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Alta California
Regional Center

May 28, 2025

Dr. Michi Gates
Deputy Director
Department of Developmental Services
1600 Ninth Street
Sacramento, CA 95814

Dear Dr. Michi Gates:

This letter is written in accordance with the Lanterman Act [W&I Code §4519.5(i)(1)]. Alta California Regional Center (ACRC) held two online public meetings on Tuesday, March 18th, 2025, from 5:00 pm to 7:00 pm & March 25th, 2025, from 1:00 pm to 2:00pm, ACRC hosted the events using the Zoom platform.

The meeting was posted on February 14th, 2025, on ACRC's website with flyers translated in Arabic, Chinese, Farsi, Hmong, Russian, Spanish, Tagalog, and Vietnamese. The meeting information was posted on social media platforms, including Facebook, Instagram, and X. Email invitations were sent to community partners including Family Resource Centers, State Council on Developmental Disabilities (SCDD), Disability Rights of California (DRC), Hmong Youth Parents United (HYPU), Hlub Hmong Center (HHC), the UC Davis MIND Institute, E-Center Migrant Head Start, The Arc, Families for Early Autism Treatment (FEAT), and Communicare CREO Program. These partner organizations distributed flyers to members of their organizations via email and mailing lists. Spanish, American Sign Language (ASL) and Dari translations were provided during the meeting. Contact information to request alternate accessibility accommodations including additional language translations was provided on the meeting announcements.

Attendance at the meetings included individuals self-identified as clients, parent/family members, professionals, advocates, and staff persons. The meeting was recorded and is available on ACRC's YouTube channel and website. One hundred thirty-six individuals registered for the March 18th meeting, and sixty-five attended. Eighteen were staff, and forty-seven were comprised of parents, advocates, vendors, and community members. At the March 25th meeting, eighty-six registered and sixty-two attended the meeting. Fifteen attendees were ACRC staff, and forty-seven were comprised of parents, advocates, vendors, and community members. Hosting the event online allowed clients and families to attend irrespective of their geographic proximity and participate from the comfort of their own homes.

The following items were presented during the March 18th meeting:

- ACRC's Executive Director welcomed the participants.
- ACRC's Training Manager introduced the meeting presenters.
- ACRC conducted a comprehensive review of POS data and examined the significance of the Enhanced Service Coordination caseloads.
- During this Annual POS meeting, ACRC took a closer look at disparities in spending by percentage points and presented data as shown in the graphs below:

Ethnicity Subgroup	ACRC Percent of Client Pop.	State of CA Perc. of Client Pop
American Indian or Alaska Native	0.49%	0.34%
Asian	10.84%	8.86%
Black/African American	11.35%	7.95%
Hispanic	18.49%	42.77%
Native Hawaiian or Other Pacific Islander	0.45%	0.19%
White	40.93%	24.87%
Other Race/Ethnicity or Multi-Cultural	17.41%	15.00%

Raw data provided by DDS. Percentages and visual callouts resulting in a difference of +/- 2% done via ACRC analysis.

- This slide compares the ratio of each Ethnicity in percentage within the client population served by ACRC vs that of the entirety of the regional center system statewide.

Ethnicity Subgroup	ACRC Percent of Client Pop.	Percent of Spending	Spending Diff.	CA Spending Diff
American Indian or Alaska Native	0.49%	0.47%	-0.02%	-0.11
Asian	10.84%	6.97%	-3.86%	0.62
Black/African American	11.35%	12.41%	1.05%	-2.92
Hispanic	18.49%	10.85%	-7.64%	13.35
Native Hawaiian or Other Pacific Islander	0.45%	0.21%	-0.24%	0.01
White	40.93%	59.37%	18.43%	-16.55
Other Race/Ethnicity or Multi-Cultural	17.41%	9.69%	-7.72%	5.60

Raw data provided by DDS. Percentages and visual callouts resulting in a difference of +/- 2% done via ACRC analysis.

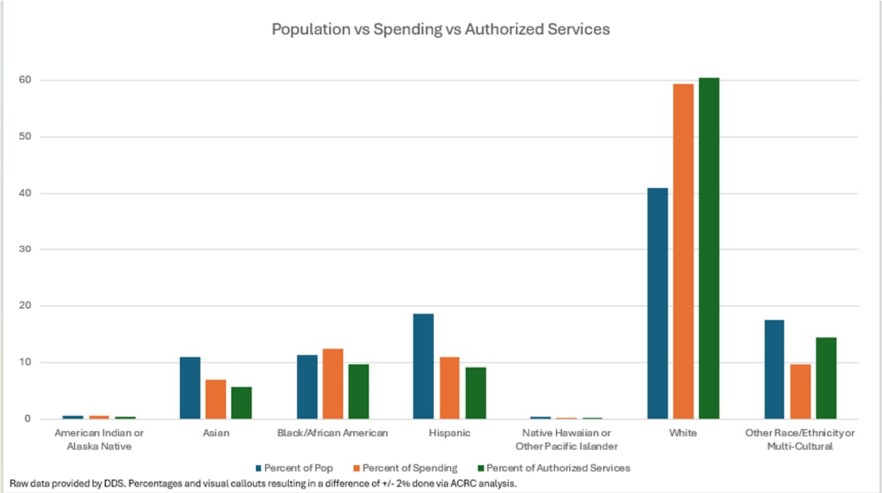
- This slide builds on the level setting accomplished in the previous slide but now includes the spending in dollar amount as a percentage. Additionally, we've included

the differential of the spending ratio versus the population ratio and included the same differential for context.

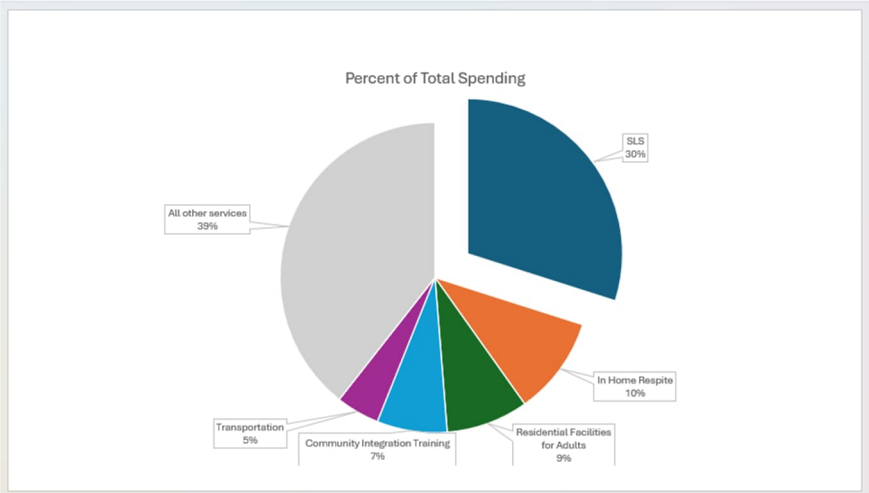
Ethnicity Subgroup	ACRC Percent of Client Pop.	Percent of Spending	Spending Diff.	Perc of Auth Services	POS Count Diff.
American Indian or Alaska Native	0.49%	0.47%	-0.021	0.38%	-0.11%
Asian	10.84%	6.97%	-3.862	5.72%	-5.11%
Black/African American	11.35%	12.41%	1.053	9.63%	-1.72%
Hispanic	18.49%	10.85%	-7.648	9.10%	-9.39%
Native Hawaiian or Other Pacific Islander	0.45%	0.21%	-0.240	0.18%	-0.26%
White	40.93%	59.37%	18.439	60.50%	19.57%
Other Race/Ethnicity or Multi-Cultural	17.41%	9.69%	-7.721	14.46%	-2.95%

Raw data provided by DDS. Percentages and visual callouts resulting in a difference of +/- 2% done via ACRC analysis.

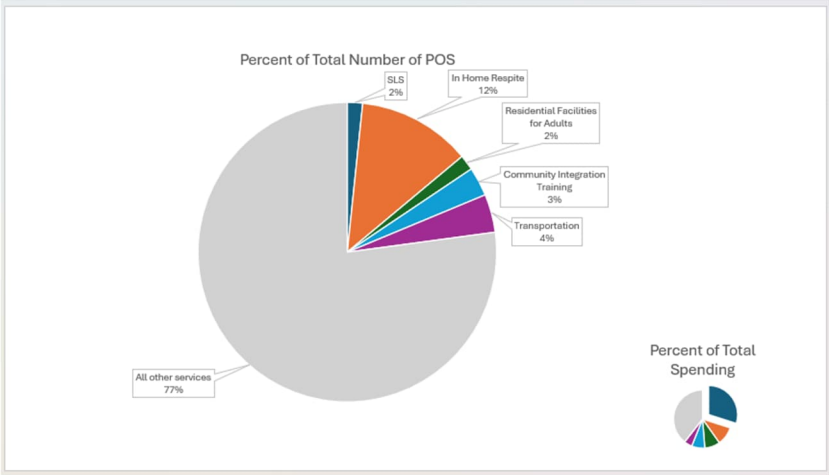
- This slide builds on the level setting accomplished in the previous slide but draws attention to the POS count and compares that count to amount spent. This also includes a differential measure for both spending and POS count.



