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Alta California
Regional Center

May 22, 2026

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 Friday, March 13, 2026, from 10:00 am to 11:30 am and Wednesday, March 18, 2026, from 2:00 pm to 4:00 pm. ACRC hosted the events using the Zoom platform.

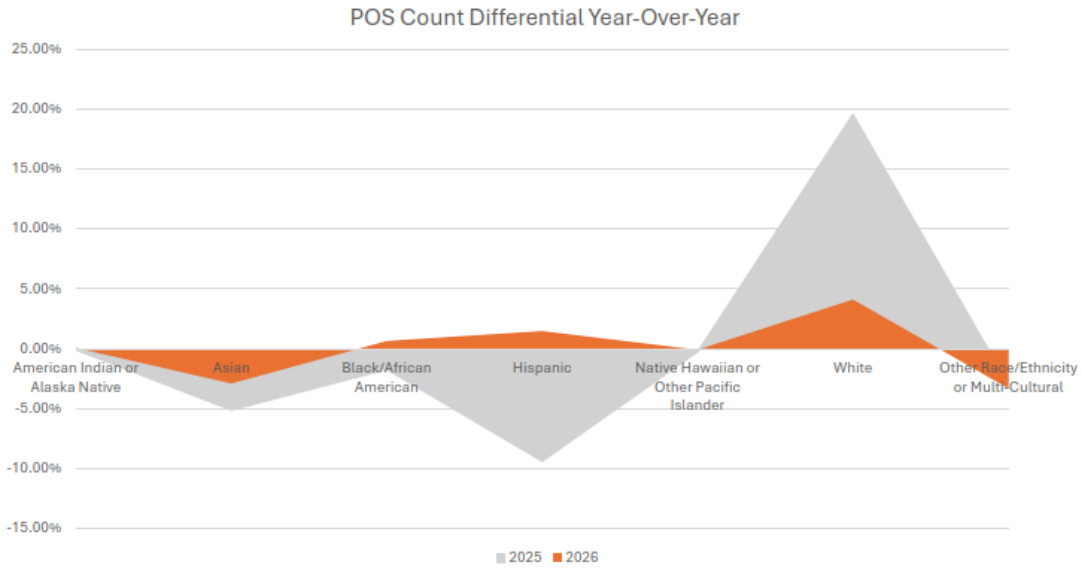
The meeting notice was posted on February 12, 2026, on ACRC's website with flyers translated in Arabic, Farsi, Hmong, Korean, Punjabi, Russian, Spanish, Tagalog, Traditional Chinese, and Vietnamese. The meeting information was posted on social media platforms, including Facebook, Instagram, and X. Email 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 Urdu 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 ACRC staff. The presentation was pre-recorded and is available on ACRC's YouTube channel and website. Two hundred thirty-six individuals registered for the March 13th meeting, and ninety-eight attended. At the March 18th meeting, one hundred thirty-six registered and sixty-eight people attended the meeting. Hosting the event online allowed clients and families to attend irrespective of their geographic proximity and participate from the comfort of their own homes.

