

# A Matter of Race and Place

*Racial and Geographic Disparities Within California's Regional Centers Serving Adults with Developmental Disabilities*



A Report by



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## ABOUT THIS REPORT

This is the fourth report produced by Disability Voices United about racial and ethnic disparities in California regional centers for people with intellectual and developmental disabilities. Previous reports can be found on DVU's website [here](#).

In this new report on the most recent data from Fiscal Year 20-21, DVU focuses exclusively on adults aged 22+ and looks at disparities based on race and ethnicity as well as the significant differences in services adults receive depending upon their local regional center. The findings of this report will inform DVU's advocacy efforts around eliminating racial and geographic disparities in a statewide system that is supposed to be equitable and person-centered - a California for All.

## NOTES ABOUT DATA IN THE REPORT

Data used in this report are publicly posted on every [regional center website](#). For the racial/ethnic data discussed, we include a ranking of all regional centers based on the disparities among racial groups. It is important to note that we have excluded the consideration of those racial groups that are less than 5% of the population in a particular residential setting in each regional center because they have low statistical power that will impact the ability to detect the true effect and may exaggerate the findings that are detected. Additionally, there are two regional centers, Far Northern and Redwood Coast, whose populations are almost entirely white and have been removed from the rankings on racial disparities. They are, however, included in the charts on average spending and geographic disparities.

In addition, the racial and ethnic categories reported by regional centers are not consistent and sometimes include very small groups, such as "Native Hawaiian or Other Pacific Islander" and "Filipino." For the rankings in this report, we only collected data that reflects the general Asian population and have excluded these groups. In addition, despite its lack of clarity, we have included a very large catch-all category DDS calls "Other Ethnicity or Race/Multi-Cultural." For many years, DVU has advocated for an edification of this category, particularly because in some regional centers this group is one of the largest in population.

## NOTES ON LANGUAGE IN THE REPORT

Disability Voices United uses the terms "Latino" and "Hispanic" interchangeably, referring to individuals of Latin American cultural or ethnic identity. Our many partners and allies from this community strongly prefer the term "Latino" rather than "Latinx," as it preserves the historic language of their culture. In addition, we have chosen to use the more empowering terms "self-advocate" or "person served" to refer to individuals with intellectual and developmental disabilities who receive services funded by regional centers, rather than "consumers," which is often considered demeaning.

## ABOUT DISABILITY VOICES UNITED AND THE AUTHORS

DVU is a statewide California organization directed by and for people with disabilities and their families. We advocate for choice and control over our lives, meaningful outcomes that matter, and systems that are equitable and accountable to us. For more information, go to [DisabilityVoicesUnited.org](https://DisabilityVoicesUnited.org).

This report was researched and written by the board, staff, and consultants of Disability Voices United. Research for this report was conducted by Marianna Maramoto, Kristina Rizo, David Maxwell-Jolly, Emma Erenmark, and Judy Mark. The report was written by Judy Mark and David Maxwell-Jolly, with assistance and editing support from Ed Hirtzel and Marcey Brightwell.

## EXECUTIVE SUMMARY

California's developmental disability service system is plagued with racial, ethnic and geographic disparities that can dramatically and dangerously impact the essential services received by adults with developmental disabilities. Systemic inequities and discrimination within California's regional centers broaden the gap between inclusive possibilities and segregated limitations. Data show Latinos are most negatively impacted by these disparities, but people who are clients of the lowest-performing regional centers are also significantly affected. A person's race and place can determine their ability to lead independent and self-determined lives, despite increased state spending intended to eliminate the disparities. In a state that claims to be a progressive and multi-cultural leader, California is failing people with developmental disabilities and must take immediate, deliberate and data-driven action to right these unacceptable wrongs.

### Background

Adults with developmental disabilities are reliant on state and federally funded regional centers to provide coordination and funding for the critical services that allow them to live, work, and socialize in the general community. The 21 regional centers are located throughout California and are contracted with the state's Department of Developmental Services (DDS).

Many regional centers have claimed that racial disparities exist among adults solely due to cultural differences. This assertion highlights the fact that many Latinos, who suffer from the greatest disparities by far, live at home with their families well into adulthood while white adults move out into residential facilities or their own place, thus requiring far more services. This report, however, will show that when we compare adults in similar living situations, racial and ethnic disparities still plague the system, particularly among Latinos.

But this report would be incomplete if it looked only at racial disparities, as the geographic differences in services that adults receive are even more profound. While Latino adults receive far less "purchase of services," or POS, than other ethnic groups in almost every regional center, Latinos in some regional centers actually receive more services than whites in others.

The bottom line is that adults with developmental disabilities receive vastly different levels of services depending upon their race/ethnicity and the specific region of California where they live.

