profile of POS expenditures is similar with the White group receiving approximately 20% more than the other groups. The Polynesian group received more POS per capita expenditures but had a significant smaller sample size and therefore making it difficult to discern implications.
- d. For adult clients (ages 22 years and older) the ethnic/racial effect becomes more pronounced, that is, Asian, Black/African- American, Filipino, Latino, Native American, and Polynesian clients received significantly less (approximately 70%) per capita POS expenditures as contrasted to White clients.

- e. Comparison between the five sequential fiscal years of 2011-2012-2013-2014-2015-2016 reflects that the similar disparity pattern exists and no significant change has occurred. Trends demonstrate POS expenditures have generally increased for each ethnicity over the five years in relatively similar pace with the exception of the Asian group.
- f. Once again as reflected in previous analyses, the profile of the San Diego Regional Center staff mirrors the ethnic and racial distribution of the SDRC clients. As mentioned above, the categorization process of racial or ethnic identification of SDRC's clients has resulted in a disproportionate number of clients (33%) who were identified as "other ethnicity or race". This significant number of clients in the "other" category renders exact comparisons with staff profile difficult because there is no parallel problem in the categorization of staff's race and ethnicity.

2. Expenditures and Authorized Services by Diagnosis

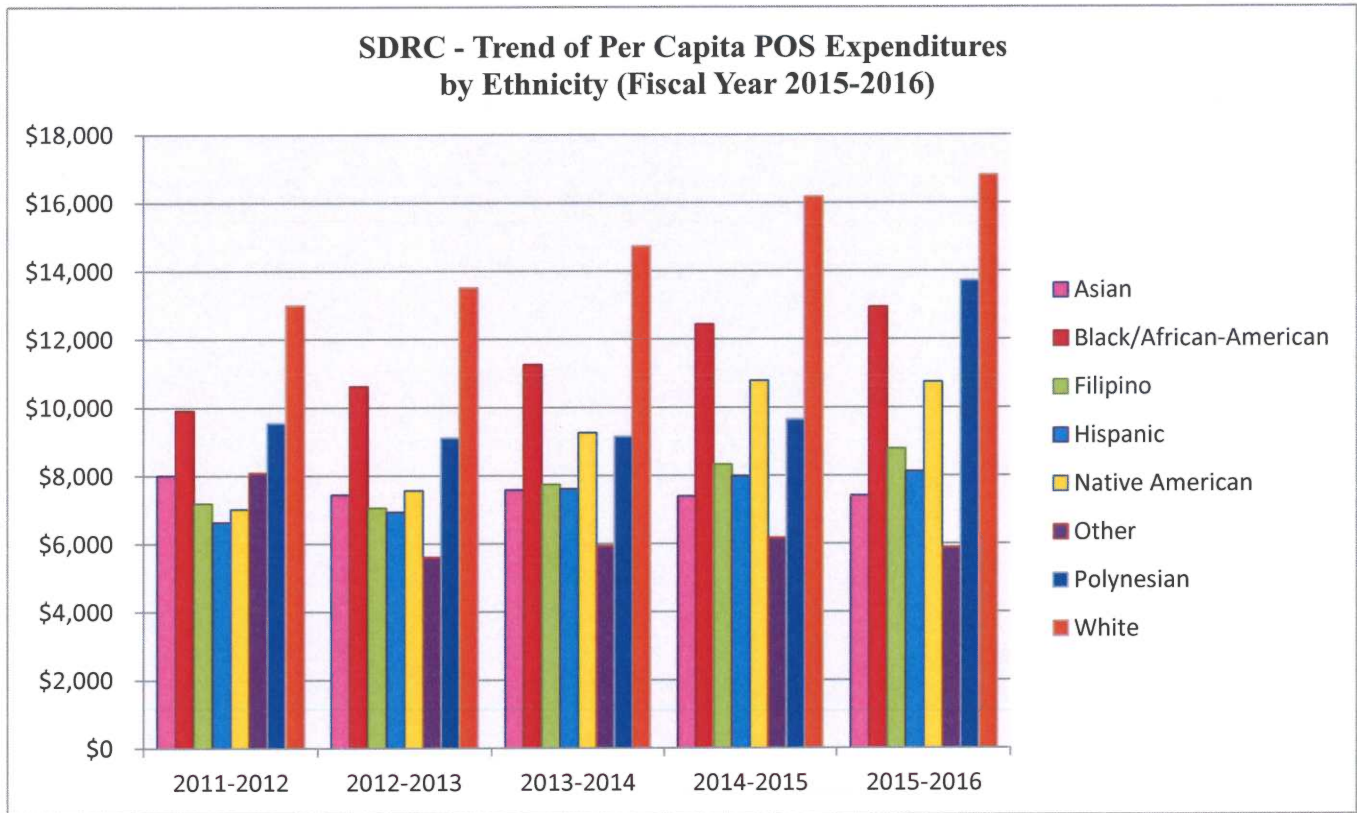
- a. Clients with an Autism diagnosis received and were authorized less per capita POS expenditures as contrasted to the other diagnostic groups. This finding, may be attributed to the large percentage of clients with a diagnosis of Autism that are between the ages of 3 years and 21 years, with the school district assuming the primary responsibility for providing services. This timeframe (school age) is relatively inexpensive as compared to the significantly more costly adult phase (22 years and older). The diagnoses of Intellectual Disability and Epilepsy are under-represented during the school age period and over represented during adulthood. Applied Behavior Analysis (ABA), the mainstay treatment for clients with a diagnosis of Autism, is now being funded by insurance which also reduces the POS expenditures.
- b. Clients with an Autism diagnosis in Early Start received and were authorized significantly more per capita POS expenditures as contrasted to the other diagnostic categories. Analyses by diagnostic category from birth to three years old is difficult due to majority of clients (87%) have not been diagnosed.
- c. During school age, differences in POS expenditures were not as significant. Clients with an Autism diagnosis received the greatest amount. Clients with diagnoses of Cerebral Palsy and Epilepsy received the least, though these groups had relatively few clients and statistically may not be significant.

- d. Adult clients with an Autism diagnosis received more POS expenditures, though the sample size of those individuals with Intellectual disability is significantly higher.

3. Clients with No POS

- a. Another perspective to assess if there are disparities is to determine if there are significant differences in the number of clients with no purchase of services among ethnic and racial groups. In this analysis, the differences across the groups are significantly less, though the pattern of clients who identified themselves as White are less likely to receive no purchase of services (15.6%).
- b. Results during Early Start were difficult to discern due to the small sample sizes. During school age (children ages 3-21) there was a significant difference in that Native Americans receive fewer services (61.5%) as compared to all other ethnicities. However it is important to note the sample size is significantly smaller than the rest (only 26 individuals). After school age, the differences reappear with the clients who identified themselves as White being less likely to receive no purchase of services.
- c. There is a very slight difference among the diagnostic categories with respect to percentage of no purchased services, with clients diagnosed with Autism having a marginally higher percentage with no purchase of services. There are age interactions with virtually no clients (1%) with an Autism diagnosis in Early Start without services purchased by the regional center. During the school age that percentage increases to 30.7%. This pattern is replicated in the other diagnostic categories, though the effect is not as robust. For clients 22 years and older there is no significant difference in the percentage of clients not receiving Purchase of Services.
- d. Asians have a relatively high rate of no POS at 28.30%. Native Americans (32.3%) and Polynesians (28.2%) had a significant percentage of clients with no POS however due to their small sample it is difficult to extrapolate data that accurately represents an ethnic disparity.

Chart 1:



Fiscal Year	Per Capita POS Expenditures by Ethnicity							
	Asian	Black/African-American	Filipino	Hispanic	Native American	Other	Polynesian	White
2011-2012	\$8,004	\$9,915	\$7,187	\$6,635	\$7,017	\$8,082	\$9,540	\$12,988
2012-2013	\$7,442	\$10,614	\$7,058	\$6,932	\$7,564	\$5,608	\$9,114	\$13,509
2013-2014	\$7,583	\$11,260	\$7,747	\$7,611	\$9,260	\$5,935	\$9,150	\$14,722
2014-2015	\$7,395	\$12,436	\$8,330	\$7,983	\$10,790	\$6,172	\$9,649	\$16,181
2015-2016	\$7,418	\$12,942	\$8,792	\$8,119	\$10,746	\$5,888	\$13,722	\$16,810

