September 27, 2021

Jamie Van Dusen
Primary Regional Center Liaison
Department of Developmental Services
Office of Community Operations
Southern Region Office
2501 Harbor Blvd.
Costa Mesa, CA 92626

Re: Expenditure and Demographic Data per W&I Code §4519.5 and DDS/Regional Center Contract

Dear Ms. Van Dusen:

In December, 2020, Harbor Regional Center posted a report, "Purchase of Services Expenditure and Demographic Data: Fiscal Year 2019-20," on our website as required pursuant to W&I Code §4519.5 as well as our contract with DDS. This report includes data related to purchase of service authorization, utilization, and expenditures, with respect to age, race and ethnicity, language, living arrangement and disability.

Meetings Scheduled
Two public meetings were scheduled to be held regarding the data - one on March 25, 2021 at 4:00 pm, and one on March 30, 2021, at 6:00 pm. These meetings were scheduled to be held virtually on the Zoom platform.

Public Notice
At the public HRC Board Meeting in January, we announced that the Expenditure and Demographics meeting would take place in March, with dates to be determined.

On Monday, February 22, 2021, 31 days in advance of the first of the two meeting, we posted and continuously maintained the dates of these two scheduled meetings on Harbor Regional Center's website, in English and Spanish. We provided and continuously maintained additional public notices in English and Spanish, on social media and in the Harbor Regional Center electronic newsletter. This notice was sent to Megan Mitchell, Department of Developmental Services Regional Center Liaison. A notification was also emailed to Ernie Cruz, Assistant Deputy Director, Office of Community Operations, Department of Developmental Services.

Reminders of the scheduled public meetings were provided at the meeting of the Board of Trustees on March 16th, 2021, in HRC's electronic newsletters on March 24th, and on social media.

Meeting Outcomes
We held the two public meetings as scheduled, on the virtual platform Zoom, where we presented the demographic and expenditure information from fiscal year 2019-20. We provided simultaneous Spanish language interpretation at both meetings. The presentation was posted for viewing in English and Spanish on HRC's website.

Attendance
In addition to HRC staff and Board members, participant attendance was as follows:

- On March 25, 2021, there were 85 other participants present including: 79 parents; three representatives from Disability Rights California; one representative from the State Council on Developmental Disabilities; and two (2) representative from DDS.
- On March 30, 2021, there were 137 other participants including: 129 HRC parents; two service providers; three representatives from Disability Rights California, and three (3) representatives from DDS.

Presentation of Data
We compared and reviewed expenditures by ethnicity, age, and diagnosis. A summary of the data for 2019-20 that was presented is as follows:

For Birth to Three Year Old Clients and their Families

Hispanic infants and toddlers comprise 44% of all of those we serve who are under the age of three. 19% of birth to three year olds are White. Asian and African American children equal 12% and 11%, respectively, of the total. 16% of the 3-21 year olds we serve are identified as "Other."

The difference between the highest and the lowest average per capita POS expenditures for infants and toddlers birth to three, by ethnicity, was $698:

- POS Expenditures per capita was highest for Asians at $3,601.
- POS Expenditures per capita for Whites were $3,398.
- POS Expenditures per capita for Hispanics were $3,097.
- POS Expenditures per capita for African Americans were $3,064.
- POS authorizations per capita expenditures for clients that have identified as "other" ethnicity was $2,903.

There was a much greater degree of difference in expenditures by diagnosis.

- Children ages birth to three with epilepsy had the highest per capita expenditures at $18,549.
- Per Capita expenditures for infants and toddlers with autism and with intellectual disability were both about $10,000).
- Per capita expenditures for infants and toddlers birth to three without a diagnosis of developmental disability was $2,795.
- Clients with Cerebral Palsy had the lowest per capita spending at $1,712.

For Children ages 3 to 21 and their Families:

Hispanic children comprise 47% of all of those we serve who are age 3-21. Asian and White children equal 15% and 16%, respectively, of the total. 10% of the 3-21 year olds we serve are African Americans.

For individuals ages 3-21 who live in the family home, the range of difference between the highest and lowest average expenditures, by ethnicity, was $841; Average POS per capita expenditures were highest for African Americans and lowest for "other" ethnicities.

- Average per capita expenditures for African Americans ages 3-21 was $3562.
- Average per capital expenditures for Whites ages 3-21 was $3549.
- Average per capita expenditures for Asians ages 3-21 was $3206.

- Average per capita expenditures for Hispanics ages 3-21 were $2829
- Average per capita POS authorizations for clients that have identified as other was $2721.

There was a much greater degree of difference in expenditures by diagnosis.

- Individuals with cerebral palsy had the highest per capita spending at $6407.
- Individuals 3-21 with epilepsy had the next highest per capita expenditures of $5,638.
- Individuals 3-21 with intellectual disabilities had average per capita expenditures of $4,293.
- Individuals 3-21 with autism had average per capita expenditures of $3,351.
- Average per capita expenditures for individuals with "conditions similar" and "other" was $2,926 and $1,631 respectively.