### Regional Center Services for Adults

The housing and living situation for adults with developmental disabilities usually determines the level of services they receive. The three most common living arrangements include, in order of least to most spending by regional centers:

1. **Home** - Adults living at home with their families, usually their parents.
2. **Supported Living Services (SLS) or Independent Living Services (ILS)** - Adults who live in a rented or owned place in the community with supports.
3. **Residential Setting** - A broad congregate living category that includes group homes, intermediate care facilities, nursing homes, community care facilities, and others.

Most adults served by regional centers continue to live at home with family for some time. But there are significant differences in the amount of time an adult lives at home with their parents based on their race/ethnicity. Latinos are far more likely to keep their children living at home well into adulthood. Whites, and to a lesser extent African-Americans and Asians, are more likely to move out into group homes or their own place. Yet the adults that continue to live at home with their families are no less in need of support. Many of them share the same challenges as adults living away from their families.

## **Racial and Ethnic Disparities in Services for Adults**

For this report, Disability Voices United compiled data from all 21 regional centers on the amount of dollars spent on all services for adults by race/ethnicity living at home, in their own place with supports or in a residential setting.

### **Racial/Ethnic Disparities at a Glance for Adults Living at Home**

- Hispanic adults living at home receive the least amount of services at eight regional centers, while white adults living at home receive the most services at eight regional centers.
- The Lanterman Regional Center in Los Angeles County has the largest disparity between the highest and lowest racial groups, where the amount of services received by African American adults living at home was \$8,561 more than what Hispanic adults get.
- The Tri Counties Regional Center serving the Santa Barbara area has the lowest disparity with a difference of \$1,594 between those who are Hispanic and adults who are multi-cultural.

### **Racial/Ethnic Disparities at a Glance for Adults Receiving Supported Living Services**

- For adults living in their own place with supports, white adults receive the highest amounts of service dollars at 14 out of 19 regional centers while Hispanic adults receive the least amount of services at 11 of 19 regional centers.
- The dollar amount difference of services received between the highest and lowest racial groups exceeds \$20,000 at 11 out of 19 regional centers, with four regional centers having more than a \$30,000 difference.
- Golden Gate Regional Center in San Francisco has the greatest disparities with a difference of \$48,024 between services received by white people and Hispanics. Lanterman Regional Center is close behind with a \$46,185 gap between African-Americans and Asian adults.

### **Racial/Ethnic Disparities at a Glance for Adults in Residential Settings**

- In contrast to the spending patterns shown for other living categories, white adults living in segregated residential settings actually receive the lowest amount of service funding in 10 out of 19 regional centers.
- Golden Gate Regional Center once again displays the greatest disparity with Hispanics receiving \$45,301 less in services than the “other” racial/ethnic category.
- Ten regional centers have more than a \$20,000 spending difference between the highest and lowest racial groups, with four regional centers higher than \$30,000.

### **Racial/Ethnic Disparities at a Glance for Adults Who Receive No Services at All**

- Hispanics and Asians have much higher percentages of adults who receive no services at all at 15 of the 19 regional centers, while White adults are the least likely to receive no services.
- Central Valley and North Bay Regional Centers have the greatest gap between racial groups who receive no services, with a 12% point difference between Asians and whites.
- Adults identified as “Other/Multi-Cultural” at the San Gabriel/Pomona Regional Center – have the highest levels in the state of adults who receive no services at 28%.
- 12 out of 19 regional centers have a group representing people of color in which more than 20% of adults receive no services.

## Geographic Disparities in Services for Adults

Focusing solely on the differences in spending among racial groups does not come close to telling the whole story. One must look at the geographic differences between regional centers in order to see the full picture. Some regional centers spend more per capita than others, no matter what the race or ethnicity of the person served. While the developmental disabilities system is an entitlement that is supposed to be consistent across the state, the data detailed below shows it is far from that. Where you live matters as much as your race.

### Geographic Disparities at a Glance for Adults Living at Home

- If you are a Latino adult living at home and served by Westside Regional Center, you are still receiving more services than almost every other similar adult in California, regardless of race.
- Adults living at home have wide geographic variations in spending. Westside Regional Center in West LA spends the most on their adults living at home (\$30,655) compared to San Diego Regional Center, which spends the least (\$10,667).
- Even regional centers that neighbor each other with similar costs of living have big differences. For example, Westside Regional Center borders Harbor Regional Center (Long Beach/South Bay) with similar demographics. Yet average spending is vastly different with a \$16,710 gap between the two neighboring regional centers.

### Geographic Disparities at a Glance for Adults Receiving Supported Living Services

- The difference between the highest spending (Eastern Los Angeles Regional Center - \$80,792) and the lowest spending (Inland Regional Center- \$14,338) for adults in SLS is a whopping \$66,454.
- Regional centers that neighbor each other with similar costs of living have vastly different spending levels. For example, Westside Regional Center has the second highest average level of spending for people receiving SLS (\$79,707) while right next door, Harbor's average spending is the second lowest (\$20,150).
- Inland, by far the state's largest regional center with over 45,000 total clients and 16,431 adults, spends the least average amount on people in SLS at only \$14,338.