**SDRC - Trend of Per Capita POS Expenditures
by Ethnicity (Fiscal Year 2015-2016)**

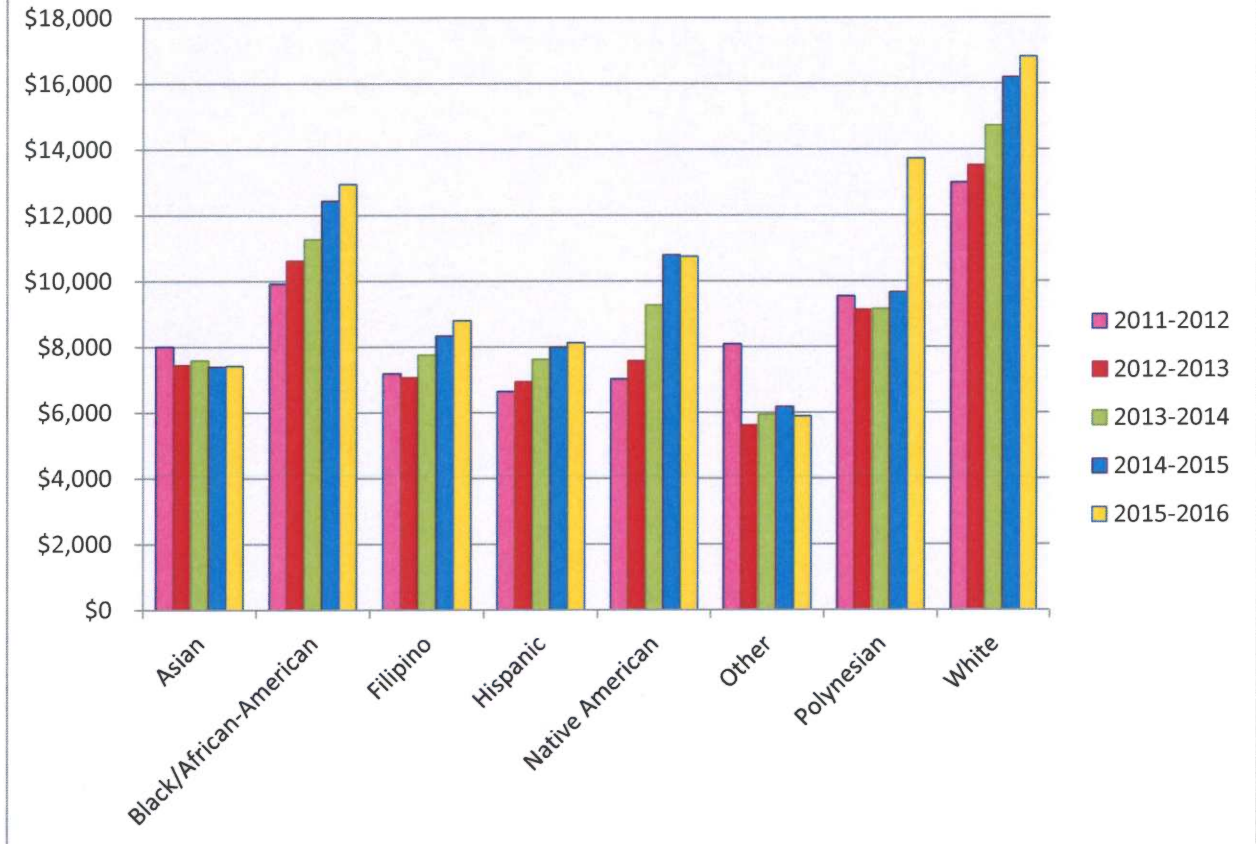
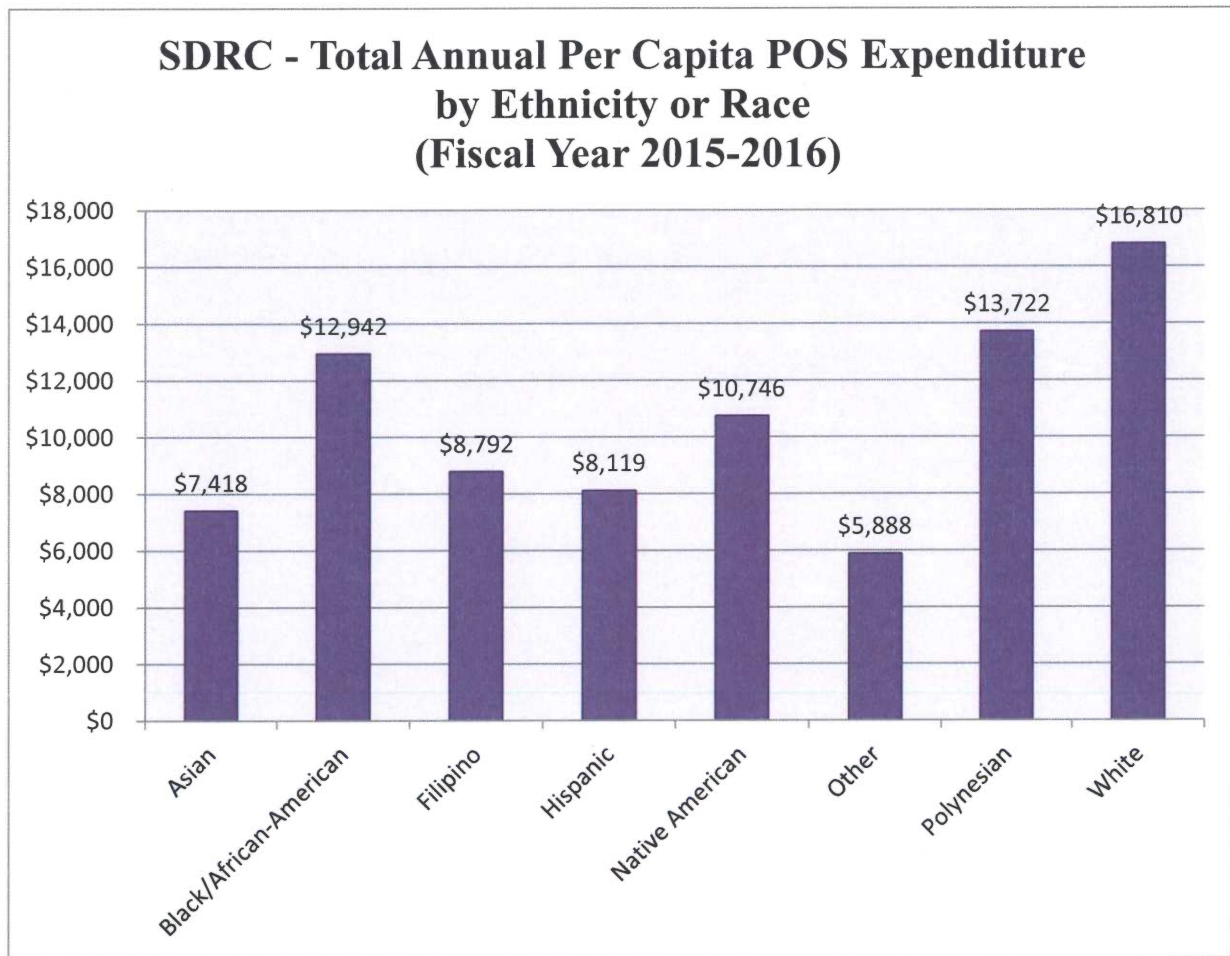


Chart 2:



Ethnicity or Race	POS Expenditures
Asian	\$7,418
Black /African-American	\$12,942
Filipino	\$8,792
Hispanic	\$8,119
Native American	\$10,746
Other	\$5,888
Polynesian	\$13,722
White	\$16,810

**Total Annual Expenditures and Authorized Services
by Ethnicity or Race**

For All Ages

Ethnicity	Consumer Count	Total Expenditures	Total Authorized Services	Per Capita Expenditures	Per Capita Authorized Services	Utilized
Asian	814	\$8,038,409	\$8,321,098	\$7,418	\$10,222	72.6%
Black/African-American	1,281	\$16,579,258	\$21,140,904	\$12,942	\$16,503	78.4%
Filipino	715	\$8,288,619	\$8,119,554	\$8,792	\$11,356	77.4%
Hispanic	7,848	\$63,716,825	\$85,388,996	\$8,119	\$10,880	74.6%
Native American	62	\$866,255	\$817,203	\$10,746	\$13,181	81.5%
Other Ethnicity or Race	9,128	\$53,742,828	\$81,129,240	\$5,888	\$8,888	66.2%
Polynesian	78	\$1,070,337	\$1,421,286	\$13,722	\$18,222	75.3%
White	7,176	\$120,625,051	\$146,836,725	\$16,810	\$20,462	82.1%
Totals:	27,102	\$268,725,582	\$353,175,006	\$9,915	\$13,031	76.1%

For Birth to age 2 years, inclusive

Asian	60	\$408,538	\$795,200	\$6,809	\$13,253	51.4%
Black/African-American	19	\$85,153	\$197,981	\$4,482	\$10,420	43.0%
Filipino	25	\$160,191	\$260,586	\$6,408	\$10,423	61.5%
Hispanic	545	\$2,820,588	\$5,062,964	\$5,175	\$9,290	55.7%
Native American	0					
Other Ethnicity or Race	4,082	\$16,966,717	\$29,620,408	\$4,156	\$7,256	57.3%
Polynesian	1	\$41	\$81	\$41	\$81	50.0%
White	170	\$985,933	\$1,735,323	\$5,800	\$10,208	56.8%
Totals:	4,902	\$21,427,162	\$37,672,542	\$4,371	\$7,685	56.9%