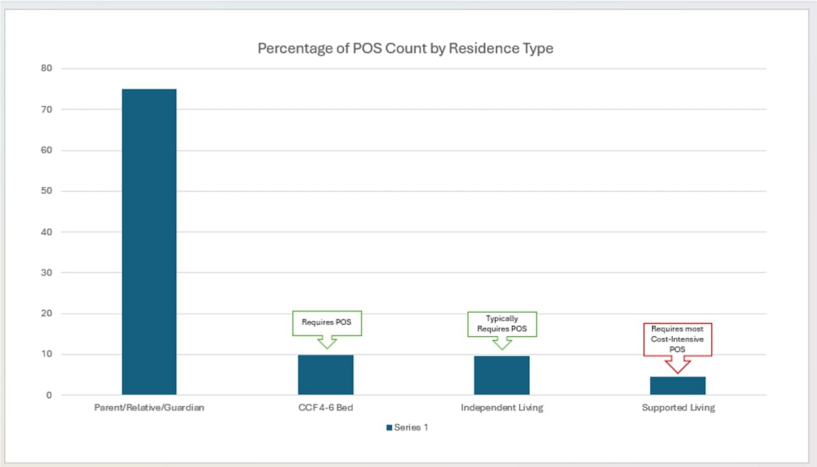
- This bar graph is a representation of each statistical inference. The blue bar is the percentage of people in that group. The orange bar is the percentage of dollars spent. The green bar is the percentage of POS written. If there was a causal relationship between a group and access to services, the relationship might be represented here. As it stands, it appears the relationship is between the size of the group, the amount spent, and the number of purchases that are inconsistent. This suggests that the statistical relationship lay elsewhere.



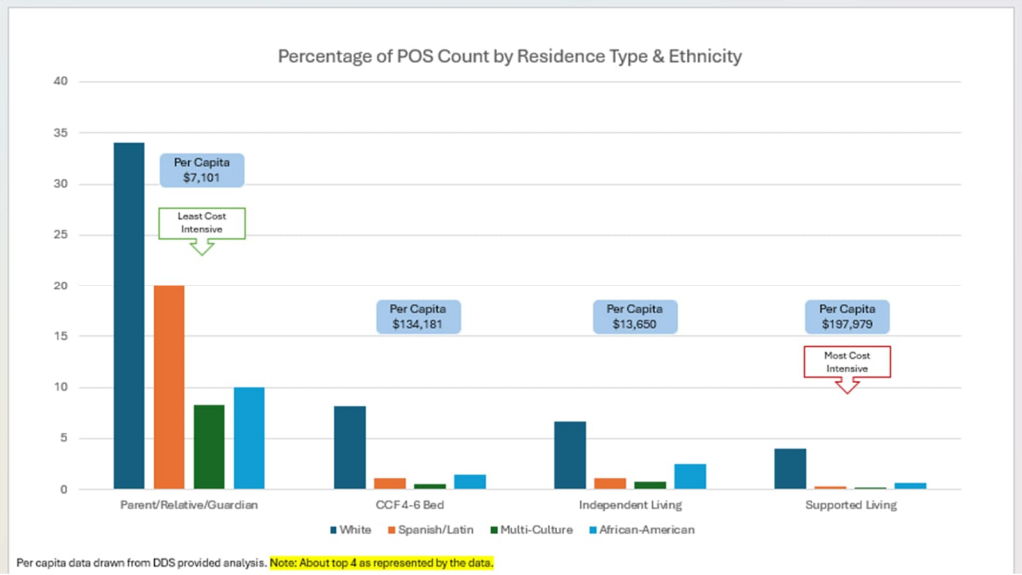
- This pie graph represents the top 5 categories of ACRC POS by budget spend. Notable is that SLS, for instance, is not the most utilized service, but it is the costliest service for ACRC. This begs the question, what is the most utilized service and why is that important?



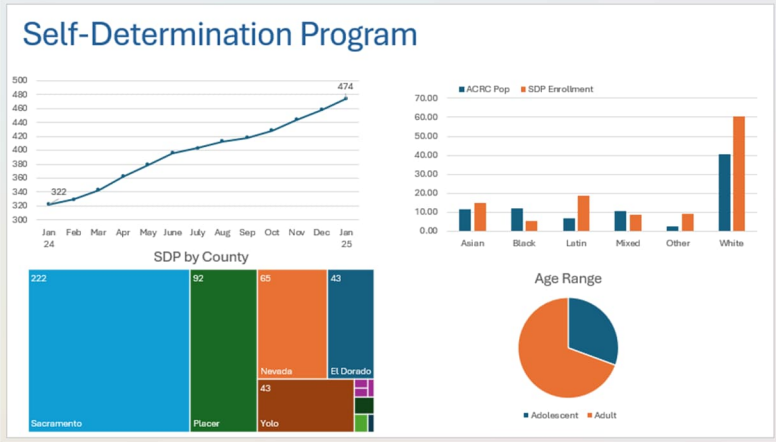
- This pie graph represents the top 5 most utilized services by POS count at ACRC. Of the top 5, SLS, our most costly service, is a distant 5th place, representing 2% of all POS written but 30% of our total budget. In home respite, however, (in pure monetary terms) is a service with more parity or equity. What does that mean? It represents 12% of all POS written at ACRC and 10% of the budget. What does this tell us about the cost distribution? That service type and the associated area of service is more telling than the cost of the service.



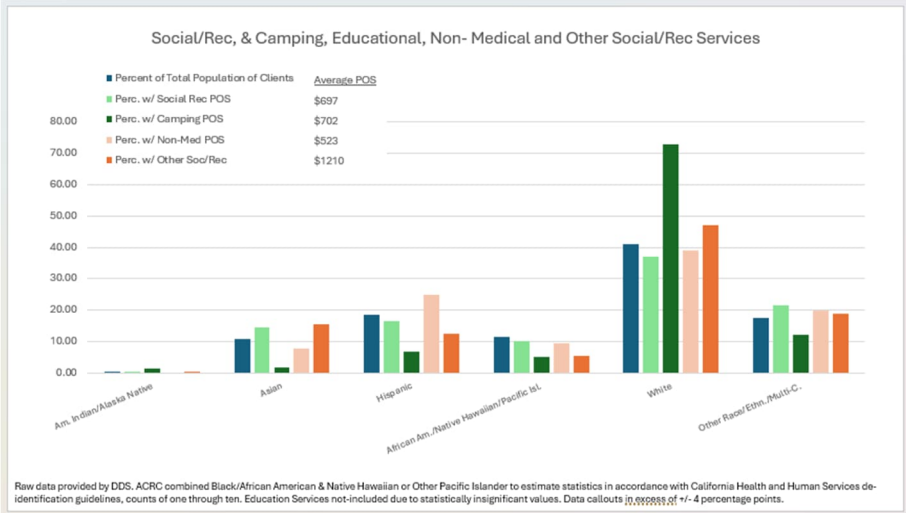
- This bar graph represents the POS count associated with Residence Type indicated on a client record. For example, the percentage of clients residing in SLS is just under 4%, but this, as we've seen, makes up over 30% of the budget. Where does most of our client base live? At home, with family. Notably, when a client resides in the family home, it is typically not cost-intensive.



- This bar graph represents the Residence Type, subdivided by Ethnicity, and then measuring POS count, with per capita average of cost as a call-out value for each residence type. The average cost to support a client who chooses to live at home is roughly $7000 annually. The average cost to support someone in SLS is roughly $198k annually. The determining factor of money is most likely and most predominantly, the choice of where to live and the housing modality or support structure. With the ethnicity broken out here by residence type, we can see that the ethnic subgroup of white is over-represented in SLS in proportion to the overall ethnicity ratios at the agency level. The ethnicity subgroups of Spanish/Latin, Multi-Culture and African American have proportions that live predominately with a parent, relative or guardian, thus bringing the cost of support services substantially lower. This, coincidentally, and as we noted before, is actually true of all ethnic sub-groups.