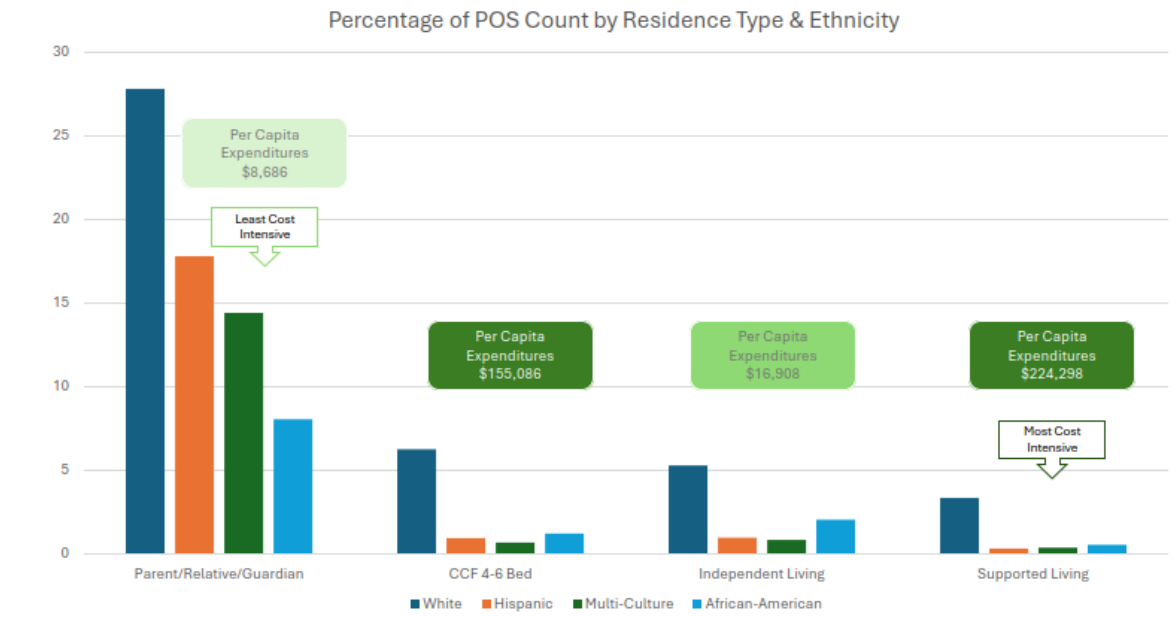
The following items were presented during the March 13th meeting:

- ACRC's Training Manager welcomed the community and reviewed Zoom logistics.

- ACRC's Executive Director welcomed the participants.
- ACRC's Data Scientist began the PowerPoint presentation.
- ACRC conducted a comprehensive review of POS data.
- 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:



- The chart compares the POS count differential from the prior year (2025 data, referring to FY 2023/2024) against this year (2026 data, FY 2024/2025).
- We want to see bars moving toward zero, which means a group that was underrepresented or overrepresented in service authorizations is leveling out. And that's broadly what's happening. The gaps are compressing across most groups.
- This chart is the clearest evidence that ACRC's efforts to promote equitable access are having a measurable effect when we use count of services as our metric.



Raw data provided by DDS and pulled from ACRC data analysis. Top 4 ethnic subgroups as represented by DDS data represented in data visualization.

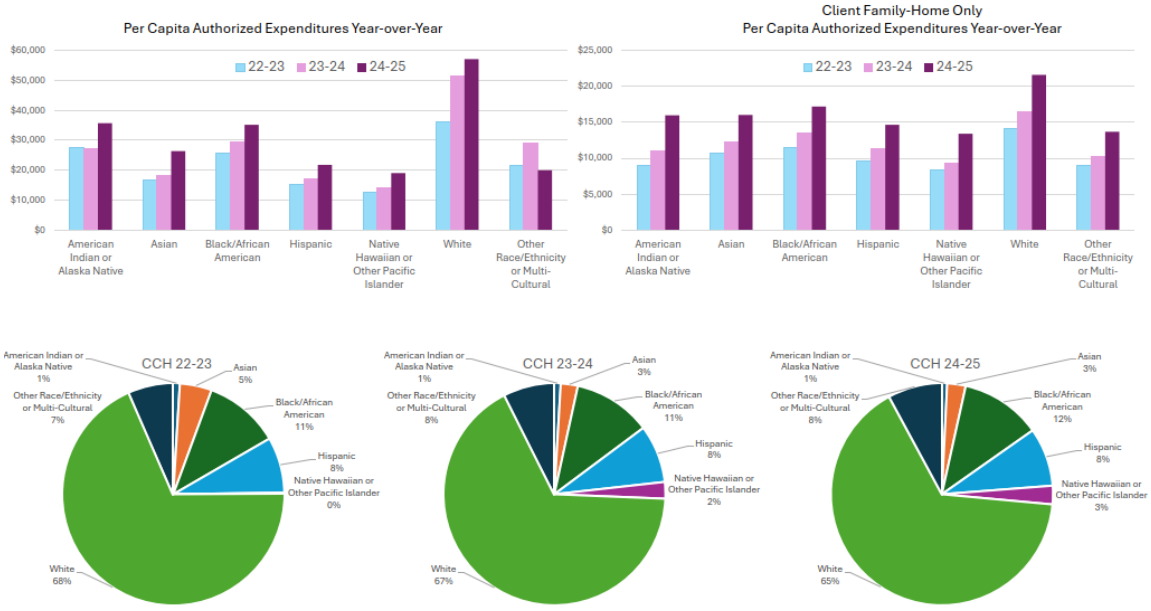
- This table reflects the overlay of ethnicity onto the residence-type data, and the per-capita expenditure figures make the cost story concrete.