### Geographic Disparities at a Glance for Adults in Residential Settings

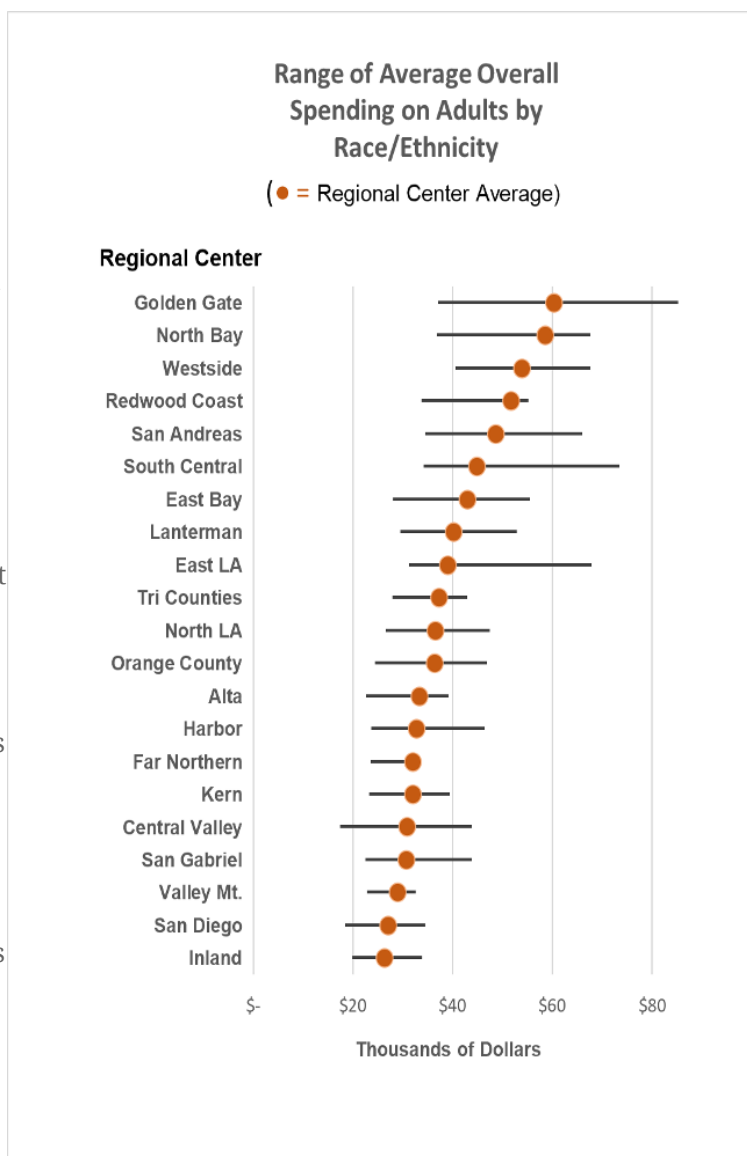
- Golden Gate Regional Center, which spends more than any other regional center on average for keeping people in residential care facilities, pays 53% more than the lowest spending regional center, San Diego Regional Center.
- While reporting the lowest average spending for residential settings, San Diego Regional Center also spends the lowest in the state on people living at home with their families.
- Harbor Regional Center spends almost six times more and Inland Regional Center spends over five times more on their clients living in segregated, residential care facilities than on adults living in their own homes with support.



## The Intersection of Race and Geography

When looking at the data on the level of services provided within and among regional centers, it clearly shows that the focus of concern needs to be not just on racial/ethnic disparities but also on the differences across geography. The confluence of race and geography can often dictate whether a person receives the services to which they are entitled.

Average spending on adults across regional centers ranges from an average high of \$60,347 at Golden Gate to a low of \$26,409 at Inland Regional Center. These geographic differences are substantial and appear to have an influence on the extent of the disparities in spending across racial/ethnic groups. The highest spending regional centers seem to have a greater range in the level of spending across racial/ethnic groups, i.e. the line is longer. The lower spending regional centers have shorter lines indicating less variation across these groups.



## Disparities Not Improving Enough, Despite Significant State Investment

Since 2016, California has invested \$11 million annually to reduce, and eventually eliminate, the vast racial and ethnic disparities that exist in the developmental disabilities system. In the next year, that investment will be doubled to \$22 million. DDS distributes these funds, called “Service Access and Equity Grants,” to regional centers and community-based organizations who submit proposals outlining how their projects would reduce disparities. Despite these significant investments, after reviewing the most recently available data, Disability Voices United has found that no regional center successfully utilized the grant money to substantially reduce disparities among Latinos.

These funds continue to be dispersed, however, without any thorough investigation into whether any of the previous grants had any effect. The grants have not proportionately targeted regional centers with the largest disparities. They have not utilized decades of evidence on how to reduce health disparities. They have not tied funds to actual reductions in disparities. They have not required rigorous independent evaluation of their programs. They have not required regional centers to provide easy-to-understand information on services.