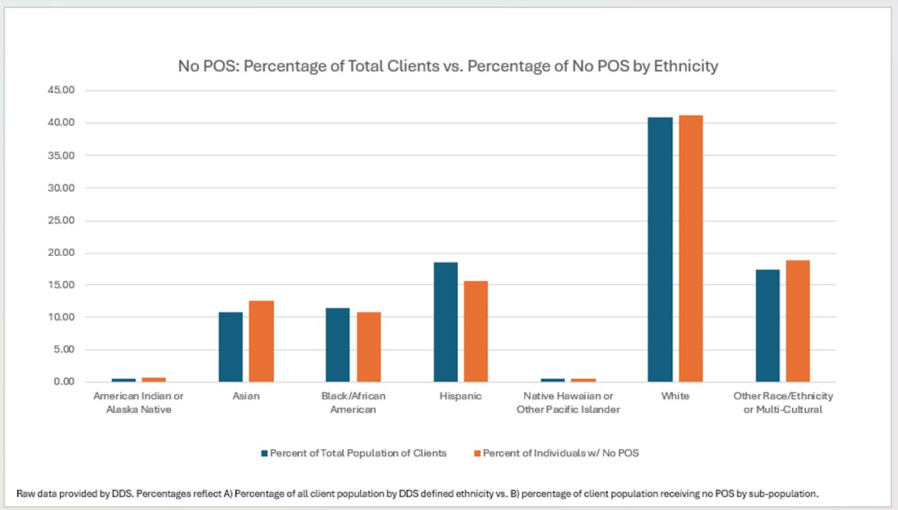
- ACRC's Self Determination Program (SDP) enrollment continues to grow. As of December 2024, ACRC ranked 4th for the highest number of SDP participants statewide. On January 1, 2025, ACRC had 474 SDP participants and as of March 1st, had 501 participants. SDP by county is reflected in the chart on the bottom left, and shows most participants residing in Sacramento County, our most populous county, followed by Placer County, Navada County, and El Dorado and Yolo counties. Adults make up most of the SDP participants and those who identify as white make up the largest percentage of participants, followed by those who identify as Latin, followed by Asian and Black.



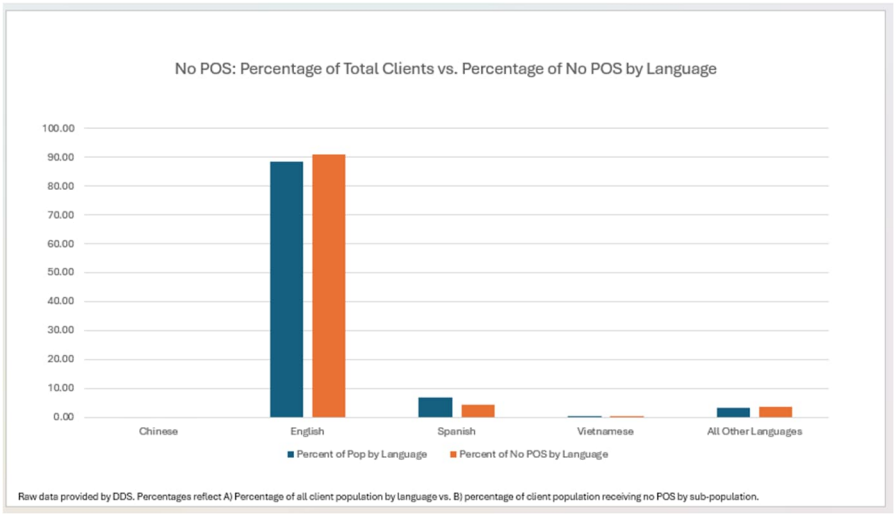
- ACRC shared the important restoration of availability of regional center funding for social recreational services effective July 2021 and the legislative requirement to include information on funding for camping, social recreational activities and non-medical therapies in our annual POS data report. ACRC engaged in efforts to promote awareness around this service through including a written statement in every IPP document as well as internal and community trainings posted on our website at: Social Recreation Activities, Camp and Non-Medical Therapies restored - Alta California Regional Center. POS data reflects an average of approximately $700.00/month per client with even rate of access across demographics. The

- one outlier being the white population accessing camp at a greater percentage than other ethnicities. Barriers identified as challenges for equitable access were

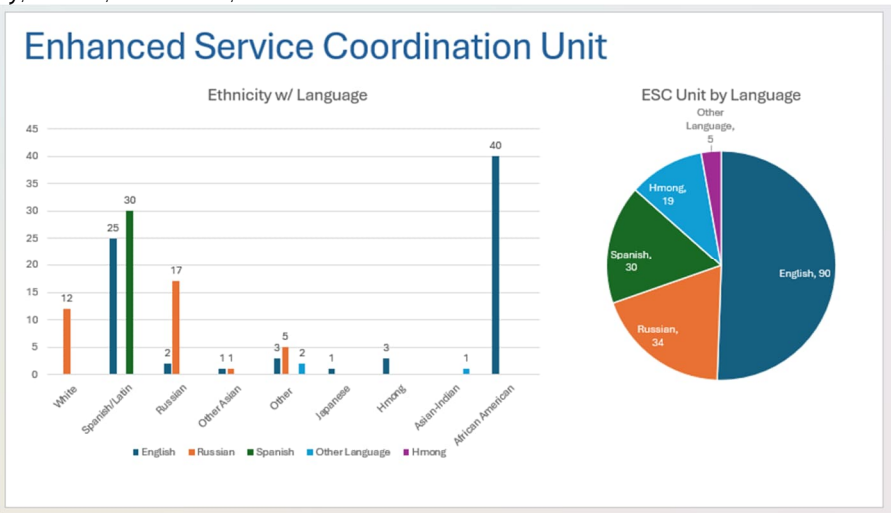
identified as staffing shortages, citing the: CA Policy Center for Intellectual & Developmental Disabilities report on the impact of the Direct Support Professional Workforce Shortage.



- This bar graph represents the percentage of the ACRC population by ethnicity versus that same percentage in the sub-group of No POS. ACRC found that the proportions and underlying differences were within the margin of error when considering the overall population of clients in the No POS category.



- This bar graph represents the percentage of the ACRC population by language spoken versus that same percentage in the sub-group of No POS. ACRC found, similarly to ethnicity, that the proportions are quite close and fall within the margins of error. As such, there are no statistical concerns of note in this area.



- This bar graph and pie chart represents the preferred expressive language of 178 clients serviced in the Enhanced Service Coordination Unit. A little over 50% of the clients represented do prefer English as their preferred expressive language.

- *Further Key Considerations for Review:*
  - Clients have caregivers who speak the primary language identified within the unit; just the ethnic subgroup and the client that belongs to that subgroup are not indicative of the language they speak; some clients feel more comfortable with receiving support from a service coordinator that ethnically represents their culture; and, there is room for a client to come into the Enhanced Service Coordination Unit, not just based upon linguistic preference, but also ethnic preference.

  - The sub-groups that are titled, “Other Asian,” “Other,” consists of two dialects of Hindi, Urdu, Dari, Malayalam, Oria, Nepali, and Telegu.

  - There are some outlying cases that were grandfathered into our unit from the inception of Enhanced Service Coordination; however, we are addressing the needs of these cases, prior to them moving back to their unit of origin.

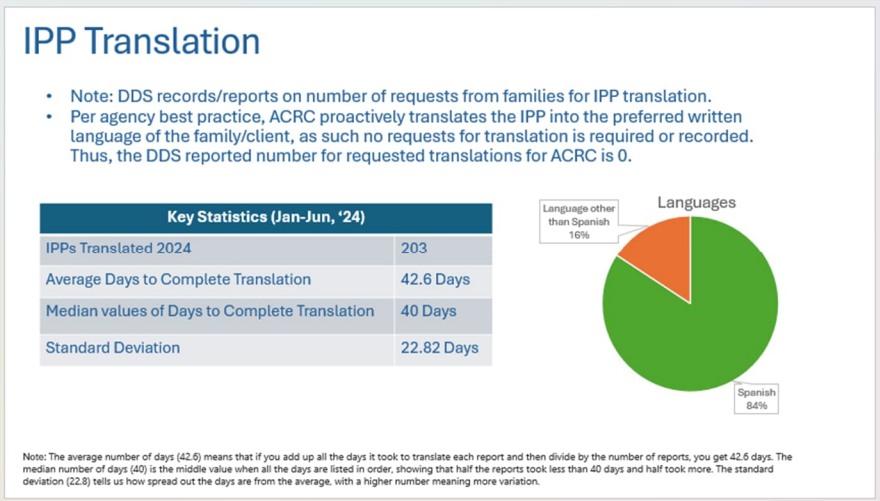
  - As time passes, ACRC’s Enhanced Service Coordination Unit practices become more refined.

- *Anecdotal Evidence of Barriers to Service Access:*
  - Clients have reported being fearful of deportation if they access services.
  - There is a lack of services in rural areas.
  - Vendors continue to be short-staffed.
  - There is a lack of services that support a client’s linguistic needs.
  - There has been reported difficulty in finding providers who understand the cultural context of clients and families and communicate in the client’s preferred language.
  - Due to previous service coordinator turnover from units of origin, clients and families have communicated “feeling lost”.

- *Anecdotal Evidence of Successes in Service Access:*
  - Service coordinators having the ability to attend to increased training opportunities – that help them to develop their skills in assessing client’s needs (i.e., understanding generic

resources such as SSI, Medi-Cal, IHSS, APS, CPS, CalFresh); and as a result, client's benefit from service coordinators identifying additional generic resources for the entire family as deemed appropriate.