- Per-capita spending ranges from approximately $8,686 for clients living with a Parent/Relative/Guardian to $224,298 for clients in Supported Living. That is a 26-to-1 cost ratio based entirely on living arrangements.

- The chart shows the top four ethnic groups (White, Hispanic, Multi-Cultural, and African American) are distributed across residence types. White clients have a proportionally higher representation in Supported Living and Community Care Facility (CCF) settings (the most expensive categories), which is the primary driver of the spending gap we saw earlier. Hispanic and multi-cultural clients are more concentrated in the Parent/Relative/Guardian category, where per-capita costs are lowest.

- This is not about one group receiving more generous services. It is about where people live. A client in supported living receives intensive, around-the-clock support that is necessarily expensive. The ethnic composition of clients in those settings drives the spending differential far more than any difference in how authorizations are made.

- This slide builds upon 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.

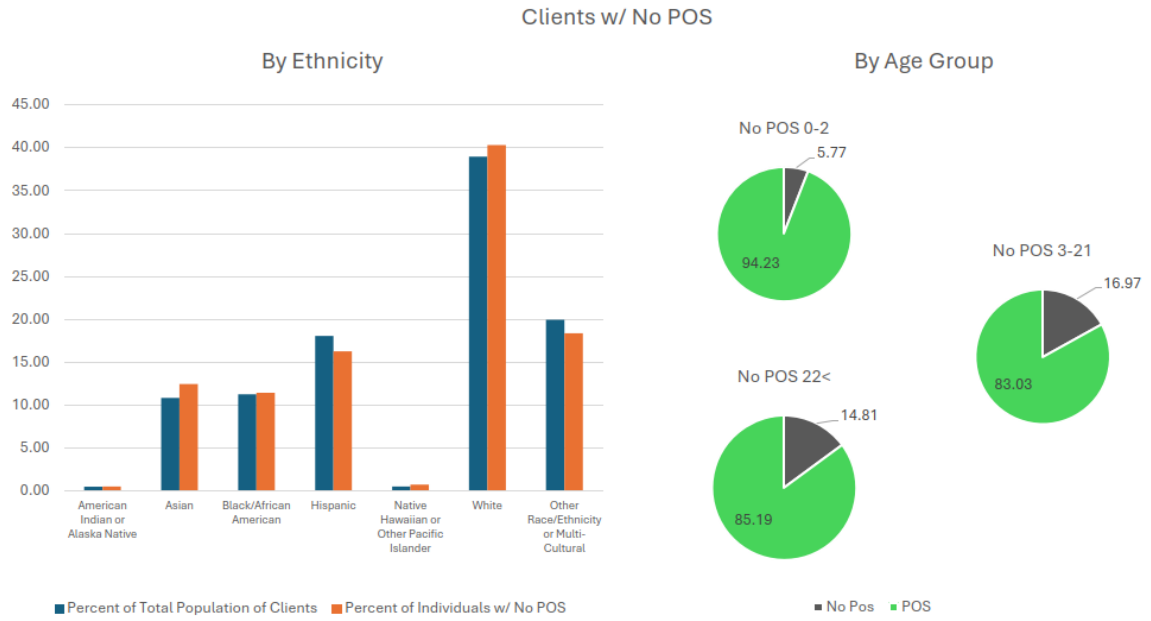


- This slide looks at per-capita spending specifically for clients who live at home with family — the largest group in our population — across three fiscal years.

- By focusing on clients living in family homes only, we remove the cost distortion of residential placements. That gives a cleaner view of how investment in community-based, in-home support has grown across ethnic groups over time.