For Adults Age 22 and older served by HRC:

Hispanic adults are the largest percentage (34%) in the over 22 years age group. 31% of adults served by HRC were white. Asian and African American adults each equaled 14% of our adult clients. Only 7% of the adults served by HRC were identified as "other."

The range of difference by ethnicity among adults served by HRC was $1659; Average POS per capita were highest for Asian, and lowest for Hispanic adults.

- Average POS per capita expenditures for Asian adults was $14,915.
- Average POS per capita expenditures for White Clients was $14,008.
- Average POS per capita for adults who were identified as "other" was $13,780.
- Average POS per capita expenditures for African American adults was $3,495.
- Average per capita POS authorizations for adults for Hispanics was $13,256.

The differences in average POS expenditures by diagnosis among adults were greater:

- $47,539 for adults with epilepsy
- $43,265 for adults with cerebral palsy
- $36,671 for adults with intellectual disabilities
- $32,211 for adults with autism
- $25,969 for adults with "conditions similar"
- $11,555 for adults with "other" diagnoses.

The range of differences in adults in a residential setting other than the family home was greater. It was highest for "Other/Multi" ethnicities and Hispanic:

- $139,216 for "other/multi" ethnicities
- $117,807 for Hispanic adults
- $111,615 for White adults
- $112,575 for Asian adults
- $105,503 for African American adults.

Following the presentation of the data, we presented overviews of the various activities in which HRC has been engaged to reach out to our underserved communities, including collaboration with community-based partner organizations. We also introduced a new collaboration with the Integrated Community Collaborative (ICC), with the goal of promoting increased communication, engagement, and empowerment within HRC's Hispanic community.

Public comments

We invited comments both in advance, in writing for those who preferred, as well as at the end of

each online meeting.

Comments from our participants included the following:

- The difference between expenditures for individuals living outside of the family home and expenditures for individuals that live in the family home was surprising to some participants.
- Individuals need information to better understand how services are delivered.
- HRC should ensure that our Service Coordinators are well-trained and understand families' cultural values.
- HRC should work with service providers to increase the availability of qualified direct service providers with the capacity to speak the family's language.

Participants responded to current and upcoming activities that HRC highlighted, including those working with the community-based organization, Integrated Community Collaborative (ICC).

- Some participants shared their positive experiences in working with and receiving valuable support from this CBO; others questioned whether this organization will understand the needs of families in this community.
- There were questions regarding HRC's efforts to promote increased communication, engagement, and family support, such as Parent Mentors and Cafecitos. They expressed that system changes were needed, in addition to these efforts.
- Individual participants that have collaborated with HRC over the years as parent/community leaders expressed hope that HRC would continue to work collaboratively with them in this role.

Recommendations:

- The Harbor Regional Center calendar of family support and training will continue to include many trainings targeted specifically to underserved non-english speaking families, and be responsive to families' input on their needs and requested topics. We will continue to offer informative presentations on virtual platforms, conducted in-language. When it becomes safe to do so, we will also resume in-person family training and support activities, in-language.
- We will continue to share information, in English and Spanish, on educational opportunities presented by HRC and other organizations, through communication from Service Coordinators, our website, social media, and electronic newsletters.
- HRC service coordinators and parent mentors will continue to work with families to identify additional, pandemic-related and ongoing in-home and community support needs, and reduce barriers to accessing needed services.
- We are continuing to expand our library of publications in simple language, translated into multiple languages, informing families of the services available for each age group and providing information to support access to services.
- HRC will continue to maintain parent groups (in person and on virtual platforms) that are specific to ethnicity and disability, including Spanish, Korean, Khmer, and Chinese parent support groups, and to seek input from those who participate about purchase of service access issues. We will also collaborate with community-based family support groups and organizations serving Spanish, Korean, and Japanese communities, to jointly facilitate families' access to regional center services.
- Harbor Regional Center will continue to maintain a multi-cultural, multi-lingual staff, and will continue to challenge our service providers to recruit direct service staff whose

ethnicity is reflective of the clients they serve and who have appropriate language capacity to enable effective communication with the clients they serve.

- All regional centers have increased efforts to increase the engagement, and address the basic needs of underserved families. Progress in service equity and access should include measures other than the utilization of Purchase of Service funding.
- It is understood that there are significant differences in client ethnicity by age group, and the types of services used by different age groups. Evaluation of POS utilization should compare individuals of like age and living arrangement.
- It is understood that it can take time for positive outcomes from service equity and access programs to be evident. Regional Centers should be sufficiently-funded on an ongoing basis to continue the outreach work that they have begun, utilizing programs such as the evidence-based promotora model, and enhanced service coordination, to increasingly engage underserved populations and assist them with accessing needed services. Placing promotoras within the regional center will allow them to work as integral members of the service coordination team, to better coordinate access to both generic and purchased services.

Harbor Regional Center will continue to implement all of the above efforts to reduce barriers and to improve equitable access to services for all clients and families. We hope this information is helpful to you.

Sincerely,

Patrick Ruppe
Executive Director