**Regional Center Service Spending for Latino Adults as a Percentage of  
Spending for White Adults**

**Red - Disparities Worsened, Increased Gap Between Whites and Latinos**

**Green - Disparities Improved, Decreased Gap Between Whites and Latinos**

<b>Regional Center (% Latino Adults)</b>	<b>2015-16 Before grants</b>	<b>2018-19 After 3 years of grants</b>	<b>2019-20 After 4 years of grants</b>	<b>2020-21 After 5 years of grants</b>
Alta (13%)	62%	59%	58%	58%
Central Valley (46%)	61%	55%	53%	51%
East Los Angeles (66%)	52%	49%	49%	49%
Far Northern (8%)	85%	74%	69%	70%
Frank D. Lanterman (37%)	52%	52%	55%	58%
Golden Gate (16%)	52%	45%	44%	43%
Harbor (34%)	52%	49%	50%	51%
Inland (41%)	63%	59%	59%	59%
Kern (38%)	65%	62%	60%	59%
North Bay (15%)	61%	57%	56%	54%
North Los Angeles (36%)	59%	55%	54%	56%
Redwood Coast (10%)	83%	69%	65%	61%
East Bay (16%)	62%	53%	52%	51%
Orange County (28%)	62%	57%	54%	52%
San Andreas (31%)	62%	58%	55%	56%
San Diego (33%)	65%	61%	59%	58%
San Gabriel/Pomona (48%)	59%	57%	57%	57%
South Central L.A. (54%)	44%	38%	42%	46%
Tri-Counties (32%)	64%	65%	66%	65%
Valley Mountain (26%)	77%	79%	75%	70%
Westside (28%)	59%	60%	61%	60%

## Recommendations to Eliminate Racial, Ethnic and Geographic Disparities

Ultimately, we need to ask why with all of the efforts, publicity, and money spent, adults with developmental disabilities still face significant racial, ethnic, and geographic disparities. We believe it is because we have yet to tackle the root causes of the barriers to an equitable system. If we don't address the root causes of the disparities, what little progress we do make could be erased over time. With that in mind, we urge the legislature and Department of Developmental Services to consider the following recommendations:

- **Ensure whole-person case management by regional centers** by requiring regional centers to document efforts to break down the silos between systems supporting the person, attain generic resources, understand the person's culture and additional needs of their family, and take into account whether the person has a robust support system, or is economically disadvantaged.
- **Require DDS to provide more oversight of regional centers with higher racial and geographic disparities** and ensure they reassess the services of disadvantaged groups to see whether authorization of additional services is needed.
- **Increase DDS oversight and accountability over regional center interactions with underserved individuals and families to ensure they are culturally humble** by conducting a statewide ongoing satisfaction survey on perceived treatment, and rapidly investigating any accusations of mistreatment of individuals and families.
- **Require more data reporting and increased public access to data to improve transparency**, including data at the service level, to determine if disparities exist. Regional Centers should be required to analyze their "reach" in the general community and determine what percentage of each race/ethnicity is being captured by the regional centers and what portion is not being served.
- **Require DDS to provide strategic direction to guide the use of service access and equity grants**, including targeting grants to regional centers and racial groups that are experiencing the greatest levels of disparities and requiring accountability for the funds spent to ensure they went directly into projects that will reduce disparities.
- **Monitor whether underserved communities are actually accessing recently restored and new services, which were put in place to reduce disparities**, including respite, coordinated family support services, and social, recreational and camp services.
- **Consider disparities in the context of the future of the developmental disabilities system**, including the Self-Determination Program (SDP), and the efforts to move the system towards an outcomes-based rather than fee-for-service based funding model.
- **In advance of the implementation of the federal settings rule in 2023, urge regional centers to encourage the use of more integrated, empowering, and less expensive housing options**, such as supported living services instead of the more segregated and more expensive residential settings.
- **Make the statewide system more consistent across regional centers** by targeting efforts to improve service levels in underspending regional centers with dedicated funds and requiring regional centers to conduct a comprehensive review of IPPs to identify unmet needs.

*End of Executive Summary*



# A Matter of Race and Place

## *Racial and Geographic Disparities Within California's Regional Centers Serving Adults with Developmental Disabilities*

### INTRODUCTION

Most people with developmental disabilities become eligible for regional center services when they are small children. Their services are usually funded by their school districts during the day, with the state-contracted regional centers offering a small number of services for non-school hours. But as adults, they become reliant on regional centers to provide most of their services and supports. This report focuses on adults because they often have nowhere else to turn to receive the services they need.

We are also focusing on this group because many regional centers have claimed that racial disparities exist among adults solely due to cultural differences. This assertion highlights the fact that many Latinos, who suffer from the greatest disparities by far, live at home with their families well into adulthood while white individuals move out into residential facilities or their own place, thus requiring far more services. This report, however, will show that when we compare adults in similar living situations, racial and ethnic disparities still plague the system, particularly among Latinos.