- This view helps us ask directly: are families in every community seeing meaningful growth in the services available to them? The year-over-year trends here provide one of the most grounded measures of in-home equity we have.

- Additionally, the pie charts show a representation of ethnicity by count who reside in community care facilities. Year-over-year, these proportions do not alter significantly except to say that slight decreases in the ethnicity categorized as White should be noted, and slight growth in most of the other ethnic categories can be seen.



- This slide looks at clients who are eligible for regional center services but are receiving no purchased services.
- About 5.8% of children ages 0-2 have no POS, compared to 17% for ages 3-21 and about 15% for adults 22 and older.
- By ethnicity, the key question is whether any group is overrepresented among those with no services compared to their share of the total population.
- If a group's no-POS share is higher than their population share, that is an indicator for potential access barriers.
- Reasons can include families who are newly eligible and still navigating the system, families who do not know what is available, or language and cultural barriers.
- Reducing the no-POS population, especially among underrepresented groups, is one of the most concrete and actionable equity goals in this report.

IPP Translation

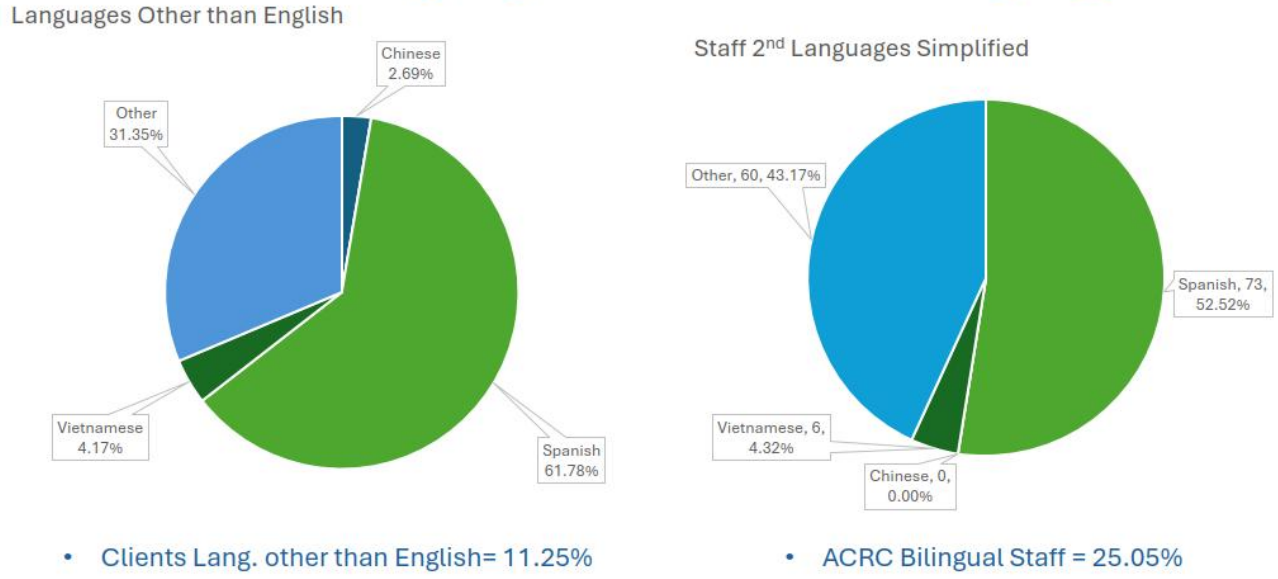
- Note: DDS records/reports on number of requests from families for IPP translation.
- Per agency best practice, ACRC proactively translates the IPP into the preferred written language of the family/client, as such no requests for translation is required or recorded. Thus, the DDS reported number for requested translations for ACRC is 0.

Key Statistics (FY 24-25)		Previous Year
IPPs Translated 2024	920	203
Average Days to Complete Translation	13.5 Days	42.6 Days
Median values of Days to Complete Translation	7 Days	40 Days
Standard Deviation	8.96 Days	22.82 Days

Note: The average number of days means that if you add up all the days it took to translate each report and then divide by the number of reports, you get 13.5 days. The median number of days is the middle value when all the days are listed in order, showing that half the reports took less than 7 days and half took more. The standard deviation (8.96) tells us how spread out the days are from the average, with a higher number meaning more variation.