For age 3 years to 21 years, inclusive

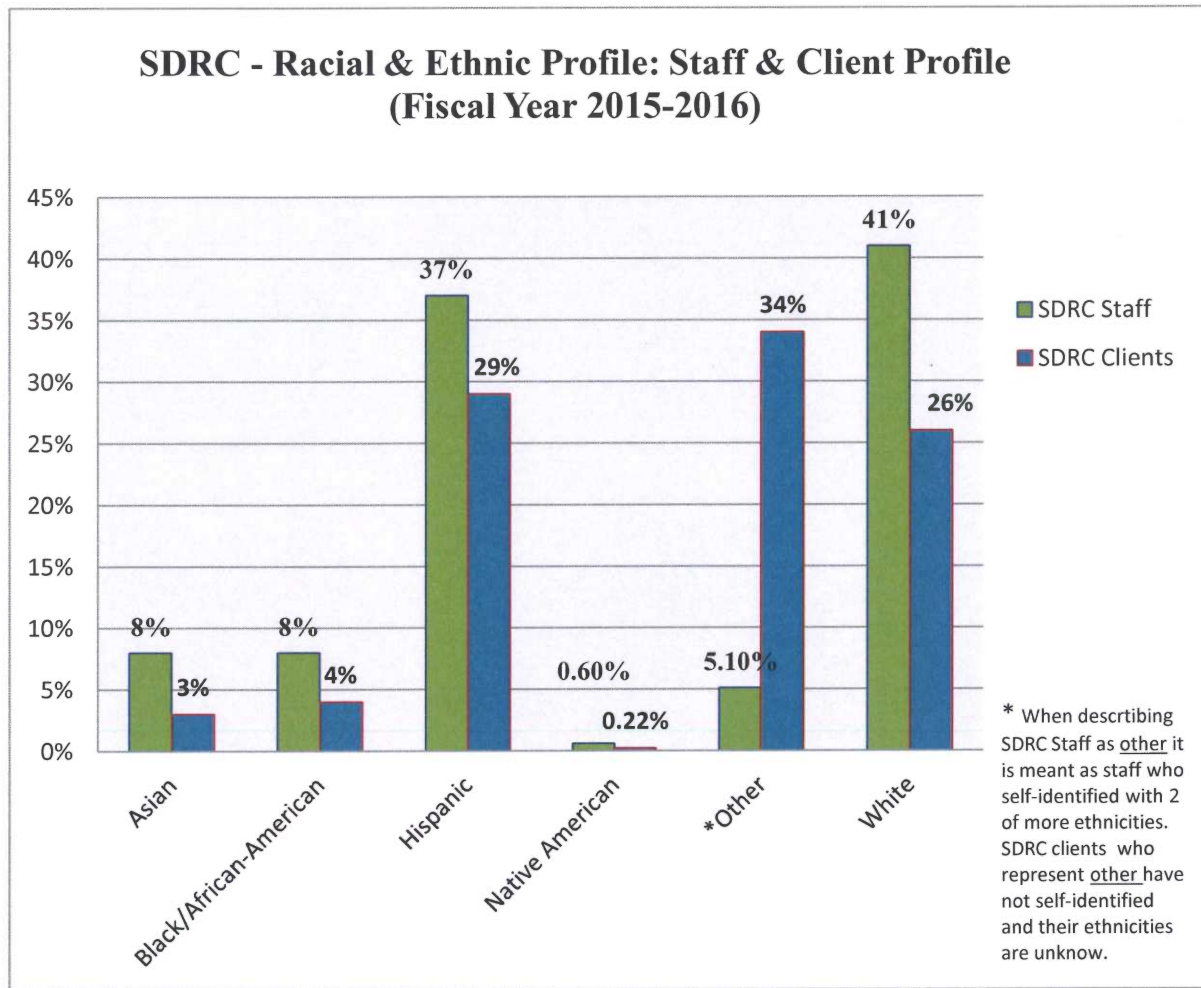
Asian	470	\$1,686,645	\$2,585,023	\$3,589	\$5,500	65.2%
Black/African-American	462	\$2,195,769	\$3,105,294	\$4,753	\$6,721	70.7%
Filipino	347	\$1,310,890	\$1,810,493	\$3,778	\$5,218	72.4%
Hispanic	4,313	\$16,153,138	\$23,546,579	\$3,745	\$5,459	68.6%
Native American	26	\$86,761	\$109,734	\$3,337	\$4,221	79.1%
Other Ethnicity or Race	3,975	\$17,967,728	\$28,079,520	\$4,520	\$7,064	64.0%
Polynesian	38	\$451,814	\$663,370	\$11,890	\$17,457	68.1%
White	2,413	\$12,662,221	\$17,373,810	\$5,248	\$7,200	72.9%
Totals:	12,044	\$52,514,967	\$77,273,822	\$4,360	\$6,416	68.0%

For age 22 years and older

Asian	284	\$3,943,225	\$4,940,876	\$13,885	\$17,397	79.8%
Black/African-American	800	\$14,298,336	\$17,837,629	\$17,873	\$22,297	80.2%
Filipino	343	\$4,815,538	\$6,048,476	\$14,039	\$17,634	79.6%
Hispanic	2,990	\$44,743,098	\$56,779,453	\$14,964	\$18,990	78.8%
Native American	36	\$579,494	\$707,469	\$16,097	\$19,652	81.9%
Other Ethnicity or Race	1,071	\$18,808,382	\$23,429,312	\$17,562	\$21,876	80.3%
Polynesian	39	\$618,482	\$757,835	\$15,859	\$19,432	81.6%
White	4,593	\$106,976,897	\$127,727,592	\$23,291	\$27,809	83.8%
Totals:	10,156	\$194,783,453	\$238,228,642	\$19,179	\$23,457	81.8%

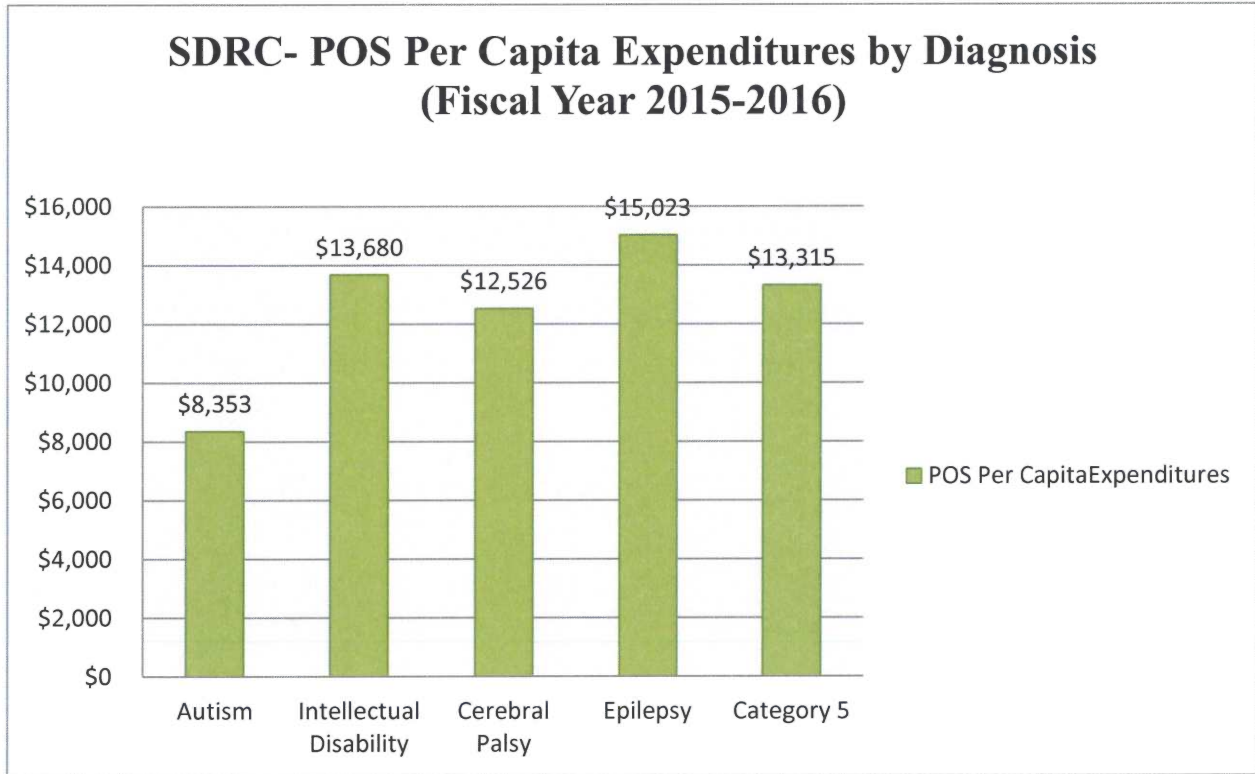
The expenditure data reported may not include payments made by the regional center to a service provider under a Contract. Typical services paid to a service provider under a Contract include, but are not limited to, Transportation Services, Transportation Assistant Services, and Supported Employment Program (SEIP) Group Services.