But this report would be incomplete if it looked only at racial disparities, as the geographic differences in services that adults receive are even more profound. While Latino adults receive far less “purchase of services,” or POS, than other ethnic groups in almost every regional center, Latinos in some regional centers actually receive more services than whites in others.

While there are 21 independent non-profit regional centers with local control, the regional center system is supposed to be consistent statewide. The state contracts with each regional center are mostly identical, and the expectations around providing services to their clients are the same. And yet, adults with developmental disabilities receive vastly different levels of services depending upon where they live.

How is this disparity allowed to exist, and who is responsible for ensuring equitable access to services? Regional centers are overseen by California's Department of Developmental Services, which is responsible for conducting oversight of regional centers. Beginning in 2016, after years of concerns about the significant racial disparities in the system, California appropriated \$11 million dollars annually to fund grants for projects aimed at reducing these inequities. In FY 2022-23, because of state surpluses, there will be double the amount spent on these projects - \$22 million. To date, \$66 million has been spent to reduce disparities in total.

Yet as of today, these projects have never been independently evaluated. It is unclear which ones work and which ones don't. If projects have been successful, there haven't been intentional efforts to replicate them or redirect funding towards them.

Furthermore, little has been done to study why there are such large differences among regional centers in spending for services, and nothing has been done to correct these imbalances.

The recommendations in this report will focus on changing the cultures, not of the adults served, but of the regional centers themselves, in order to make them more equitable for, accountable to, and trustworthy for the self-advocates who are served by them.

## WHAT IS A REGIONAL CENTER?

Regional centers were created in 1969 with the passage of what is now called “The Lanterman Act.” This law established an entitlement to services for people with developmental disabilities throughout their lifetimes. When the law was first passed, two regional centers were established in Northern and Southern California. They served about 1,000 children and had a budget of about \$1 million.

Over the decades, the system has grown to 21 regional centers throughout California serving over 400,000 adults and children. The system as a whole has a budget of almost \$13 billion in Fiscal Year 2022-23. The types of people served have also expanded to include those with autism, intellectual disabilities, cerebral palsy, epilepsy, and similar developmental disabilities.



Regional centers, however, are not government agencies but are independent non-profits funded entirely by federal and state taxpayers' dollars and under contract with California's Department of Developmental Services (DDS). Their mission is to coordinate services for the people they serve in their catchment area and are governed by a board of directors consisting primarily of people they serve and family members. Regional centers are subject to a significant set of transparency laws and regulations and are required to post data on services they authorize and fund by race/ethnicity, language, and disabilities of their clients. They are also required to host meetings with their communities to explain their disparity data and take input on ways to reduce those disparities.

## REGIONAL CENTER SERVICES FOR ADULTS

A person served by a regional center becomes an adult at age 18 if they graduate or leave school, or at age 22 when they formally age out of school. (Disabled students have a federal right to education and services until age 22.)

Regional center services for children are relatively limited as most of their needs are addressed in the school setting. On the other hand, services expand greatly once that child moves into adulthood. Services for adults can include supports related to their living arrangements, employment, independent living skills, community integration, day services, behavioral and crisis intervention, transportation, nursing, and other services.

Where adults with developmental disabilities live most often determines the level of services they receive. The three most common living arrangements include, in order of least to most spending by regional centers:

1. **Home** - Adults living at home with their families, usually their parents.
2. **Residential Settings** - A broad congregate living category that includes group homes, intermediate care facilities, nursing homes, and community care facilities, among others.
3. **Supported Living Services (SLS) or Independent Living Services (ILS)** - Adults who live in their own rented or owned place with supports, which may include daily or weekly assistance with meals, budgeting, self-care (usually called ILS), but can include up to round-the-clock staffing for all daily living needs (usually called SLS).

Most adults served by regional centers continue to live at home with family for some time. But there are significant differences in time an adult spends at home by race/ethnicity. Latinos are far more likely to keep their adult children living at home well into adulthood. Whites, and to a lesser extent African-Americans and Asians, move out into group homes or their own place.

Latino parents report that the reasons they keep their adult children at home are varied and include: a culture that keeps intergenerational families living together, a lack of trust in others to care for their adult children, an inability to find qualified culturally and linguistically competent staff, and the lack of affordable housing for their adult children.

The significant difference in the use of services for an adult living at home versus another living arrangement can somewhat explain the differences in spending for adults. But even when you compare the level of services among people in similar living situations, the disparities persist.

Moreover, the adults that continue to live at home with their families are no less in need of support. Many of them share the same challenges as adults living away from their families. Last year's state budget tried to address these needs by creating a new service called "Coordinated Family Support Services," which provides up to 24/7 supports, even if the adult lives with family. As of September 2022, this service has yet to roll out and will only be offered on a pilot basis. The data in this report does not include any impact from this new service.