- Under DDS reporting, the number of family requests for IPP translation at ACRC shows zero; that is good news.
- ACRC proactively translates IPPs into the family's preferred language without waiting for a request, so no formal requests are needed or recorded.
- In FY 24-25, ACRC translated 920 IPPs, up dramatically from 203 the prior year.
- The average time to complete a translation dropped from 42.6 days to 13.5 days.
- The median dropped from 40 days to just 7 days.
- The standard deviation also tightened significantly (from 22.8 to 9.0 days), meaning the process is becoming more consistent, not just faster.
- This is a major operational improvement that directly supports equitable access for non-English-speaking families.

Client Languages vs. Staff 2nd Languages



- About 11.25% of ACRC's clients speak a language other than English - About 25% of ACRC staff are bilingual, so there is more bilingual capacity than the minimum client need.
- The question is whether that capacity is matched to the right languages.
- Spanish is well-covered: 62% of non-English clients speak Spanish, and 53% of bilingual staff speak Spanish.
- Vietnamese is matched: 4.2% of non-English clients vs. 4.3% of bilingual staff.
- Chinese is a gap: 2.7% of non-English clients but effectively 0% of bilingual staff.
- The Other category shows a surplus of staff languages (43%) relative to client need (31%), but the specifics matter. Hmong, Russian, and Punjabi capacity may or may not match where client needs are.

Actions the regional center took to improve public attendance and participation at community member meetings, including but not limited to, attendance and participation by underserved communities:

- Following last year's meeting, the community requested that future meetings be held during the day. On January 5, 2026, ACRC launched a survey to gather input from the community on preferred meeting days and times. We directed the public to our website where they could complete the survey in English or Spanish: Purchase of Service Meeting Survey - Alta California Regional Center. The survey results indicated preference for Friday mornings and Wednesday afternoons, thus our POS meetings were held during these times.

- 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.

Feedback/Proposed Strategies from Stakeholders on March 13th:

- During the public meeting, one attendee expressed praise for ACRC's presentation and its clarity. This attendee suggested including successes, impacts and barriers to clients who live at home. They are interested in the experiences of de-institutionalized clients.
- Another attendee shared about the hardships that families experience with receiving services and that families make ends meet with what they have. Additionally, they shared that families are not offered alternatives and that they would like ACRC administration to revisit our comments around cultural preferences especially for those who have complex medical needs.
- Building upon this comment, another attendee shared that not accessing certain services is not about preference, rather, it is what is done as a culture. This same attendee asked how outreach efforts translate to action and work and asked if ACRC is spinning their wheels.
- One attendee shared concern about waiting lists and unmet service needs. They also expressed concern about low POS 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.

Feedback/Proposed Strategies from Stakeholders on March 18th:

- During the second public meeting comment period, one attendee opened the session by sharing that they loved the slides that were presented, appreciated, and viewed the recorded version of the presentation. They went on to share that the graphics and analysis were outstanding. The attendee appreciated that ACRC highlighted various Listening and Feedback sessions as part of the work. The attendee commented that they found it interesting to compare POS count versus POS in dollar amount. They noted a difference between POS counts for White clients versus others. The attendee asked for insight about how to improve service provider language capacity, as this may be reason non-English speakers are not accessing services.

- Another attendee shared that they were disappointed that ACRC posted a pre-recorded version of the POS slides rather than the recording from the actual meeting on March 13th. They also shared their concerns about POS utilization, noting that ACRC is one of the lowest in the State.

- An attendee shared that they do not doubt that ACRC conducts SDP Outreach. They went on to say that ACRC touts its website as an “end all, be all” and they would like to know how ACRC tracks outreach effectiveness.

- Building upon this comment, another attendee expressed concern about ACRC outreach events and promoting awareness of services and supports. Additionally, it was recommended that ACRC share information about SDP in a more culturally competent manner.