Chart 3:



Ethnicity	SDRC Staff	SDRC Clients
Asian	8%	3%
Black/African-American	8%	4%
Hispanic	37%	29%
Native American	0.60%	0.22%
*Other	5.10%	34%
White	41%	26%

Chart 4:



Diagnosis	Per Capita Expenditure
Autism	\$8,353
Intellectual Disability	\$13,680
Cerebral Palsy	\$12,526
Epilepsy	\$15,023
Category 5	\$13,315

Total Annual Expenditures and Authorized Services by Diagnosis - Summary

<i>For All Ages</i>						
Diagnosis	Consumer Count	Total Expenditures	Total Authorized Services	Per Capita Expenditures	Per Capita Authorized Services	Utilized
Autism	8,029	\$67,065,099	\$94,645,996	\$8,353	\$11,788	70.9%
Intellectual Disability	11,991	\$164,035,958	\$202,573,869	\$13,680	\$16,894	81.0%
Cerebral Palsy	808	\$10,121,351	\$12,521,068	\$12,528	\$15,496	80.8%
Epilepsy	282	\$4,236,517	\$5,639,611	\$15,023	\$19,999	75.1%
Category 5	535	\$7,123,764	\$8,969,402	\$13,315	\$16,765	79.4%
Other	5,457	\$16,142,895	\$28,825,061	\$2,958	\$5,282	56.0%
Totals:	27,102	\$268,725,582	\$353,175,006	\$9,915	\$13,031	76.1%

For Birth to age 2 years, inclusive

Autism	496	\$6,893,638	\$11,526,927	\$13,898	\$23,240	59.8%
Intellectual Disability	134	\$568,205	\$956,350	\$4,240	\$7,137	59.4%
Cerebral Palsy	13	\$36,024	\$58,997	\$2,771	\$4,538	61.1%
Epilepsy	3	\$17,494	\$26,245	\$5,831	\$8,748	66.7%
Category 5	2	\$7,888	\$12,419	\$3,944	\$6,209	63.5%
Other	4,254	\$13,903,913	\$25,091,605	\$3,268	\$5,898	55.4%
Totals:	4,902	\$21,427,162	\$37,672,542	\$4,371	\$7,685	56.9%

For age 3 years to 21 years, inclusive

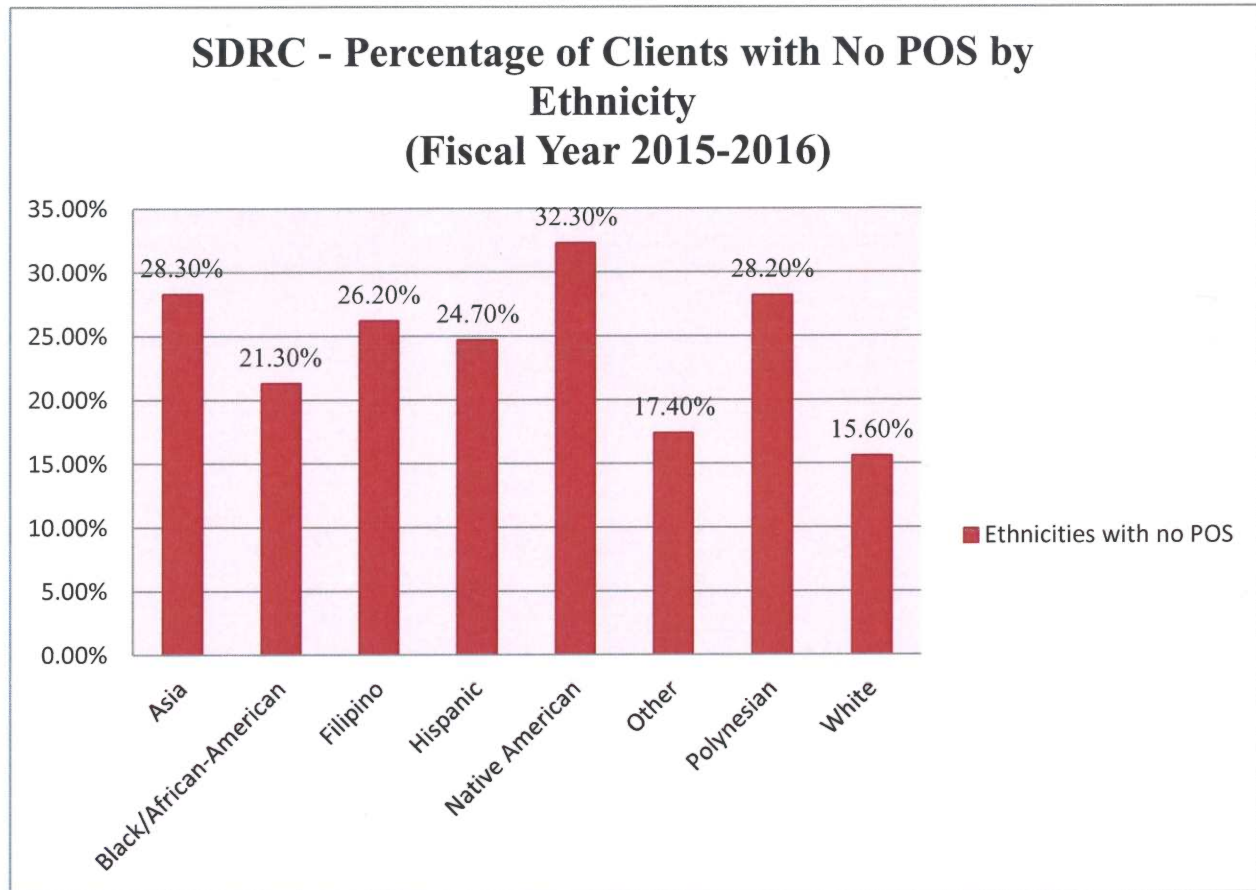
Autism	6,433	\$34,526,696	\$51,937,584	\$5,367	\$8,074	66.5%
Intellectual Disability	4,093	\$14,842,473	\$20,239,685	\$3,626	\$4,945	73.3%
Cerebral Palsy	262	\$767,629	\$1,178,696	\$2,930	\$4,499	65.1%
Epilepsy	58	\$194,305	\$296,294	\$3,350	\$5,109	65.6%
Category 5	71	\$316,692	\$430,677	\$4,460	\$6,066	73.5%
Other	1,127	\$1,867,171	\$3,190,887	\$1,657	\$2,831	58.5%
Totals:	12,044	\$52,514,967	\$77,273,822	\$4,360	\$6,416	68.0%

For age 22 years and older

Autism	1,100	\$25,644,765	\$31,181,485	\$23,313	\$28,347	82.2%
Intellectual Disability	7,764	\$148,625,278	\$181,377,834	\$19,143	\$23,361	81.9%
Cerebral Palsy	533	\$9,317,698	\$11,283,376	\$17,482	\$21,170	82.6%
Epilepsy	221	\$4,024,718	\$5,317,073	\$18,211	\$24,059	75.7%
Category 5	462	\$6,799,184	\$8,526,306	\$14,717	\$18,455	79.7%
Other	76	\$371,811	\$542,568	\$4,892	\$7,139	68.5%
Totals:	10,156	\$194,783,453	\$238,228,642	\$19,179	\$23,457	81.8%

The expenditure data reported may not include payments made by the regional center to a service provider under a Contract. Typical services paid to a service provider under a Contract include, but are not limited to, Transportation Services, Transportation Assistant Services, and Supported Employment Program (SEP) Group Services.

Chart 5:



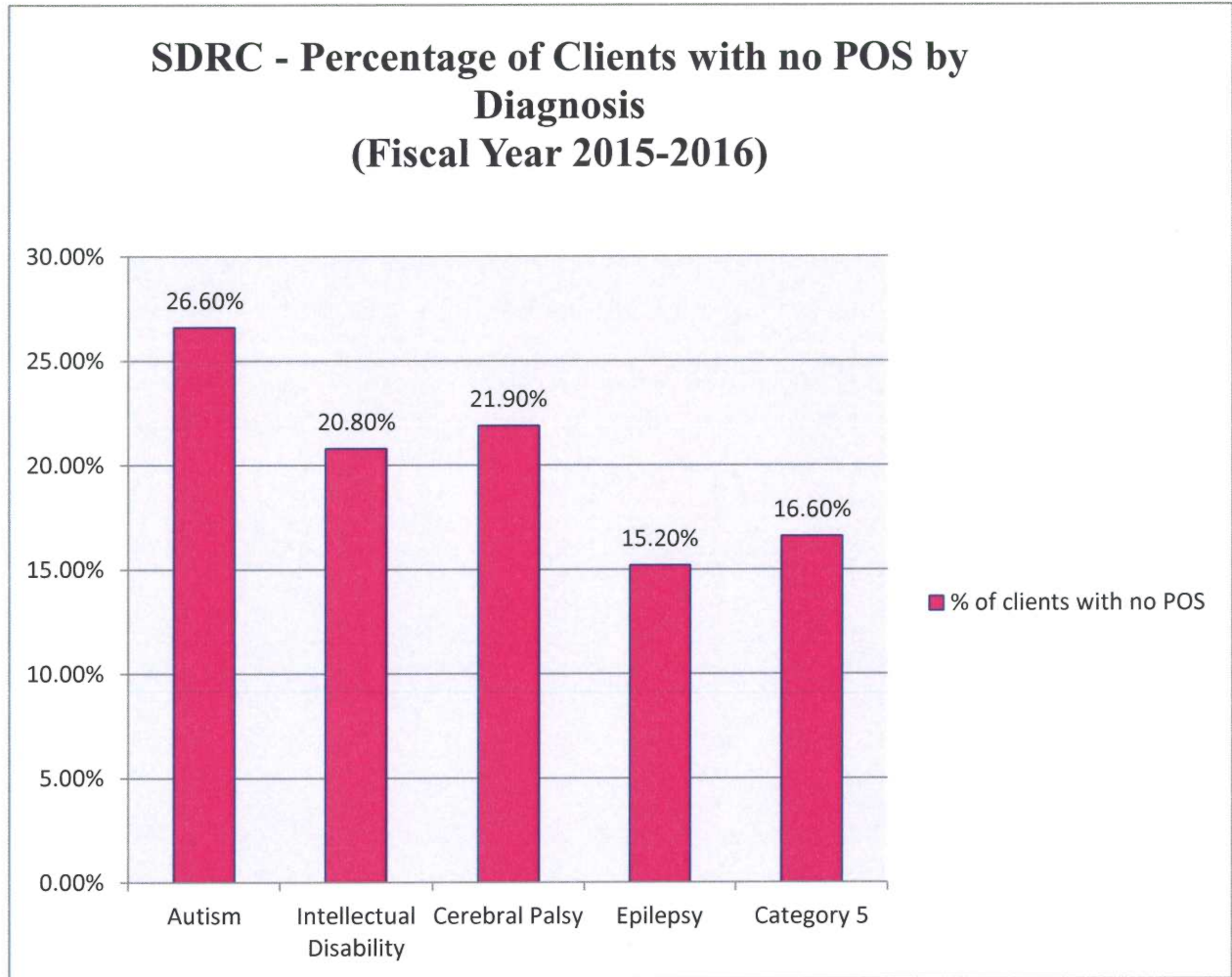
Ethnicity	% of Clients with no Purchase of Service
Asian	28.30%
Black/African-American	21.30%
Filipino	26.20%
Hispanic	24.70%
Native American	32.30%
Other	17.40%
Polynesian	28.20%
White	15.60%

