Inequitable access to developmental services through California’s regional center system continues to plague communities of color. Despite California investing $66 million in the past six years on programs intended to reduce disparities between racial and ethnic groups, significant gaps in funding between children of different racial and ethnic groups persist.

A new report by Public Counsel documents these ongoing inequities, finding that:

- Disparity in service expenditures between Hispanic and White children ages 3 through 21 decreased statewide, but inequitable funding remains deeply rooted and is worsening between these two groups at most regional centers
- Disparity in service expenditures between English-Speaking and Spanish-Speaking children ages 3 through 21 decreased statewide, but inequitable funding remains deep-rooted and is worsening between these two groups at a majority of the regional centers
- Disparity in service expenditures between Asian and White children ages 3 through 21 slightly decreased statewide, but Asian children still receive far less than White children
- Disparity in service expenditures between children of “other ethnicity”* and White children ages 3 through 21 is the most profound among all race/ethnicity groups and is worsening
- Spending now favors Black children ages 3 through 21 compared to White children of the same age
- Disparity in service expenditures is worsening for children of “other ethnicity” ages 0 through 2 compared to White children of the same age
- The rapid population growth of children of “other ethnicity” presents a new cause for concern given this group’s worsening plight with disparities
- More children ages 3 through 21 are being left unserved now than at any time since Fiscal Year (FY) 2015-2016
- The rate at which children ages 3 through 21 are able to access services is lower now than at any time since FY 2015-2016
- Children ages 0 through 2 are being left unserved more now than at any time since FY 2015-2016 and the rate at which they can access services is lower than at any time since 2015-2016

* According to the Department of Developmental Services, the race/ethnicity category “other” includes all consumers who do not self-report as African-American, Asian, Hispanic, or White. Regional centers have also utilized this category to refer to the following classifications: Other, Russian, Unknown, or Multi-Cultural.
• DDS’ flawed methodology for allocating funds to the regional centers requires revision to enable underserved and unserved groups to achieve greater equity

• Parents express concern that they have experienced discrimination by regional centers due to their race, culture, or the language that they speak

California Department of Developmental Services (DDS), the state agency with oversight over the regional center system, has developed a set of measures containing targets to monitor the regional centers’ improvement in reducing disparities. However, these disparity measures do not track for improvement for Asian children and children of “other ethnicity.”

Our analysis indicates that DDS’ disparity measures are flawed and largely have not been met. Disparities in services between racial and ethnic groups continue to fester.

To effectively address service funding disparities in the regional center system, we recommend that the legislature undertake the following actions:

• Convene a joint legislative oversight hearing on regional center funding disparities to thoroughly examine the issue

• Appoint a legislative taskforce to explore replacing DDS’ current funding formula with a new model that targets underfunded and unserved populations within each regional center

• Require DDS to investigate and remedy defects in the regional centers’ collection of demographic information and to ensure that a uniform system for gathering demographic information is established and implemented statewide going forward

• Restore respite and other critical family support services to Early Start families that were cut during the 2009 budget crisis because they were “nonrequired”

• Repeal the stringent 2009 law that requires families to apply for and appeal denials of services through other agencies before the regional center will consider funding services

• Repeal restrictive parent/caregiver participation requirements for behavioral health treatment services enacted in 2009 which now conflict with Medicaid law

• Amend the law to require additional data reporting that will enable the public to have access to the same data that DDS is using to assess for improvement under its disparity measures

• Require regional centers to comply with the data reporting obligations and other public disclosures requirements by tying compliance to their performance contracts with DDS

• Require regional centers, as part of their contractual obligations with DDS, to review all cases where consumers are receiving no purchase of services, to classify the reasons for why this is occurring, and to report these findings to the public

A full copy of Public Counsel’s report is available at: www.publiccounsel.org

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