## RACIAL AND ETHNIC DISPARITIES IN SERVICES FOR ADULTS

For this report, DVU compiled data from all 21 regional centers on the amount of dollars spent on all services for adults by race/ethnicity living at home, in a residential setting, or in their own place with supports. By comparing spending separately for those in these different settings, a clearer picture emerges of the racial disparities that continue to exist, regardless of where a person lives.

For each of the living arrangements, we identify the racial/ethnic groups with the highest and the lowest average spending at each regional center. The difference between these two groups is also reported and used to rank the regional centers. The regional center with the highest ranking (#1) is the one with the smallest difference between the highest and lowest racial/ethnic groups, i.e. the lowest disparity in spending. Note that only the races and ethnicities that comprise more than 5% of the population are considered in developing these rankings.

These charts do not show the average spending for all racial/ethnic groups, but only for the groups with the highest and lowest spending at a regional center.

### COMPARING SERVICES FOR ADULTS LIVING AT HOME BY RACE/ETHNICITY - Figure 1a

Most adults of all races and ethnicities continue to live at home with their families, so this group is critically important to assess whether racial/ethnic disparities are present. When developing the rankings, we compared the lowest average amount of total services spent on a racial group to the highest average amount spent. That difference in spending became the regional center's range, and the higher the range, the worse (or lower) their ranking. The regional centers with the highest rankings have the lowest differences between the races.

### COMPARING SERVICES FOR ADULTS LIVING ON THEIR OWN WITH SUPPORTS (ILS/SLS), BY RACE AND ETHNICITY - Figure 1b

Adults who live in their own place with support, are an important group because they usually have the most self-determination and control of their daily lives. Some regional centers offer relatively few individuals this opportunity, regardless of race/ethnicity. But for those who are able to live with this support, differences in the amount spent per person served are profound, sometimes in the tens of thousands of dollars.

### COMPARING SERVICES FOR ADULTS LIVING IN RESIDENTIAL FACILITIES, BY RACE AND ETHNICITY - Figure 1c

Residential facilities are the most expensive kind of service. They are also the most segregated, with facilities that house from four people to dozens, often with limited access to the general community. The level of self-determination and choice is usually very low in these settings, despite their costs.

### ADULTS RECEIVING NO SERVICES AT ALL - Figure 1d

Adults served by regional centers rely on these agencies as their primary source of support. As adults age out of the school system, regional centers are often one of the only agencies that will fund critical services like living, community integration, and employment supports. While there are certainly some adults served by regional centers who may no longer need services, the wide variation between races of adults who receive no purchase of services (POS) requires greater attention and oversight. In figure 1d, regional centers are ranked based on the percentage difference between the highest and lowest racial/ethnic groups receiving no services.

**Figure 1a - Ranking of Regional Centers on Racial Disparities for Adults Living at Home\***

Regional Center	Ranking Living at Home (1 = the lowest disparity)	Minimum - Race/Ethnicity	Maximum - Race/Ethnicity	Amount Difference
Tri Counties	1	Other	Hispanic	\$1,594
East Bay	2	Asian	Other	\$1,606
South Central	3	Hispanic	Black/AA	\$2,210
Inland	4	Hispanic	White	\$2,592
San Andreas	5	Hispanic	White	\$2,614
Alta	6	Hispanic	White	\$2,666
San Diego	7	Asian	White	\$2,671
San Gabriel	8	Hispanic	Other	\$2,912
Harbor	9	Black/AA	Asian	\$3,103
East L.A.	10	Asian	White	\$3,539
Valley Mt.	11	Black/AA	Other	\$4,567
North Bay	12	Other	Black/AA	\$4,637
Westside	13	Asian	Other	\$4,674
Orange County	14	Hispanic	White	\$6,567
North L.A.	15	Black/AA	White	\$6,917
Golden Gate	16	Hispanic	Black/AA	\$7,303
Kern	17	Other	White	\$7,466
Central Valley	18	Asian	Black/AA	\$8,176
Lanterman	19	Hispanic	Black/AA	\$8,561

\* Far Northern and Redwood Coast Regional Centers not included because of low numbers of non-white peoples. Racial groups comprising less than 5% of the population are not included.

### Disparities at a Glance

- Hispanic adults living at home receive the least amount of services at eight regional centers, while white adults living at home receive the most services at eight regional centers.
- The Lanterman Regional Center in Los Angeles County has the largest disparity between the highest and lowest racial groups, where the amount of services received by African American adults living at home was \$8,561 more than what Hispanic adults get.
- The Tri Counties Regional Center serving the Santa Barbara area has the lowest disparity with a difference of \$1,594 between those who are Hispanic and adults who are multi-cultural.