**Consumers with No Purchase of Services
by Ethnicity or Race**

<i>For All Ages</i>	Total Eligible Consumers	Consumers Receiving Purchased Services	Consumers With No Purchased Services	Percent With No Purchased Service
Ethnicity				
Asian	814	584	230	28.3%
Black/African-American	1,281	1,008	273	21.3%
Filipino	715	528	187	26.2%
Hispanic	7,848	5,908	1,940	24.7%
Native American	62	42	20	32.3%
Other Ethnicity or Race	9,128	7,544	1,584	17.4%
Polynesian	78	56	22	28.2%
White	7,176	6,058	1,118	15.6%
Totals:	27,102	21,728	5,374	19.8%
<i>For Birth to age 2 years, inclusive</i>				
Asian	60	55	5	8.3%
Black/African-American	19	19	0	0.0%
Filipino	25	25	0	0.0%
Hispanic	545	501	44	8.1%
Native American	0	0	0	-
Other Ethnicity or Race	4,082	3,804	278	6.8%
Polynesian	1	1	0	0.0%
White	170	158	12	7.1%
Totals:	4,902	4,563	339	6.9%
<i>For age 3 years to 21 years, inclusive</i>				
Asian	470	310	160	34.0%
Black/African-American	462	285	177	38.3%
Filipino	347	218	129	37.2%
Hispanic	4,313	2,863	1,450	33.6%
Native American	26	10	16	61.5%
Other Ethnicity or Race	3,975	2,835	1,140	28.7%
Polynesian	38	25	13	34.2%
White	2,413	1,704	709	29.4%
Totals:	12,044	8,250	3,794	31.5%
<i>For age 22 years and older</i>				
Asian	284	219	65	22.9%
Black/African-American	800	704	96	12.0%
Filipino	343	285	58	16.9%
Hispanic	2,990	2,544	446	14.9%
Native American	38	32	4	11.1%
Other Ethnicity or Race	1,071	905	166	15.5%
Polynesian	39	30	9	23.1%
White	4,593	4,196	397	8.6%
Totals:	10,158	8,915	1,241	12.2%

The expenditure data reported may not include payments made by the regional center to a service provider under a Contract. Typical services paid to a service provider under a Contract include, but are not limited to, Transportation Services, Transportation Assistant Services, and Supported Employment Program (SEPP) Group Services.

Chart 6:



Diagnosis	% of Clients with no Purchase of Service
Autism	26.60%
Intellectual Disability	20.80%
Cerebral Palsy	21.90%
Epilepsy	15.20%
Category 5	16.60%

**Consumers with No Purchase of Services
by Diagnosis - Summary**

<i>For All Ages</i>	Total Eligible Consumers	Consumers Receiving Purchased Services	Consumers With No Purchased Services	Percent With No Purchased Services
Diagnoses				
Autism	8,029	5,895	2,134	26.6%
Intellectual Disability	11,991	9,500	2,491	20.8%
Cerebral Palsy	808	631	177	21.9%
Epilepsy	282	239	43	15.2%
Category 5	535	446	89	16.6%
Other	5,457	5,017	440	8.1%
Totals:	27,102	21,728	5,374	19.8%
<i>For Birth to age 2 years, inclusive</i>				
Autism	496	491	5	1.0%
Intellectual Disability	134	107	27	20.1%
Cerebral Palsy	13	11	2	15.4%
Epilepsy	3	3	0	0.0%
Category 5	2	2	0	0.0%
Other	4,254	3,949	305	7.2%
Totals:	4,902	4,563	339	6.9%
<i>For age 3 years to 21 years, inclusive</i>				
Autism	6,433	4,461	1,972	30.7%
Intellectual Disability	4,093	2,524	1,569	38.3%
Cerebral Palsy	262	157	105	40.1%
Epilepsy	58	40	18	31.0%
Category 5	71	45	26	36.6%
Other	1,127	1,023	104	9.2%
Totals:	12,044	8,250	3,794	31.5%
<i>For age 22 years and older</i>				
Autism	1,100	943	157	14.3%
Intellectual Disability	7,764	6,869	895	11.5%
Cerebral Palsy	533	463	70	13.1%
Epilepsy	221	196	25	11.3%
Category 5	462	399	63	13.6%
Other	78	45	31	40.8%
Totals:	10,158	8,915	1,241	12.2%

The expenditure data reported may not include payments made by the regional center to a service provider under a Contract. Typical services paid to a service provider under a Contract include, but are not limited to, Transportation Services, Transportation Assistant Services, and Supported Employment Program (SELP) Group Services.

IV. Proposed Strategies:

Based upon the review of the data and understanding its implications, the San Diego Regional Center is employing a four-part model to reduce the disparity of POS expenditures across ethnic groups. The following represent the core areas of enhancements:

- To develop a more culturally competent, informed staff and Board of Directors, the newly hired cultural specialist will provide SDRC staff with an array of trainings and workshops to sensitize employees to cultural issues. Additionally the cultural specialist will assemble subject matter experts in various ethnic groups to provide a collection of resources that informs staff about relevant cultural issues.
- To provide additional support and facilitation to Latino clients and families in navigating the regional center system and accessing appropriate services
- To develop additional bilingual resources to provide greater availability of services
- To leverage a telehealth model to those who reside in geographically remote areas to provide greater access to services

There is empirical evidence that in health delivery systems, including regional centers, promotoras, lay Latino community members who receive specialized training, can help Latino clients and families more comfortably and successfully navigate complicated systems and access services. This approach will be the mainstay of SDRC strategies. Latino community members will be carefully identified and trained in the area of developmental disabilities as well as the array of relevant services that are provided by the San Diego Regional Center. These promotoras will be facilitating clients and families that have been identified by their service coordinators as those who would likely benefit from this support.

As the paucity of bilingual service providers limit availability and access to services, particularly in Imperial Valley, there will be an effort to train bilingual service providers in evidence based interventions. This impact of resource development will be multiplied by employing a telehealth model. Leveraging technology many of the clients who reside in remote areas will be able to have access to services through employing the telemedicine model.

V. Activities Report:

I. Goal 1: To establish a valid baseline of per capita POS spending by client ethnic groups

Associated activities: Updating client ethnicity data (Activity 1)

- a. *Description of Activity:* In light of the over 9000 clients who were not categorized by ethnic group, an agency-wide initiative was launched to accurately collect ethnicity data for those clients who were previously in the “other” ethnicity category. Additionally the intake processes were also revised to ensure that ethnicity data were reliably collected for new clients entering the San Diego Regional Center.
- b. *Target Population and/or Disparity Issue:* This activity pertained to all clients to ensure valid representation of client ethnicities. This activity contributed to increased confidence in establishing baseline data for per capita POS spending by client ethnic groups.
- c. *Activity Start Date:* March 15, 2017
- d. *Approved Funding Amount:* N/A
- e. *Number of Individuals Impacted (consumers, families, staff, etc.) or Projected Impact:* Over 300 service coordinators and 27 program managers were sensitized to the issues of POS disparities and cultural competence. 9300 clients had their client information updated with regards to ethnicity.
- f. *How is/was the activity delivered (please include details regarding executed contracts, progress/status of tasks, etc.)?* Program managers and service coordinators were informed about the issue that approximately 35% of our clients were not categorized. Regional trainings were made available for staff to sensitively contact families to obtain ethnicity data. The IT department ran weekly reports reflecting the names of clients who were not categorized. Reports were generated by unit for each program manager to monitor. Every two weeks all staff was provided with a statistical update of the overall number of uncategorized clients. Progress was graphically portrayed with the expectation that we would reach the goal of zero un-categorized clients by May 31, 2017.