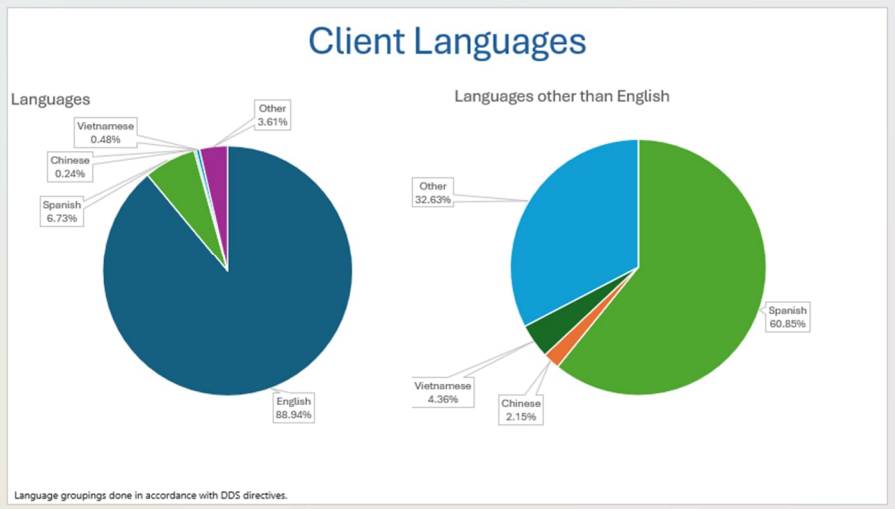
- Service coordinators spend more time talking with clients because the caseload is smaller, and service coordinators at minimum see clients every 3 months.
- Service Coordinators acknowledge and understand clients' cultural customs and traditions, which have increased feelings of being seen and heard by their service coordinator.



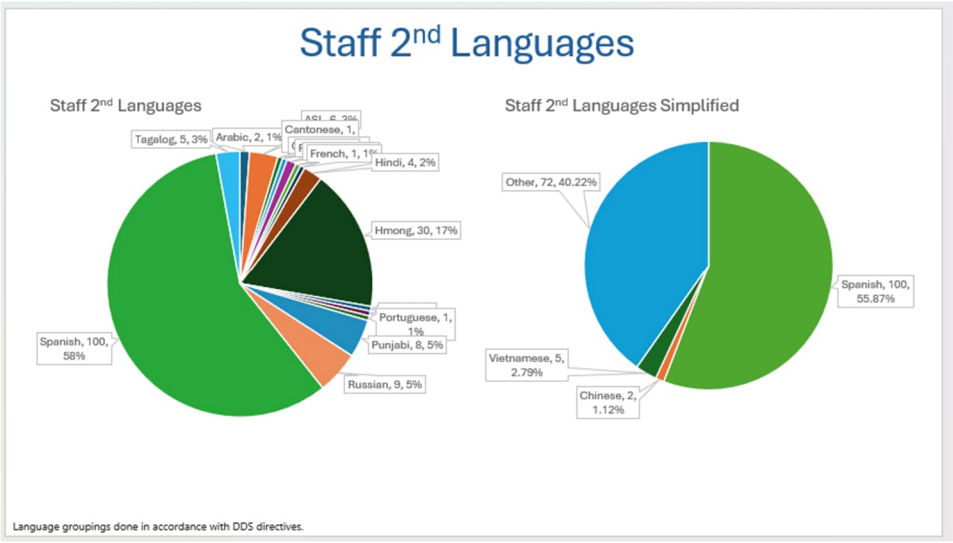
- ACRC is dedicated to ensuring that the information contained in a client's (IPP) Individual Program Plan is translated into the client and caregivers' preferred language. It is our Agency's best practice to automatically translate the into the language of the client/family and as such families do not need to request that we translate therefore the DDS (Department of Developmental Services) number reported for requested translations is zero.

- Between January 1 and June 30, 2024, ACRC translated 203 IPPs into multiple languages. Spanish was the most translated language. On average, the translation process took 42.6 days. As required by Welfare and Institutions Code 4646.5(a), ACRC must provide a written IPP in a threshold language within 45 days and in a non-threshold language within 60 days.

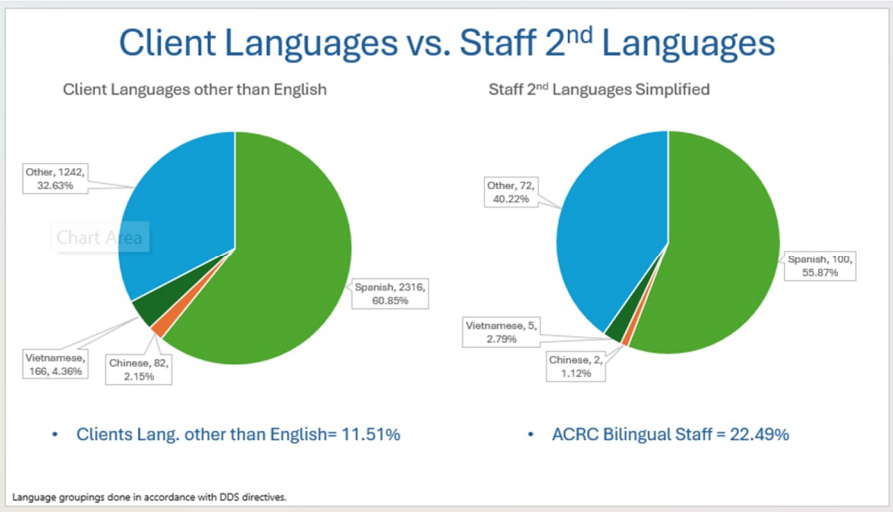
- ACRC submitted language access data as part of our participation in the Regional Center Performance Measure (RCPM), which aims to ensure that regional center staff communicate with individuals in their preferred language.



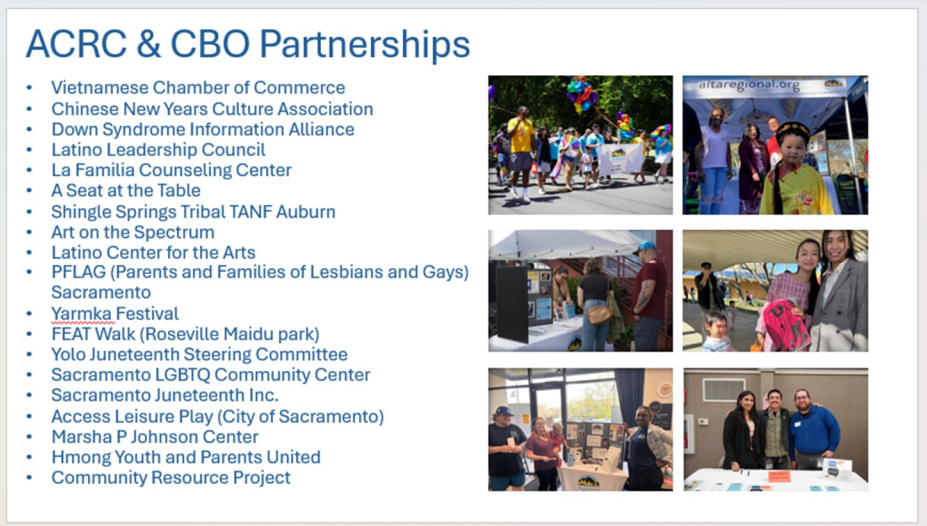
- Like the State of California, ACRC's clients, families, and employees are diverse. The pie chart on the left includes languages spoken by all clients with English language included.
- 11.06% of the ACRC client population speaks a language other than English.
- The chart on the right depicts languages spoken with English language removed. We group the data the same way that the State of California does for the purposes of statistical simplicity. Here, 60.85% of our clients speak Spanish, 4.36% or speak Vietnamese, 2.15% speak Chinese, and 32.63% are categorized as "other language".
- There is support across the State to represent languages more accurately. For example, "other language" encompasses a wide array of languages, and does not tell us about languages spoken specifically by those we serve or inform us about how to serve them. There is work to be done in this area in language access and equity. We are happy to share that our newly launched case management system captures languages at a more granular level, and we can differentiate between preferred expressive and receptive language.