**Figure 1b - Ranking of Regional Centers on Racial Disparities for Adults Living with ILS/SLS Supports\***

Regional Center	Ranking ILS/SLS (1 = the lowest disparity)	Minimum - Race/Ethnicity	Maximum - Race/Ethnicity	Amount Difference
Valley Mt.	1	Hispanic	Black/AA	\$5,351
Inland	2	Black/AA	White	\$6,292
Harbor	3	Hispanic	White	\$10,151
Kern	4	Black/AA	White	\$11,436
East L.A.	5	Hispanic	White	\$13,112
San Diego	6	Hispanic	Other	\$16,897
Central Valley	7	Hispanic	White	\$18,097
Westside	8	Hispanic	Other	\$18,267
Alta	9	Black/AA	White	\$20,572
San Gabriel	10	Black/AA	White	\$21,509
South Central	11	Hispanic	White	\$21,520
Orange County	12	Other	White	\$21,562
Tri Counties	13	Hispanic	White	\$22,854
East Bay	14	Hispanic	Asian	\$24,335
San Andreas	15	Asian	White	\$26,728
North Bay	16	Hispanic	White	\$34,263
North L.A.	17	Black/AA	White	\$39,211
Lanterman	18	Asian	Black/AA	\$46,185
Golden Gate	19	Hispanic	White	\$48,024

\* Far Northern and Redwood Coast Regional Centers not included because of low numbers of non-white peoples. Racial groups comprising less than 5% of the population are not included.

### Disparities at a Glance

- For adults living in their own place with supports, white adults receive the highest amounts of service dollars at 14 out of 19 regional centers while Hispanic adults receive the least amount of services at 11 of 19 regional centers.
- The dollar amount difference of services received between the highest and lowest racial groups exceeds \$20,000 at 11 out of 19 regional centers, with four regional centers having more than a \$30,000 difference.
- Golden Gate Regional Center in San Francisco has the greatest disparities with a difference of \$48,024 between services received by white people and Hispanics. Lanterman Regional Center is close behind with a \$46,185 gap between African-Americans and Asian adults.



**Figure 1c - Ranking of Regional Centers on Racial Disparities for Adults Living in Residential Settings\***

Regional Center	Ranking Living in Residential Care (1 = the lowest disparity)	Minimum - Race/Ethnicity	Maximum - Race/Ethnicity	Amount Difference
Tri Counties	1	White	Other	\$10,688
Orange County	2	White	Other	\$11,134
Alta	3	White	Other	\$11,319
Harbor	4	Black/AA	Hispanic	\$11,636
Central Valley	5	White	Black/AA	\$13,054
North L.A.	6	White	Hispanic	\$14,295
South Central	7	White	Hispanic	\$14,474
Valley Mt.	8	White	Hispanic	\$15,706
Inland	9	White	Black/AA	\$19,299
San Diego	10	White	Hispanic	\$20,695
San Andreas	11	Asian	Other	\$21,461
East Bay	12	Hispanic	Other	\$22,854
Kern	13	Hispanic	Black/AA	\$23,310
Lanterman	14	Asian	Hispanic	\$25,584
San Gabriel	15	White	Black/AA	\$26,431
North Bay	16	Black/AA	Hispanic	\$30,018
Westside	17	Asian	White	\$36,174
East L.A.	18	Asian	White	\$38,290
Golden Gate	19	Hispanic	Other	\$45,301

\* Far Northern and Redwood Coast Regional Centers not included because of low numbers of non-white peoples. Racial groups comprising less than 5% of the population are not included.

### Disparities at a Glance

- In contrast to the spending patterns shown for other living categories, white adults living in segregated residential settings actually receive the lowest amount of service funding in 10 out of 19 regional centers.
- Golden Gate Regional Center once again displays the greatest disparity with Hispanics receiving \$45,301 less in services than the “Other” category.
- Ten regional centers have more than a \$20,000 difference between the highest and lowest racial groups, with four regional centers higher than \$30,000.

Figure 1d - ADULTS GETTING NO SERVICES AT ALL

Regional Center	No POS Ranking	Lowest Race/Ethnicity	Highest Race/Ethnicity	Lowest % with No POS	Highest % with No POS	% Point Difference
Tri Counties	1	White	Hispanic	10%	13%	3%
San Andreas	1	White	Other	11%	14%	3%
Valley Mt.	3	White	Asian	11%	15%	4%
Westside	4	Black/AA	Asian	7%	12%	5%
South Central	4	White	Hispanic	5%	10%	5%
Inland	6	White	Hispanic	16%	23%	7%
San Diego	7	White	Asian	15%	23%	8%
East L.A.	7	White	Asian	11%	19%	8%
Kern	9	Black/AA	Hispanic	15%	24%	9%
Harbor	9	White	Other	16%	25%	9%
North L.A.	9	White	Hispanic	15%	24%	9%
Lanternman	12	Black/AA	Hispanic	10%	20%	10%
Alta	12	White	Asian	13%	23%	10%
Orange County	12	White	Hispanic	15%	25%	10%
East Bay	15	White	Asian	14%	25%	11%
Golden Gate	15	White	Hispanic	8%	19%	11%
San Gabriel	15	Black/AA	Other	17%	28%	11%
North Bay	18	Black/AA	Other	9%	21%	12%
Central Valley	18	White	Asian	11%	23%	12%

\* Far Northern and Redwood Coast Regional Centers not included because of low numbers of non-white peoples. Racial groups comprising less than 5% of the population are not included.