- g. *Describe the process for maintaining records, collecting data, and tracking qualitative and quantitative outcomes for the activity.* The quantitative outcomes were the number of clients who were categorized as “other” and their ethnicity was unknown.
- h. *Describe the annual qualitative outcomes the activity has produced to date.* No qualitative outcomes were employed.
- i. *Describe the annual quantitative outcomes the activity has produced to date.* As of May 15, 2017 the number of clients who were categorized as “other” and their ethnicity was unknown has been reduced to 200 (*Reduced from 9300*).
- j. *What is the total amount expended on the activity thus far?* None
- k. *Have any changes to the activity been made, including cost and projected implementation dates, from what was approved by the Department?* No
- l. *What is the estimated duration of the activity and when do you anticipate completion?*
May 31, 2017

II. Goal 2: Increase the number of children who are successfully linked to SDRC service through contact with a lay care navigator following a positive screen by 25% over baseline. (implement the Promotora model)

Associated activities: *Identify and hire family navigators.* (Activity 2)

- a. *Description of Activity:* In partnership with the University of California, San Diego (UCSD), Rady Children’s Hospital (RCHSD), and Exceptional Family Resource Center (EFRC), SDRC will identify and hire lay family navigators. The intention is to recruit from families who have been successfully served through SDRC and who live within the regions of focus.
- b. *Target Population and/or Disparity Issue:* Two Spanish speaking parents who have had successful experience navigating the San Diego Regional Center system will be identified and hired. These promotoras will be capable of providing support and guidance to facilitate clients and families to access appropriate services.
- c. *Activity Start Date:* *This is a multiple step activity.* The first step was to identify best practices associated with the promotora model. Literature review began May 1, 2017.and interview process of those who have effectively implemented the promotora model began

May 15, 2017. The identification and hiring of family navigators will occur on July 1, 2017.

- d. *Approved Funding Amount:* \$75,000 primarily linked to promotora salaries.
- e. *Number of Individuals Impacted (consumers, families, staff, etc.) or Projected Impact:* Two promotoras.
- f. *How is/was the activity delivered (please include details regarding executed contracts, progress/status of tasks, etc.)?:* The identification and recruitment of the promotoras will be a collaborative effort of EFRC, SDRC's cultural specialist and UCSD. It will include a careful interview/vetting process to address the core competencies associated with the position.
- g. *Describe the process for maintaining records, collecting data, and tracking qualitative and quantitative outcomes for the activity:* The basic information we will collect is the number of promotoras hired and retained.
- h. *Describe the annual qualitative outcomes the activity has produced to date:* There are no qualitative data necessary.
- i. *Describe the annual quantitative outcomes the activity has produced to date:* No outcomes have occurred.
- j. *What is the total amount expended on the activity thus far?:* No money has been expended at this point.
- k. *Have any changes to the activity been made, including cost and projected implementation dates, from what was approved by the Department?:* No
- l. *What is the estimated duration of the activity and when do you anticipate completion?:* The activity will require approximately two months and will be completed on September 1, 2017.

2. Training and Material Development for Navigators. (Activity 3)

- a. *Description of Activity* - Training for the family navigators will integrate principles from the culturally-derived *Parents Taking Action* parent psycho-education intervention, developed and tested by Dr. Sandra Magana and colleagues for monolingual Spanish-speaking families. Corresponding materials, developed in Spanish for Promotora de

Salud, will be adapted for use by family navigators. In addition, EFRC will assist in training family navigators in the local systems of care.

- b. *Target Population and/or Disparity Issue:* The target population is the two promotoras. The promotoras will need to be well equipped to help clients and families understand developmental disabilities and how to navigate the San Diego Regional Center system.
- c. *Activity Start Date:* Material development will start June 1, 2017 and promotora training will start July 1, 2017.
- d. *Approved Funding Amount:* Costs associated with training and material development have yet to be concretized.
- e. *Number of Individuals Impacted (consumers, families, staff, etc.) or Projected Impact:* Direct impact will be two promotoras.
- f. *How is/was the activity delivered (please include details regarding executed contracts, progress/status of tasks, etc.)?:* The responsibility for training the promotoras will be shared by SDRC cultural specialist, UCSD and EFRC. We are currently in the process of negotiating an agreement with EFRC.
- g. *Describe the process for maintaining records, collecting data, and tracking qualitative and quantitative outcomes for the activity:* Attendance records and competency quiz results for the training will be maintained. The number of promotoras who have successfully completed the training will be the primary quantitative outcome.
- h. *Describe the annual qualitative outcomes the activity has produced to date:* There are no qualitative data necessary.
- i. *Describe the annual quantitative outcomes the activity has produced to date:* None
- j. *What is the total amount expended on the activity thus far?:* No money has been expended at this point.
- k. *Have any changes to the activity been made, including cost and projected implementation dates, from what was approved by the Department?:* No
- l. *What is the estimated duration of the activity and when do you anticipate completion?:* Three weeks.

3. *Enrollment of families. (Activity 4)*

- a. *Description of Activity* – This activity involves many steps:

1. Latino clients will be identified who have significantly less POS expenditures than the average per capita expenditure per client.
 2. SDRC service coordinators will make a recommendation of a client family who will benefit from this type of support.
 3. The recommendations will be reviewed and selections made.
 4. The clients and families will be contacted and provided information about this additional service and their consent for participation will be offered.
 5. After consent has been obtained, the family will be assigned to a promotora.
- b. *Target Population and/or Disparity Issue:* Latino clients who are not receiving adequate services and require support and advocacy is the target population. Latino clients have been identified as receiving significantly less POS expenditures as compared to other ethnic groups SDRC serves.
 - c. *Activity Start Date:* August 1, 2017
 - d. *Approved Funding Amount:* Costs associated with enrollment of families has not yet been concretized.
 - e. *Number of Individuals Impacted (consumers, families, staff, etc.) or Projected Impact:* 120 clients and families will be initially enrolled.
 - f. *How is/was the activity delivered (please include details regarding executed contracts, progress/status of tasks, etc.)?:* As highlighted above Latino families will be recommended by their service coordinator and selected by a review team. The appropriate informed consent process will be obtained.
 - g. *Describe the process for maintaining records, collecting data, and tracking qualitative and quantitative outcomes for the activity:* Quantitative outcomes: The POS spending of all clients who have been enrolled will be monitored; Pre and post surveys will be administered to assess client's knowledge and ease related to accessing SDRC services.
 - h. *Describe the annual qualitative outcomes the activity has produced to date:* No outcomes at this time
 - i. *Describe the annual quantitative outcomes the activity has produced to date:* No outcomes at this time
 - j. *What is the total amount expended on the activity thus far?:* No funds have been expended at this point.

- k. *Have any changes to the activity been made, including cost and projected implementation dates, from what was approved by the Department?:* No changes have been made.
- l. *What is the estimated duration of the activity and when do you anticipate completion?:*
This activity will require one month and will be completed by September 1, 2017.

III. Goal 3: Increase the number of children linked to an evidence based intervention that is culturally and linguistically sensitive by 25% over baseline.
--

A. Recruit bilingual intervention providers. (Activity 5)

- a. *Description of Activity:* SDRC has a large number of vendored providers across the San Diego area and a few in Imperial County. There is a need for more bilingual providers in the underserved regions, particularly as we screen and identify more Latino children. During the first year of this project, we will recruit bilingual providers to be trained in Project ImPACT.
- b. *Target Population and/or Disparity Issue:* Due to lack of vendored bilingual providers in Imperial County the Latino clients do not have adequately access to resources. This activity targets the Latino clients in Imperial Valley.
- c. *Activity Start Date:* January 1, 2018
- d. *Approved Funding Amount:* The fees associated with recruiting bilingual intervention providers have yet to be concretized.
- e. *Number of Individuals Impacted (consumers, families, staff, etc.) or Projected Impact:* The number of vendors to be recruited and the number of clients that they will serve have yet to be determined.
- f. *How is/was the activity delivered (please include details regarding executed contracts, progress/status of tasks, etc.)?:* The implementation details have not yet been formalized.
- g. *Describe the process for maintaining records, collecting data, and tracking qualitative and quantitative outcomes for the activity:* The number of newly vendored bilingual providers in Imperial County will be collected on a monthly basis. The number of children receiving Project ImPACT services will also be recorded on a monthly basis.

- h. *Describe the annual qualitative outcomes the activity has produced to date:* No outcomes at this time.
- i. *Describe the annual quantitative outcomes the activity has produced to date:* No outcomes at this time
- j. *What is the total amount expended on the activity thus far?:* No funds have been expended at this point.
- k. *Have any changes to the activity been made, including cost and projected implementation dates, from what was approved by the Department?:* None
- l. *What is the estimated duration of the activity and when do you anticipate completion?:* 12 months. We expect to complete this activity by January 2019.