- ACRC staff asked the meeting participants: “What would make it easier for you or others to understand and use services available?” Attendees answered as follows:
    - Plain language
    - Education – expanding across networks, understanding the process
    - Getting information from providers – share information with them
    - Outreach to low to no POS clients
    - Clients call the Office of Clients Rights Advocacy (OCRA) and are unaware of some of the services, including OCRA
    - A menu of services

- In response, ACRC shared and discussed availability and location of Family Guides, DDS Guides, and ACRC’s New Client Orientation, where OCRA and another advocacy organization are discussed. Also highlighted the plan for website navigation clinics, and the Enhanced Service Coordination Unit.

- One attendee shared that the Listening and Feedback sessions have been helpful, and suggested ACRC consider polling clients to help fine-tune outreach efforts, as a focused effort to identify those who want SLS and those who need secure housing first.

- An attendee shared that coordination of resources is a big challenge, especially housing and the bridge to services.

- Additional feedback acknowledged that the regional center system has grown more complex and can be increasingly challenging to navigate.

- One attendee remarked that they were concerned about the drastic decrease in social recreation POS, especially for adults aged 22+. They further communicated not understanding why, as there are more options, information, and resources. The same attendee noted that camping utilization rates have increased, but only to 308 individuals. Additionally, they inquired about ACRC's internal process around processing camp requests.

- An attendee shared SCs are not aware of their organization and services to clients.

- ACRC staff clarified:
    - A monthly email is shared with SCs regarding the advocacy organization's availability to meet with them
    - Education about the organization is provided monthly to new employees

- An attendee inquired about the location of the new Service Provider Directory.

- A suggestion was made to survey regional center clients' interest in Supported Living Services who do not have permanent housing.

- A service provider shared the challenge of securing affordable housing to access Supported Living Services.

Written Feedback was emailed to posequity@altaregional.org; 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 and equity through identification of clients with linguistic and ethnic needs, as well as reflecting Low to No POS.

- 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 partnerships with: Vision y Compromiso for a two-year contract and Arte y Cultura Classes – targeted increased community efforts with Spanish speaking populations across Sacramento and Yolo county; IHSS Connect – expanded IHSS, respite care services and language access for communities seeking care; and, UC Davis COMPASS Program – supported in the development of a transition age toolkit. Additionally, ACRC participated in collaborative listening and feedback sessions across multiple linguistic and ethnic communities in order to educate upon regional center services and learn from communities about increased engagement efforts (La Familia, LGBTQ Center, Sac Youth Center, Black/African American Families, and Families experiencing diagnosis of Cerebral Palsy).

- ACRC staff have added Family Guide links to their signature line for increased accessibility of education on regional center services.

- The ACRC website is accessible with the capability of being translated into the identified threshold languages.

- ACRC has initiated monthly New Client Orientations via Zoom, and requests language preferences ahead of appointed presentations.

- ACRC has increased transportation access by adding GoGoGrandparent Rideshare services.

- In 2025-2026, ACRC held a series of listening and feedback sessions across various community groups to solicit input and implement supportive initiatives.

- In 2026-2027, ACRC is planning to initiate a series of website navigation clinics to help the community access regional center information.

- *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.

- Reflections 2025 – ACRC has participated in 80 community outreach events, 5 listening sessions/3 feedback sessions across diverse community populations; 7,190 people were reached through outreach efforts in-person, 562 requested and translated documents in targeted threshold languages; 485 individuals (clients, caregivers, vendors, and community partners at outreach events were surveyed in

their target or preferred language). Lastly, there have been increased outreach efforts to Punjabi, Native American, and Slavic community members, and 187 community-based organization partnerships maintained.

- *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 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-three Chromebooks are available to use 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.
  - *Proactively provide Spanish and ASL language translation for all publicly held meetings and provide options for additional language translation upon request.
  - *Proactively translate routinely used ACRC documents or resources to languages spoken by more than 100 ACRC clients.
  - *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)
  - *Develop more informational/promotional videos in multiple languages.

- *Coordinate and streamline interpretation and translation services, including tracking IPP translation.

- *Clients and Staff are encouraged to request translation of any documents or resources needed to conduct regional center activity.

- *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

Camelia Houston
Director of Intake & Clinical Services

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

Attachments:
Zoom Chat for March 13 and March 18
Attachment A - Emails Received at POSEquity@altaregional.org