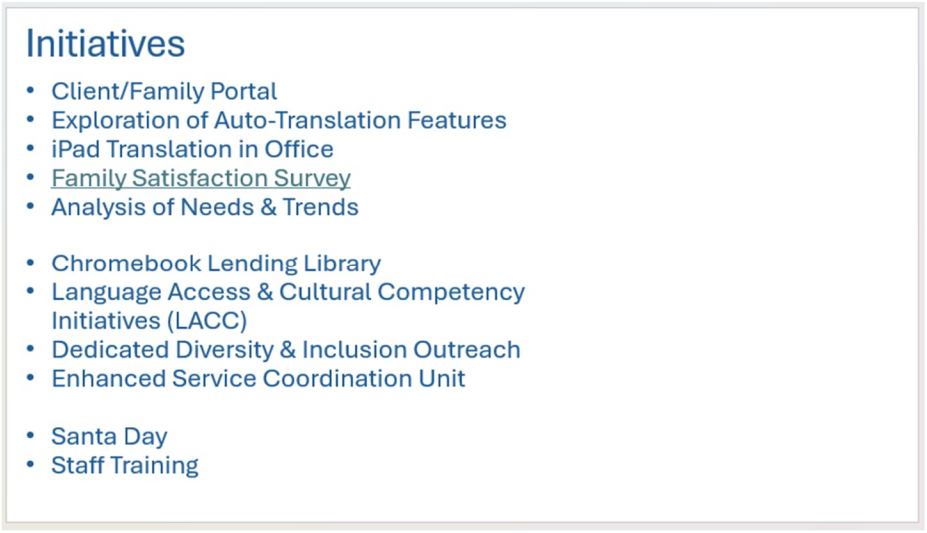
- We recognize the critical importance of bridging gaps in service areas across our agency. This means ensuring that our employees offer a wide array of languages spoken, and that we have employees who understand the cultural diversity of our clients served. Taking this further to our direct service provider community, we know that clients and families need providers who understand their culture and speak their language and without this, we have seen under- utilization in authorized services.
- The pie chart on the left represents all the languages spoken by ACRC's bilingual employees. We are proud to report that our employees speak 16 languages, with Spanish language as the language of 58% of our bilingual employees.
- The pie chart on the right depicts ACRC bilingual employee languages grouped in the way that the DDS classifies languages spoken.



- ACRC is proud to share that we currently have 179 employees who are fluent in a second language. In fact, 22.49% of our employees are bilingual to meet the needs of 11.51% of our clients who are also bilingual.
- The pie chart on the left represents clients who speak languages other than English. The pie chart on the right depicts the percentage of ACRC employees who are fluent in a second language. Again, categorized broadly for statistical simplicity and consistent with Statewide data.



- Our Cultural Diversity Specialist reviewed the list of partnerships that we cultivated over the last year that serve our community. These are a sample of new relationships we have established since the last POS report in addition to cementing/growing our relationships from the prior year. This is a snapshot of new partnerships that were founded since the previous POS meeting.



- Initiative Explanations:
  - Client/Family Portal – ACRC initiated the launch of the family/client portal as of late April 2025. This will initially allow new applicants to ACRC to track their intake application, access critical contact information for their ACRC case worker, and see POS and IPP/IFSP dates and documentation as available. The access to client's agency wide is projected to launch mid-summer 2025.
  - Auto Translation – ACRC's engineering team is researching the viability and implications of building real-time translation into our CRM solution for non-

    English speakers. We anticipate having a prototype working in the summer of 2025.

- iPad Translation – This is an initiative that came to fruition in 2024 and continues to be in place. This allows SCs and front-desk staff to utilize agency iPads to communicate with non-English speakers in the event a translator or native speaker is not available.
- Family Satisfaction Survey – ACRC collected family satisfaction surveys at the conclusion of the IPP process (prior to the launch of the DDS IPP). That information was used to inform our training protocol and address areas of perceived unmet need and communication frameworks.
- Analysis of Needs and Trends – With the launch of ACRC's end-to-end case management system, Atlas, we now have the ability to provide more robust insights to the performance of our agency, the needs both met and unmet for our clients, and the trends we see agency wide.
- ACRC has been able to use Chromebooks to help bridge the technological divide for our clients as well as provide technological services for clients in their primary language. We have thirty-four Chromebooks.
- ACRC shared the partnerships with Happy Ladders, vision y compromiso and UC Davis to survey and provide resources to at risk communities in English, Spanish and Russian for three counties. These partnerships have led to long term development of apps to improve access for Early Intervention through Happy Ladders, social recreation and parent engagement for our Latino families and knowledge about ABA through vision y compromiso, the ongoing development of a tool kit for transitional age Black, Indigenous, and People of Color, and information on generic resources as well as those specializing in developmental disabilities though UC Davis.
- Santa Day - is an event hosted by ACRC for regional center clients and their family members. The primary purpose of Santa Day is to create a fun experience for clients and families to join us in a safe and comfortable environment where everyone feels welcomed and appreciated. Santa Day is a unique event designed for our clients and their special needs. We offer a friendly, sensory aware, and inclusive environment where regional center clients can come and enjoy holiday festivities. Activities offered include pictures with Santa and Mrs. Claus, refreshments, arts and crafts, games and a sensory room for clients who need a calm place to relax. The event offers celebrations of different cultures and holiday traditions including Hispanic, Hmong, Kwanza, and more.
- Staff Training
  - ACRC contracted with Circle Up to provide 8 hours of Cultural and Linguistic Competency Training for Service Coordinators, Frontline Managers, and Clinical and Intake staff. For the 2024 calendar year, 267 of 522 staff have completed the full 8-hour requirement.

  - DDS contracted with Equitify to provide legislatively required Implicit Bias Training for all regional center staff and clinicians and contractors conducting intake and eligibility evaluations. Implicit bias training is intended to raise awareness of unconscious biases to improve and

develop the workforce to increase access to services. For the 2024 calendar year, ACRC 619 staff have completed the training.

Feedback/Proposed Strategies from our Stakeholders:

- During the public meeting, one attendee commented that they appreciated the data ACRC shared in Excel format.
- Another attendee suggested that ACRC include the total number of POS by diagnosis for the future.
- One attendee commented that there seems to be very little difference in ages 3-21 across racial/ethnic groups in both expenditures and utilization.
- It was discussed that transportation could be a barrier to adult clients accessing services.
- Another attendee shared that respite and SLS services are constantly being denied by Black families across the state.
- One attendee asked if ACRC had insight into why Cerebral Palsy POS utilization dropped from 60% for ages 3-21 to 39% for ages 22 and older?
- A meeting attendee suggested that ACRC rename this meeting so that people understand what it is about.

March 18th Meeting Chat

- One attendee asked if the purchase of service count is defined as an element authorized in the IPP?
- One attendee shared their appreciation for highlighting and sharing SDP data.
- One attendee asked if we have a breakdown of adult clients with no POS?
- One attendee asked why does it take so long, median 40 days, for an IPP to be translated? Doesn't this translation barrier (time required) contribute to why Hispanics have lower per client spending compared to English speakers?
- One attendee asked if service coordinators do the translation of IPPs when needed or if it is sent outside ACRC?
- One attendee asked if the information is related to client's birth through adulthood?
- One attendee asked If ACRC does an ongoing analysis of needs and trends and has robust data available from the new case management system, why can't this information be shared with the ACRC Community? Periodic reports at the ACRC website and in the quarterly newsletter would go a long way toward informing the community. Hearing that this robust data exists but not shared with the community should be changed going forward.
- One attendee expressed concern about the lack of resources in Grass Valley.

- One attendee stated the issue we are having is being in rural areas, the participant interests are different and we keep hitting road block of "not allowed" activities, then we have to go thru the major ordeal of requiring a hearing to do things that they enjoy that are told not allowed, which specifically are against the reason for SDP.
- One attendee asked what is ACRC doing to find more services in rural areas and keeping the services that we already have in the recreational arena.

March 25th Meeting Chat

- One attendee asked what data-driven strategies is ACRC implementing to address the underutilization of services among specific ethnic communities?
- One attendee asked how will ACRC ensure that cultural competence is integrated into service planning and delivery to effectively address these disparities?
- One attendee asked there were many questions submitted via the portal. What is the process in place for responding to these questions?
- One attendee asked how was it determined and decided to include Early Start Clients (birth - 3) with the general population of ACRC Clients? An IFSP, IPPs are not the same.
- One attendee stated the difference in age category may be due to the fact that students 3-21 are still in school.
- One attendee asked, are families with IFSPs automatically given translations in their preferred language?
- One attendee asked why there were two different meetings so that parents have to find care for two different days and times to participate? Multiple parents contacted OCRA very upset.
- One attendee asked if ACRC will be providing a summary of the initial findings?
- One attendee asked after public input sessions are completed, what process strategies will ACRC incorporate to ensure continued public participation in the development, implementation and monitoring of the resulting agency action plan addressing disparity?
- One attendee stated the "Tokenization" Effect, when people feel like their voices are being collected but not acted upon, they withdraw from participation.
- One attendee stated for trust, engagement and follow-through communities of color and low-income populations are less likely to continue participating in civic meetings when they feel their input does not lead to real change.
- One attendee stated that annual or semi-annual meetings are too infrequent.
- One attended shared their definition of equity is that the data for the various ethnic groups looks similar. There are no significant racial differences.
- One attendee stated we don't want to stray from the IPP as the defining document as it is the basis of the Supreme Court ruling saying services in the IPP are an entitlement.
- Multiple attendees said thank you to ACRC for the opportunity for discussion.

Written Feedback emailed to poseguity@altaregional.org; includes ACRC's Response to the Written Feedback.