B. Training in telehealth technology. (Activity 6)

- a. *Description of Activity* - We intend to train bilingual providers in the use of telehealth technology, billing, and delivery requirements. RCHSD already has the equipment and the means to deliver this intervention that meets all HIPAA and FERPA requirements. This project will start with RCHSD's bilingual clinicians already trained in evidence based practice who have access to this system. SDRC is eager to utilize telehealth with community partners through the BRIDGE Collaborative, who also have training in evidence-based practice and access to technology that meets HIPAA requirements.
- b. *Target Population and/or Disparity Issue:* Due to geographic barriers, many Latino clients living in remote areas of Imperial County do not have adequate access to services. The target population is Latino clients who have difficulty accessing services due to distance or transportation challenges.
- c. *Activity Start Date:* January 1, 2018
- d. *Approved Funding Amount:* The fees associated with the telehealth technology intervention have yet to be concretized.
- e. *Number of Individuals Impacted (consumers, families, staff, etc.) or Projected Impact:* The number of telehealth technology providers to be trained and the number of clients that they will serve have yet to be determined.

- f. *How is/was the activity delivered (please include details regarding executed contracts, progress/status of tasks, etc.)?:* Bilingual providers will be trained in the use of telehealth technology and the billing and delivery requirements.
- g. *Describe the process for maintaining records, collecting data, and tracking qualitative and quantitative outcomes for the activity:* The quantitative outcomes for the activity will be the number of trained providers skilled and equipped to utilize telemedicine technology.
- h. *Describe the annual qualitative outcomes the activity has produced to date:* No outcomes at this point.
- i. *Describe the annual quantitative outcomes the activity has produced to date:* No outcomes at this point.
- j. *What is the total amount expended on the activity thus far?:* No funds have been expended at this point.
- k. *Have any changes to the activity been made, including cost and projected implementation dates, from what was approved by the Department?:* No
- l. *What is the estimated duration of the activity and when do you anticipate completion?:* 12 months. It is expected that this activity will be completed by January 2019.

C. Training in evidence based practice for toddlers. (Activity 7)

- a. *Description of Activity* - In addition to working with already trained providers in evidence based care, we will also recruit and train bilingual community based providers in an evidence based naturalistic developmental behavioral intervention model that specifically targets children under the age of three years and has evidence base for delivery through a telehealth model (Ingersoll & Wainer, 2013). Specifically, the *Project ImPACT* intervention has been selected by the BRIDGE Collaborative and adapted for use with toddlers. Ten community-based organizations in San Diego are already contracted with San Diego Regional Center to provide *Project ImPACT for Toddlers* through SDRC. The BRIDGE Collaborative is enthusiastic about this project and has an established training and outreach model. The training will include an initial online training module and

follow up coaching by Dr. Sarah Rieth (San Diego State University -SDSU). The training will also include establishing fidelity and monitoring fidelity throughout the project.

- b. *Target Population and/or Disparity Issue:* There is a need to develop additional bilingual resources trained in evidence based naturalistic developmental behavioral intervention model that specifically targets children under the age of three years and has evidence base for delivery through a telehealth model. This resource development activity will be targeting the Latino community that has challenges (due to distance or transportation) accessing evidence based developmental interventions for children three years and younger.
- c. *Activity Start Date:* January 1, 2018
- d. *Approved Funding Amount:* The fees associated with training new bilingual providers in evidence based practice have not yet been concretized.
- e. *Number of Individuals Impacted (consumers, families, staff, etc.) or Projected Impact:* The number of bilingual telehealth technology providers to be trained in evidence based practice and the number of clients that they will serve has not yet been determined.
- f. *How is/was the activity delivered (please include details regarding executed contracts, progress/status of tasks, etc.)?:* The implementation details have not yet been formalized.
- g. *Describe the process for maintaining records, collecting data, and tracking qualitative and quantitative outcomes for the activity:* The quantitative outcomes for the activity will be the number of providers trained in evidence based practice and the number of clients receiving those services. These outcomes will be recorded on a monthly basis.
- h. *Describe the annual qualitative outcomes the activity has produced to date:* No outcomes at this point.
- i. *Describe the annual quantitative outcomes the activity has produced to date:* No outcomes at this point.
- j. *What is the total amount expended on the activity thus far?:* No funds have been expended at this point.

- k. *Have any changes to the activity been made, including cost and projected implementation dates, from what was approved by the Department?:* No
- l. *What is the estimated duration of the activity and when do you anticipate completion?:* 12 months. It is expected that this activity will be completed by January 2019.

VI: Stakeholder Meeting:

The first public meeting was conducted at the San Diego Regional Center's Imperial office at 512 West Aten Road, Imperial, CA, 92251, on March 20, 2017, from 6:00 to 7:00 p.m.

Announcements were made both in English and Spanish to improve attendance in an underserved community. Social media postings in English and Spanish were employed to broaden the outreach to the communities. There were 13 attendees. On March 22, 2017, the San Diego Regional Center convened the second stakeholder public meeting at the San Diego Regional Center's Kearny Mesa office in Boardroom, Suite 101, at 4355 Ruffin Road, San Diego, CA 92123 from 6:00 to 7:00 p.m. There were eight participants in attendance.

The client purchase of service data were discussed at both public setting. The executive director presented the findings of the POS utilization data and facilitated discussion. There was consensus that the data described indicates a need to reduce disparities in the purchase of services for clients among the various ethnic groups in the regional center's catchment area.

The following recommendations were made:

- Ethnic disparities need to be addressed and the nature of the differences better understood
 - ABX2 1 grant to begin to address ethnic disparity
 - Promotora Model and Telehealth to be implemented for those clients receiving the least POS expenditures
- Encourage greater attendance and more participation in public meetings.

The data were posted on the SDRC website and the public meetings were convened in compliance with Section 4519.5 of the Welfare and Institutions Code. Handouts were distributed at the stakeholders meetings which provided the statutory context, limitations of POS data, San Diego Regional Center POS utilization data analyzed by ethnicity or race, language, diagnosis, and the San Diego Regional Center staff ethnic profile.



SAN DIEGO
REGIONAL CENTER

Purchase of Service Expenditure Data Public Meeting

Monday
March 20, 2017
6:00 - 7:00 p.m.

San Diego Regional Center
Imperial Office
512 West Aten Road
Imperial, CA 92251

Wednesday
March 22, 2017
6:00- 7:00 p.m.

San Diego Regional Center
Suite 118 Conference Room
4355 Ruffin Road
San Diego, CA 92123

San Diego Regional Center will present data, and conduct a discussion as required by the Lanterman Developmental Disabilities Act, relating to purchase of service authorization, utilization and expenditure with respect to client age, race or ethnicity, primary language, and disability.

The Purchase of Service Data by Ethnicity, Race, or Language data can be found on the home page of the San Diego Regional Center website at <http://sdrc.org/pos-data/>.

We welcome your input and suggestions.



Reunión Pública Datos de Compras y Gastos de Servicios

Lunes	Miércoles
20 de Marzo del 2017	23 de Marzo del 2017
6:00 – 7:00 p.m.	6 :00 – 7:00 p.m.
El Centro Regional de San Diego Oficina Imperial 512 Aten Road Imperial, CA 92251	El Centro Regional de San Diego Cuarto de Conferencias 118 4355 Ruffin Road San Diego, CA 92123

El Centro Regional de San Diego presentará datos, y conducirá una discusión, como lo exige la Ley Lanterman de Discapacidades del Desarrollo, en relación a la autorización de compra de servicios, la utilización y los gastos con respecto a la edad, la raza o origen étnico, idioma principal, y la discapacidad del cliente.

La adquisición de datos de servicio según su origen étnico, raza, o los datos de idioma se puede encontrar en la página principal del sitio web del Centro Regional de San Diego en <http://sdr.org/pos-data/>.

Agradecemos sus comentarios y sugerencias.

** Reunión será en inglés con traducción en español*



Purchase of Service Expenditure Data Public Meeting

AGENDA

March 20, 2017 & March 22, 2017
6:00 – 7:00 p.m.

- I. Introductions
- II. Background Information
- III. SDRC Purchase of Service
- IV. Discussion of POS data
 - Recommendations
- V. SDRC Initiatives
 - SDRC Cultural Specialist
 - ABX2 1 Grant
 - Valid Identification
 - Promotora
 - Tele-medicine Model
 - Factors creating differences
- VI. Adjourn



San Diego Regional Center

Serving Individuals with Developmental Disabilities in San Diego and Imperial Counties

4355 Ruffin Road, San Diego, California 92123 • (858) 576-2996 • www.sdrc.org

Purchase of Service Data

Public Meeting
512 West Aten Road
Imperial, CA 92251
March 20, 2017

Attendance

There were 13 people in attendance. Ten of the participants were from the community, two are San Diego Regional Center (SDRC) staff, and one is a member of the SDRC Board of Directors. A sign-in sheet is attached to these minutes.

Call to Order

Carlos Flores, SDRC Executive Director, started the meeting at 6:00 p.m. Joab Gonzalez, SDRC Program Manager, provided Spanish interpretation.

Discussion Items

The purchase of service data that were posted on the SDRC website were distributed. The following tables were reviewed: Consumers with No Purchase of Service by Ethnicity or Race; Consumers with No Purchase of Service by Language; Total Annual Expenditures and Authorized Services by Ethnicity or Race; and, Total Annual Expenditures and Authorized Services by Language. There was lengthy discussion about the data.

Mr. Flores noted that the differences in purchase of services spending is negligible for children of all races categories and can be as much as 100% more for adult White clients when compared to adult Latino clients. Attendees suggested that the reasons for disparities may be due to the lack of understanding of available services by clients and families. Language was also identified as a potential reason for the differences. Cultural factors were also discussed as a possible reason for the differences in purchaser of services between Whites and ethnic minorities, for example the use of residential services.

Mr. Flores also noted the large number of clients in the "other" category. He indicated that SDRC staff have undertaken an initiative clean up the data and properly categorize the clients currently labeled as other.

Mr. Flores provided the group with information about Assembly Bill 1 in the Second Extraordinary Session (ABX2 1). Among other things, ABX2 1 providing funding to the regional centers for a Cultural Specialist position. The new Cultural Specialist at SDRC is Carmen Hernandez. Ms. Hernandez' duties include outreach to ethnic groups; training for staff, service providers and the SDRC Board of Directors; and coordination of the "disparity" activities required in the Lanterman Act. ABX2 1 also provided money for regional center grants. SDRC received a \$300,000 grant to be spent in the next three years. Grant activities will include clean-up of the data; a Promotora program; a Tele-medicine model in remote rural areas; and analysis of why differences exist in purchase of services spending when clients from ethnic minorities are compared to White clients.

East County Office
8760 Cuyamaca St #100
Santee CA 92071
619-596-1000

Imperial County Office
512 W Aten Rd
Imperial CA 92251
760-355-8383

North County Office
5931 Priestly Drive #100
Carlsbad CA 92008
760-736-1200

South County Office
2727 Hoover Ave #100
National City CA 91950
619-336-6600



San Diego Regional Center

Serving Individuals with Developmental Disabilities in San Diego and Imperial Counties
4355 Ruffin Road, San Diego, California 92123 • (858) 576-2996 • www.sdrc.org

Purchase of Service Data
Public Meeting
4355 Ruffin Road
San Diego, CA 92123
March 22, 2017

Attendance

There were eight people in attendance. Attendees were asked to sign-in. The sign-in sheet is attached to these minutes.

Call to Order

Mark Klaus, President of Home of Guiding Hands and member of the San Diego Regional Center (SDRC) Board of Directors, and Carmen Hernandez, SDRC Cultural Specialist, started the meeting at 6:00 p.m. No translation was necessary and the meeting was conducted in English.

Discussion Items

Data tables and charts were distributed. In order to begin the discussion regarding differences in purchase of service spending, attendees were directed to data page entitled Total Annual Expenditures and Authorized Services by Ethnicity or Race. The data page was explained including the difference between "Per Capita Expenditures" and "Per Capita Authorized Services". Disparities were noted on the data page for example the Per Capita Expenditures of Whites (\$16,810) to other ethnicities such as Latinos/Hispanics (\$8,119). The large number of "other" in the ethnicity category was discussed and the work of SDRC to identify the ethnicity of those clients. Attendees suggested reasons for disparities may be due to lack of understanding services by clients and families. Language was identified as a potential barrier along with the need for Service Coordinator training on cultural sensitivity. Cultural factors were discussed as a reason why disparities might exist such as customs of different ethnic families to care for adult clients in the family home. The role of Carmen Hernandez' as the new role at SDRC Cultural Specialist was explained. The ABX2 1 grant was introduced and explained. Grant activities will include clean-up of the data; a Promotora program; a Tele-medicine model in remote rural areas; and analysis of why the purchase of services differences exist.

Recommendations

The following recommendations were offered during the discussion:

1. Sending the SDRC Communicator via postal mail for people who are not on Facebook or don't have access to a computer to improve communication between SDRC and the public.
2. SDRC vendors could assist with efforts to identify all clients' ethnicity.
3. SDRC services could be used creatively to offer client services that meet their unique and individual needs.

Adjourn

The meeting was adjourned at 7:00 p.m.

East County Office
8760 Cuyamaca St #100
Santee CA 92071
619-596-1000

Imperial County Office
512 W Aten Rd
Imperial CA 92251
760-355-8383




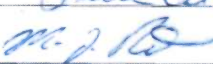
North County Office
5931 Priestly Drive #100
Carlsbad CA 92008
760-736-1200

South County Office
2727 Hoover Ave #100
National City CA 91950
619-336-6600

Welfare and Institutions Code Section 4519.5 (e) Public Meeting
 San Diego Regional Center Imperial Office
 March 20, 2017
 Sign-in Sheet

Print Name (Nombre Escrito)	Sign Name (Firma)
Emilia Serrano	Emilia Serrano
Luis Cital	Luis Cital
Gloria RANKS	Gloria Ranks
Marcos Perez	Marcos Perez
Concepcion Gastelum	Concepcion Gastelum
Erma R. Rousey	Erma R. Rousey
MARIA OLIVIA JIMENEZ	Maria Olivia Jimenez
Adrian Jimenez	Adrian Jimenez
Antonia Serecher	Antonia Serecher
Megan Luzzi	Megan Luzzi
Jose C. Hernandez	Jose C. Hernandez
Joab Gonzalez	Joab Gonzalez
Lori Robinson	Lori Robinson

Welfare and Institutions Code Section 4519.5 (e) Public Meeting
 San Diego Regional Center Imperial Office
 March 22, 2017
 Sign-in Sheet

Print Name (Nombre Escrito)	Sign Name (Firma)
Megan Lopez	
MARK Klaus	
Carmen Hernandez	
Sarah Rieth	Sarah Rieth
Clyde Williams	Clyde Williams
Mary Ellen Stives	Mary Ellen Stives
Laura Cervantes	Laura Cervantes
MICHAEL RAY	

VII: Public Counsel Report:

On May 18, 2017, the *Public Counsel* (Los Angeles) released a report entitled, “Assuring Equitable Funding of Services for Children with Developmental Disabilities.” The San Diego Regional Center remains fully committed to understand the nature of the differences in our purchase of services (POS) among the various ethnic groups and to work tirelessly to create a system that provides appropriate services for all of our clients irrespective of race, ethnicity, language or country of origin. Though we share the *Public Counsel’s* commitment of fair provision of services provided by the Regional Center as expressed in their report, we take exception to the *Public Counsel* report in several important ways.

The primary objection with their report is their unfortunate misunderstanding of our position that there is a need for credible research to determine the reasons for the differences. Strangely this was misinterpreted as a need to empirically determine if disparities exist. We understand that there are statistical differences in POS spending. That is not open for debate. We have emphatically urged the state to conduct an investigation about what are the factors that are contributing to these differences. It is fundamental to first understand before we act. There are a myriad of potential reasons to explain the differences, such as cultural factors, language barriers, or economic considerations. Based upon determining the causal factors and developing a comprehensive understanding, we can then target our systemic changes most effectively.

Embedded in the report there is also an implicit, unspoken accusation that these disparities are attributable to some unfair practice, as if there are biases or discriminatory regional center policies and procedures that impede or encumber minority groups from accessing services. It is tantamount to saying our provision of services is unfair without any evidence to explain the differences.

The *Public Counsel’s* report bases much of its conclusions on two variables: inter-regional center spending and intra-regional center’s spending. When the *Public Counsel* looks at the regional center from a system-wide perspective the analyses focus upon inter-regional center spending patterns. The report purports a correlation between overall regional center per capital spending and percentage of clients of color (*Latino and Black/African American*). They report regional

centers with lower per capita POS spending have a higher percentage of non-white clients. From a research perspective, it is difficult to characterize this relationship. There are likely countless confounding variables that may help explain why the 21 regional centers have different levels of POS spending. It does not appear appropriate to suggest regional centers that have less than the average POS spending are doing so due to ethnicity issues.

The second basis for the *Public Counsel's* conclusions is based upon intra-regional center spending. In essence, the report describes this analysis as determining if each ethnic group receives its fair share. Based upon their data presented, some slight difference does exist in terms of spending for White and Latino clients. Their data indicate that respect to children served by San Diego Regional Center white clients receive their “share” of authorization while Latinos only receive 11% less than their “share”. More specifically, the per capita POS for San Diego Regional Center, children (3 – 21) is \$3,270 for Latino clients and \$3,602 for White clients. These modest disparities were replicated in San Diego Regional Center analysis of children from 3- 21, though disparities did not exist for clients younger than three years old.

It is important to understand that disparities cannot be attributed to one single cause and instead can be due to an array of complex factors. To imply San Diego Regional Center is biased is a naïve and groundless idea. The *Public Counsel* which specifically focuses on children failed to note that disparities are the greatest in adults age 22 and older and disparities with children who are 3-21 years are minimal.

The San Diego Regional Center updates data information on their website and replaces it with the latest information available every year. The San Diego Regional Center will archive all past and present information to be available for transparency and receptivity to input.