- **See Attachment A**

ACRC's Recommendations and Plans to Promote Equity and Reduce Disparities

*Note: ***** represents a prior recommendation or initiative that ACRC continues to implement, along with brief details.*

- *ACRC created an Enhanced Service Coordination unit composed of Service Coordinators who represent the communities they serve (Hmong, Punjabi, Spanish, Russian, and African American) who are focused on increasing service access to clients who are reflected as Low to No POS.
- *ACRC contracted with Circle Up to provide 8 hours of Cultural and Linguistic Competency Training for Service Coordinators, Frontline Managers, and Clinical and Intake staff. For the 2024 calendar year, 267 of 522 staff have completed the full 8-hour requirement.
- *Development of client-family portal to ensure equitable access by language.
- ACRC will continue to explore diversity-related proposals to address the needs of ethnically diverse communities. *Community Based Organizations and the DDS share with ACRC SAE grant proposals intended to serve our catchment area. Proposals not approved for SAE grants may be funded in all or in part through ACRC's LACC budget.
- ACRC shared the partnerships with Happy Ladders, vision y compromiso and UC Davis to survey and provide resources to at risk communities in English, Spanish and Russian for three counties. These partnerships have led to long term development of apps to improve access for Early Intervention through Happy Ladders, social recreation and parent engagement for our Latino families and knowledge about ABA through vision y compromiso, the ongoing development of a tool kit for transitional age Black, Indigenous, and People of Color, and information on generic resources as well as those specializing in developmental disabilities though UC Davis.
- Continue to promote and support the Diversity Outreach Workgroup (DOW) composed of ACRC employees to engage community partners across diverse populations. *ACRC convenes a monthly internal DOW committee meeting to review and reflect on prior months of community engagement and plan for participation, including staff representation at future outreach opportunities.
- *ACRC will focus on ensuring that we are empowering client and family choice by providing direct access to cultural and language specific specialists. These actions help to inform choice. We will provide targeted outreach to the communities we serve to build system fluency. We have built a robust and data driven public facing needs assessment in developing services for our clients. *Link to Public Facing Survey:

  https://docs.google.com/forms/d/e/1FAIpQLSe45zS1115-VJTB66FZBxJm0t8XG9AI3sLwgiBMINCBhPMx_A/viewform
- ACRC maintains its Lending Library and makes available to its clients the Chromebooks obtained from previous grant years. Service coordinators who have

clients needing to participate in remote programming, ACRC's committees, Zoom meetings, and virtual schooling benefit from the Chromebooks loaned to them. * Thirty Chromebooks are available and lent on a rotating basis.

- *ACRC continues to receive funding for WIC 4620.4 for our LACC initiative. This mandate and the corresponding funding allow ACRC to:
    - *Identify documents and website content for translation, as well as points of public contact in need of oral and sign language interpretation services.
    - *ACRC proactively provides Spanish and ASL language translation for all publicly held meetings and provides options for additional language translation upon request.
    - *Any routinely used ACRC documents or resources are proactively translated to languages spoken by more than 100 ACRC clients.
    - *Clients and Staff are encouraged to request translation of any documents or resources needed to conduct regional center activity.
    - *Conduct orientation/information sessions with ample and publicized questions and answers, scheduled at times considered most convenient for working families and in consultation with community leaders. Outreach Requests - Alta California Regional Center (altaregional.org)
    - *Conduct regular and periodic language needs assessments to determine threshold languages for document translation. POS and SANDIS data are included in the posted POS Data report.
    - *Develop more informational/promotional videos in multiple languages.
- *Coordinate and streamline interpretation and translation services, including tracking IPP translation.
- *ACRC will continue to implement culture-specific training, competency, proficiency, sensitivity, and cultural humility training with staff and vendors.
- *ACRC's continued long-term goals include conducting surveys on the housing needs of the culturally and linguistically diverse (CLD) communities, conducting focus group discussions for prioritization of resources for the CLD communities, and future surveys for topic or issue-related ideas.
- *Continue to provide legislatively required Implicit Bias Training for all regional center staff and clinicians and contractors conducting intake and eligibility evaluations.
- *ACRC's SAE policy incorporates system-wide perspectives of cultural humility, promoting the communities served as experts in their own lived experiences.
- *Posted on website: Microsoft Word - Service Access and Equity Policy (altaregional.org)

Should you have any questions or require additional information, please contact Jennifer Bloom at 916-978-6572 or jbloom@altaregional.org or Mechelle Johnson at 916-978-6653 or mjohnson@altaregional.org.

Sincerely,

Mechelle Johnson
Client Services Director

Jennifer Bloom
Client Services Director

Dana Muccular
Enhanced Service Coordination Unit Manager

Herman Kothe
Training Unit Manager

cc: Lori Banales, Executive Director
Dan Lake, Board President

Attachment A

Written Feedback emailed to posequity@altaregional.org; includes ACRC's Response to the Written Feedback.

Sent: Monday, March 24, 2025, 12:24 PM
To: POS Equity <posequity@altaregional.org>
Subject: Alta Disparity study response

Here are the questions for the follow-up purchase meeting:

Thank you for your efforts to examine and improve the services you provide for the community.

Q: 1. If interpreted correctly, 30% of the total spending presented is invested in 2% of the POS specific to supported living services (SLS). Within 2% of the POS for SLS what is the ethnicity of those receiving services? What is the diagnosis (disability category) of those receiving SLS? What is the socio-economic characteristic of the family? What is the originating zip code of the recipient? What is the average age of the recipient? What is the mean cost per recipient?

ACRC Response:

The ethnicity of clients receiving SLS services is included in the posted FY 23/24 POS Data. Please see the chart below:

All ages

	Individuals Count
American Indian or Alaska Native	*
Asian	26
Black/African American	77
Hispanic	36
Native Hawaiian or Other Pacific Islander	0
White	491
Other Race/Ethnicity or Multi-Cultural	**
Total	**672**

Q: What is the diagnosis (disability category) of those receiving SLS?

ACRC Response:

The law, California Code, WIC 4519.5., does not require the uniform POS data reports to include diagnostic category of individuals by living arrangement. The report does include Residence type, subcategorized by age, race or ethnicity, and preferred language. With additional resources ACRC is exploring its capabilities to collect, extract and examine available data on more in-depth levels.

Q: What is the socio-economic characteristic of the family?

ACRC Response:

The regional center system is not a means-based program and therefore does not collect socio-economic characteristics of clients or families served.

What is the originating zip code of the recipient?

ACRC Response:

The California Code, WIC 4519.5. does not require the uniform POS data reports to include this information. With additional resources ACRC is exploring its capabilities to collect, extract and examine available data on more in-depth levels.

Q: What is the average age of the recipient?

ACRC Response:

The uniform POS data reports categorize age by the following:

(A) Birth to two years of age, inclusive.

(B) Three to 21 years of age, inclusive.

(C) Twenty-two years of age and older.

Calculating the average age of clients receiving SLS would require additional resources

ACRC is exploring its capabilities to collect, extract and examine available data on more in-depth levels.

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Q: What is the mean cost per recipient?

ACRC Response:

The mean cost per recipient of SLS services is $197,979/yr. However, it should be noted this expenditure is inclusive of all services for the client in the SLS living arrangement.

Q: 2. If interpreted correctly, 10% of the total spending is invested in 12 % of the POS for "In-Home Respite". Within 12% of the POS for In-Home Respite, what is the ethnicity of those receiving services? What is the diagnosis (disability category) of those receiving in-home respite? What is the socio-economic characteristic of the family? What is the originating zip code of the recipient? What is the average age of the recipient? What is the mean cost per recipient? What is the mean cost for "agency provided" in-home respite? What is the mean cost of "family member" contracted in-home respite?

ACRC Response:

California Code, WIC 4519.5. does not require the uniform POS data reports to include information with respect to the specific service of respite. With additional resources ACRC is exploring its capabilities to collect, extract and examine available data on more in-depth levels.

Q: 3. If interpreted correctly, 9% of the total spending is invested in 2% of the POS for "Residential Facilities for adults. What is the ethnicity of those receiving services? What is the diagnosis (disability category) of those receiving residential facilities for adults? What is the socio-economic characteristic of the family? What is the originating zip code? What is the average age of the recipient? What is the mean cost per recipient?

ACRC Response:

The ethnicity of clients residing in Community Care Facilities is included in the posted FY 23/24 POS Data. Please see the chart below:

All ages

	Individuals Count
American Indian or Alaska Native	16
Asian	**
Black/African American	197
Hispanic	146
Native Hawaiian or Other Pacific Islander	*
White	1,158
Other Race/Ethnicity or Multi-Cultural	129
Total	**1,733**

Q: What is the diagnosis (disability category) of clients residing in Community Care Facilities?

ACRC Response:

The law, California Code, WIC 4519.5., does not require the uniform POS data reports to include diagnostic category of individuals by living arrangement. The report does include Residence type, subcategorized by age, race or ethnicity, and preferred

language. With additional resources ACRC is exploring its capabilities to collect, extract and examine available data on more in-depth levels.

Q: What is the socio-economic characteristic of the family?

ACRC Response:

The regional center system is not a means-based program and therefore does not collect socio-economic characteristics of clients or families served.

What is the originating zip code of the recipient?

The California Code, WIC 4519.5. does not require the uniform POS data reports to include this information. With additional resources ACRC is exploring its capabilities to collect, extract and examine available data on more in-depth levels.

Q: What is the average age of the recipient?

ACRC Response:

The uniform POS data reports categorize age by the following:

(A) Birth to two years of age, inclusive.

(B) Three to 21 years of age, inclusive.

(C) Twenty-two years of age and older.

Calculating an average age of clients residing in Community Care Facilities would require additional resources for extraction and examination of data.

Q: What is the mean cost per recipient?

ACRC Response:

The mean cost per recipient of SLS services is $134,181/yr. However, it should be noted this expenditure is inclusive of all services for the client residing in a Community Care Facility.

Q: 4. What is the total percentage of POS spending by recipient zip code?

ACRC Response:

The California Code, WIC 4519.5. does not require the uniform POS data reports to include this information. With additional resources ACRC is exploring its capabilities to collect, extract and examine available data on more in-depth levels.

Q: 5. Within Alta's defined geographic region of responsibility, other than children diagnosed within the category of solely low incidence, DDS/Alta is the "payor of last resort" for families and children participating in the California Early Start

Program. Specifically, in Sacramento County, the Sacramento County Office of Education (SCOE) has an established maintenance of effort (funded capacity) to serve 212 enrollees. Throughout the 2024-2025 fiscal year, *SCOE has significantly underserved their mandated responsibility*. What system is in place (memorandum of responsibility, interagency agreement, department policy, fiscal/legal monitoring, etc) to maximize existing community resources prior to duplicating cost? If understood correctly, Alta is unnecessarily duplicating early intervention cost through the vendorization of private contractors when SCOE is mandated and funded to serve and is not at its funded capacity.

ACRC Response:

ACRC has a fully executed memorandum of understanding (MOU) with all county offices of education (COE) within our 10-county catchment area. The MOU defines the service and financial responsibilities of each agency, outlines procedures for resolving disputes, and ensures effective cooperation and coordination between agencies. Maintenance of Effort on the part of COEs is outlined within the MOU. COEs and ACRC collaborate regularly to meet the COE's responsibility of maintenance of effort. Nuances exist in this process. For example, often children between ACRC and the COE are dually served, in cases where a child has a solely low incidence need (vision, deaf and hard or hearing, or orthopedic impairment). In these cases, the COE and ACRC are mutually responsible for services to meet the needs of the child as outlined in their individual family service plan (IFSP). Additionally, to ensure ACRC meets the 45-day mandated timeline to initiate services as outlined in the IFSP, exceptional circumstances arise where ACRC puts services in place after the family's effort to secure services through their insurance or other available resources (and while they simultaneously continue to explore generic resources). This practice helps ensure timely provision of services for the children and families of Early Start.

Q: 6. After public input sessions are completed, what process strategies will Alta incorporate to ensure continued public participation in the development, implementation and monitoring of the resulting agency action plan addressing disparity?

ACRC Response:

ACRC incorporates measures related to reducing disparities and improving equity in purchase of services expenditures into its annual Performance Contract.

Q: 7. How does the resulting plan include expected change outcomes with Alta contracted service providers/vendors?

ACRC Response:

Expected change outcomes are captured in described Planned Activities of the Performance Contract.

Q: 8. This process was launched under the heading "POS Report & Disparity Study". Has another study been conducted to specifically examine the potential disparity in the purchase of equipment? Does the current or another report describe adult services such as client support in college settings, vocational placements or adult day activity centers through the lens of ethnicity, primary language, socio-economic status of the family?

ACRC Response:

California Code, WIC 4519.5. does not require the uniform POS data reports to include information with respect to the specific service of equipment.

The current report does not describe adult services such as client support in college settings, vocational placements or adult day activity centers through the lens of ethnicity, primary language, socio-economic status of the family nor do any other reports.

With additional resources ACRC is exploring its capabilities to collect, extract and examine available data on more in-depth levels.

Sent: Thursday, March 20, 2025, 2:03 PM
To: POS Equity <posequity@altaregional.org>
Subject: Questions for follow up meeting 3/25/25

Thank you for providing an opportunity to review the POS Report and Disparity findings for 2023/2024.

I have some follow up questions.

Q: Is there a summary report of your findings?

ACRC Response:

Our annual letter to the State Department of Developmental Services in accordance with California Code, WIC 4519.5. and posted on Alta's website at: Purchase of Service Expenditure and Demographic Data and Reports - Alta California Regional Center serves as our summary report of findings.

Q: How is disparity being recognized or defined?

ACRC Response:

The State Department of Developmental Services is currently working on a standardized uniform definition of terms. One definition offered that equity is tied to similarly situated people having similar experiences and outcomes, which is impacted by a number of factors including diagnosis and residence.

Q: What is/are the outcome(s) Alta is seeking to accomplish?

ACRC Response:

ACRC incorporates measures related to reducing disparities and improving equity in purchase of services expenditures into its annual Performance Contract. Additionally, Alta seeks continuous feedback from the community encouraging any suggestions or recommendations on how ACRC can improve service access and equity, to be sent via email to posequity@altaregional.org.

Q:What is the guiding framework that is being utilized for analysis or questions being asked in surveys?

ACRC Response: Alta's Values serve as the guiding framework for analysis of survey responses.

Q: Is the Enhanced Service Coordination Unit a temporary department?

ACRC Response:

No.

Q: How many clients were in your total pool and what is the age spread?

ACRC Response:

34,000 clients ages 0 – 96.

Q: How many clients were from Early Start programs?

ACRC Response:

4823

Q: How do or will Family Satisfaction Surveys vary given the diverse age ranges and primary home/education/and community settings?

ACRC Response:

The state has adopted a standardized satisfaction survey: Individual Program Plan (IPP) Feedback Form Survey. Alternatively, the State Council of Developmental

Disabilities administers National Core Indicator Surveys that are divided into four demographic categories:

Adult In-Person Survey (formally known as the Adult Consumer Survey)

The Adult In-Person Survey is conducted face-to-face with an individual who is 18 years or older and receives at least one service from the regional center, in addition to case management.

Child Family Survey

The Child Family Survey is a written survey that is completed by families of children (ages 3-17 years old) who live with them and receive at least one service from a regional center, in addition to case management.

Adult Family Survey

The Adult Family Survey is a written survey that is completed by families of adults clients (age 18 and over) who live with them and receive at least one service from a regional center, in addition to case management.

Family Guardian Survey

The Family Guardian Survey is a written survey that is completed by families and conservators of individuals (age 18 and over) who live in a community placement setting, and receive at least one service from a regional center, in addition to case management.

Q: How are Language Access & Cultural Competency Initiatives (LACC) being integrated into various vendor programs or individuals?

ACRC Response:

Please see information shared under Language Access and Cultural Competency - Alta California Regional Center.

Q: What baseline measures are being used for comparison? How is success measured?

Baseline measures are snapshots of historic points in time. Comparisons can be made by reviewing year-over-year data reported each FY.

Q: For No POS: % of total client's vs % of no POS by Ethnicity what is the age category breakdown?

For birth to age 2 years, inclusive

	Individuals Count
American Indian or Alaska Native	16
Asian	489
Black/African American	397
Hispanic	1,046
Native Hawaiian or Other Pacific Islander	21
White	1,289
Other Race/Ethnicity or Multi-Cultural	1,565
Total	**4,823**

For age 3 years to 21 years, inclusive

	Individuals Count
American Indian or Alaska Native	77
Asian	2,163
Black/African American	1,755
Hispanic	3,518
Native Hawaiian or Other Pacific Islander	91
White	5,735
Other Race/Ethnicity or Multi-Cultural	3,225
Total	**16,564**

For age 22 years and older

	Individuals Count
American Indian or Alaska Native	76
Asian	1,049
Black/African American	1,726
Hispanic	1,751
Native Hawaiian or Other Pacific Islander	42
White	6,952
Other Race/Ethnicity or Multi-Cultural	1,157
Total	**12,753**

Q: What is the breakdown of "dis/ability" categories?

All ages

	Individuals Count
Autism	14,920
Cerebral Palsy	2,334
Epilepsy	2,273
Fifth Category	5,743
Intellectual Disability	11,920
Other	5,255

Q: What is the ethnic breakdown of the 2% of SLS and what are the criteria for accessing the programs and what are the matching funds required by family?

The ethnicity of clients receiving SLS services is included in the posted FY 23/24 POS Data. Please see the chart below:

All ages

	Individuals Count
American Indian or Alaska Native	*
Asian	26

Black/African American	77
Hispanic	36
Native Hawaiian or Other Pacific Islander	0
White	491
Other Race/Ethnicity or Multi-Cultural	**
Total	**672**

There are no matching funds required by the family. Clients are responsible for procuring their own housing.

Q: What is/are the policies/practices for referrals to existing and duplicative community resources such as SCOE- Early Intervention Program-Part C which is typically underfunded capacity.

ACRC Response: ACRC has a fully executed memorandum of understanding (MOU) with all county offices of education (COE) within our 10-county catchment area. The MOU defines the service and financial responsibilities of each agency, outlines procedures for resolving disputes, and ensures effective cooperation and coordination between agencies. Maintenance of Effort on the part of COEs is outlined within the MOU. COEs and ACRC collaborate regularly to meet the COE's responsibility of maintenance of effort. Nuances exist in this process. For example, often children between ACRC and the COE are dually served, in cases where a child has a solely low incidence need (vision, deaf and hard or hearing, or orthopedic impairment). In these cases, the COE and ACRC are mutually responsible for services to meet the needs of the child as outlined in their individual family service plan (IFSP). Additionally, to ensure ACRC meets the 45-day mandated timeline to initiate services as outlined in the IFSP, exceptional circumstances arise where ACRC puts services in place after the family's effort to secure services through their insurance or other available resources (and while they simultaneously continue to explore generic resources). This practice helps ensure timely provision of services for the children and families of Early Start.

Q: Are translation services also immediately accessible to Early Start clients/families with IFSPs?

Yes.

Sent: Tuesday, April 1, 2025, 4:01 PM
To: POS Equity <posequity@altaregional.org>
Subject: Comments on POS data for 23-24

April 1, 2025

Alta California Regional Center

These are my comments I am asking to be considered as Alta prepares its POS hearing report.

1. communication - I believe Alta should have sent another email to its entire mailing list and posted on the website, Facebook, etc. the publicizing of the second meeting March 25. Additionally, I cannot find at the Alta website or in the emails I received regarding the POS meetings the deadline to submit comments. I recall it verbally being said it was the end of the month, but this information should be in every email and article on the POS hearings.

The DDS deadline is "POS Reports: Each regional center must annually submit their report to the Department by May 31." - from January 31, 2025 PURCHASE OF SERVICE DATA MEETINGS, REPORTING AND WEBSITE POSTING REQUIREMENTS

DDS memorandum. Alta still has time to send an email with a link to the recordings and the meeting material to the Alta email list, Facebook, etc. and indicate the deadline is some date next week - perhaps April 8 or 10 to submit comments. This would be a good way to solicit further feedback on the POS data.

2. how meetings are conducted. - From observations of various participants, including the Sacramento Regional Office staff of the State Council and the Office of Client Rights' Advocacy, it appears there was a lack of clarity around what would happen in the first versus the second meeting. I still cannot believe Alta shut down the first session with an hour remaining with roughly 50 people online. I wrote to the executive director to express my frustration with the shortened first session. The confusion surrounding the two meetings should be discussed in the POS report to DDS.

And I recommend Alta have a second session (the March 25 session) where you hire the translators and interpreters for 3 hours. At the second session, perhaps have a half an hour of questions from those present and then start going through the questions that were submitted on line at posequity@atlaregional.org.

Too little ground was covered in the second March 25 one-hour session which also had 45 to 50 people on zoom. Alta should be willing to answer all questions from people who take time to attend a zoom meeting.

3. I believe the presentation in the 21-page document which was available ahead of time (good to have done) is extremely incomplete for its failure to tell the whole story of the individuals and their families not receiving services authorized in the IPP and the gap by ethnicity. The data for Alta is that only 53% of services authorized in the 23-24 IPPs were utilized. Alta's Executive Director Lori Banales has tried to discredit this indicator as accurate and useful to understand what is happening to individuals and families who rely on Alta for services. I disagree. The 53% data form the basis of the POS hearings. Thus, it has validity to examine the issues in the POS hearings.

Even if the 53% figure were 63% or 73%, Alta is not explaining to its individuals and families what is going on and why some of the Alta community are not receiving critical services and support. Alta did not address the impact to the many individuals and families who are struggling without authorized services and support. Alta is generally silent on this important information. In this regard, I believe Alta did a very poor job in the presentation for not addressing services not provided and by ethnicity.

Thank you for consideration of these comments.

Sent: Monday, March 31, 2025, 2:44 PM
To: POS Equity <posequity@altaregional.org>
Subject: POS input

To: POSequity@altaregional.org

Date: 3/21/2025

Thank you for taking public input on the POS data and meetings. I really appreciated having access to data in both PDF form and as an excel file. It would be ideal to host two meetings, each with both an ACRC overview and a Q&A session, preferably one during a workweek lunch hour and one after work hours.

1. With respect to POS by residence, relative to other living options, both ILS and SLS show strikingly low utilization at 26.7% and 38.2%, respectively, for all ages (while utilization for other living options ranges from 53-81%). The age breakdown data also highlights that utilization is even lower for those older than

22 than for those between 18 and 22 (because only those in the 3-22 age group who are older than 18 can utilize SLS.)

a. Low utilization is an indication of unmet needs, as a service is only authorized if it is deemed to be needed by the IPP team. Questions that arose in my mind include:
    i. What is contributing to the very low utilization of authorized services in ILS and SLS? Possible schedule changes with client schedules; client participation in other services such as social rec and employment, cultural preferences/norms
        1. What staff recruiting methods are working or not working? ILS vendors recruit their own staff. SLS vendors recruit staff for clients to consider interviewing
            a. Has the DSP Collaborative been leveraged differently by high utilization services vs low utilization services? No
            b. Is staffing more successful in areas where agencies are headquartered and able to recruit locally? Yes
            c. Has the rate change, effective Jan 2025, helped increase staffing and hence utilization? Too soon to know
        2. Is the level of need of the client associated with higher or lower utilization? Unknown. Need is based on assessment and vendor ability to meet the need
    ii. What is contributing to higher utilization among younger SLS and ILS clients, compared to the lower utilization for those older than 22? Clients are eligible for ILS and SLS services at the age of 18.
        1. Are younger clients more likely to be higher priority? No
        2. Does the ILS/SLS provider employ practices that prioritize staff recruiting for newer clients over staff recruiting for existing clients? No

2. With respect to expenditures by diagnosis, the only group that displays a severe decrease in utilization of authorized services from the age 3-22 bracket to the older than 22 bracket is those diagnosed with CP, where utilization falls from 57.0% to 39.9%, respectively. Interestingly, there is a large increase in authorized expenditures for this diagnosis as individuals age, reflecting regional center and IPP team recognition of increasing support needs as these individuals mature. The low utilization likely means that there is some sort of barrier to accessing authorized services for this group.

a. It may be that providers are unable to serve this group adequately under current reimbursement models. For those with CP who require lifts or wheelchairs, there may additional training or physical demands made of support staff which impact recruiting efforts. Individuals with CP who are incontinent will likely require toileting assistance which some DSPs may decline to perform.
b. In our experience, many if not most providers will choose to decline a higher needs individual, citing their inability to meet the individual's needs, rather than pursue the unreimbursed expense of obtaining a health and safety waiver.
    i. Where longstanding providers have never pursued a health and safety waiver but have nonetheless declined clients due to a stated inability to meet their needs, this is compelling evidence that the current Health and Safety Waiver system is a barrier to equitable service access.
c. It would be helpful to obtain both client and provider input on what factors may be contributing to the low utilization of authorized services for people with CP. Insurance plans (managed care and private) are meeting the need by funding necessary equipment which would not result in a POS

3. Regarding social rec and overall low utilization:
    a. There is little evidence of racial and ethnic differences for the age 3-22 group, but more apparent disparities in the age 22+ group, and overall low utilization of these services.
        i. ACRC's relatively new online listing of camp and social rec providers is a great resource for individuals looking for social rec providers.
            - The list highlights that there are more camp programs for children and youth than there are for adults over 22.
        ii. Potentially transportation to social rec, especially to camp, could be a barrier for some individuals, as it must be privately funded and may be too expensive for adults or difficult to arrange.

4. Statewide data
    a. DDS publishes the POS data for each RC on its website, but there is no statewide POS data.
    b. It would be helpful if DDS would aggregate the RC POS data so that we could see how each RC compares to statewide averages.

5. Definition of equity

a. Equity begins with each family/individual having equal access to foundational knowledge of which RC services can assist in meeting each identified need of individuals with I/DD and their families.
    i. Some families/individuals state that information on the existence of certain RC services was never made available to them, so they didn't know what to request
    ii. Some families state they are not aware of what services can help with what needs
    iii. Consider creating a matrix to provide this foundational information, potentially using AI
b. Equity also encompasses the availability of services, so that individuals and families from different groups (racial/ethnic, geographic location, diagnoses, language) have equivalent access to needed services.
    i. Equivalent access means similar lead times for assessment and service initiation ii. Equivalent access also means similar utilization ratios (% of authorized services that are actually delivered)
        1. Authorization levels may be different, reflecting different levels of assessed need that naturally vary by diagnosis, age, culture, etc.
        2. However, differing utilization ratios raise potential issues of unmet needs and barriers to service access
c. Another important equity measure for individuals and families is feeling that their expression of needs and service requests are respected.
    i. Understanding and responding to the individual nature of needs, for example a heightened need for respite in single parent households, or households where both parents work long hours, can contribute to feelings of equity or fairness.
    ii. Dismissive responses and/or denials of service requests for which no explanation is provided or understood can be experienced as evidence of a disparity.
    iii. Responses that recognize unmet needs in a way that is visible to individuals and families can reduce frustration and fears. Recording these in the IPP is a very helpful tool.