### Disparities at a Glance

- Hispanics and Asians have much higher percentages of adults who receive no services at all at 15 of the 19 regional centers, while White adults are the least likely to receive no services.
- Central Valley and North Bay Regional Centers have the greatest gap between racial groups who receive no services, with a 12% point difference between Asians and whites.
- Adults identified as “Other/Multi-Cultural” at the San Gabriel/Pomona Regional Center – have the highest levels in the state of adults who receive no services at 28%.
- 12 out of 19 regional centers have a group representing people of color in which more than 20% of adults receive no services.

## GEOGRAPHIC DISPARITIES IN SERVICES FOR ADULTS

Focusing solely on the differences in spending among racial groups does not come close to telling the whole story. One must look at the differences between regional centers in order to see the full picture.

The rankings in this section show that while racial/ethnic differences explain much of the differences in overall spending, it also depends on a person's zip code. Some regional centers spend more per capita than others, no matter what the race or ethnicity of the person served. While the developmental disabilities system is an entitlement that is supposed to be consistent across the state, the data detailed below show it is far from that.

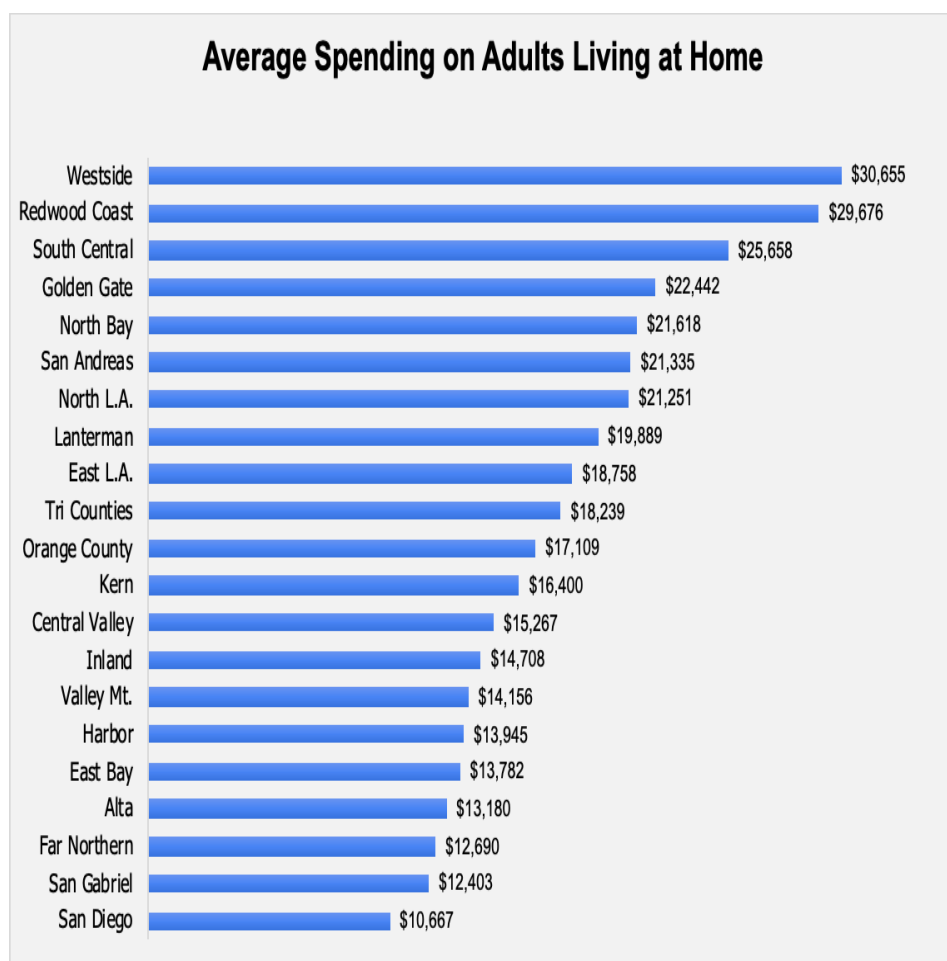
To hit home that point, just compare Westside Regional Center and San Diego Regional Center. WRC, located on the Westside of LA County, does continue to have racial disparities with Hispanics living at home receiving 89% of what white adults get in services. Yet if you are a Latino adult living at home and served by WRC, you are still receiving more services than virtually every other similar adult in California, regardless of race. Where you live matters as much as your race.

**Figure 2a - COMPARING SERVICES FOR ALL ADULTS LIVING AT HOME BY REGIONAL CENTER**

The chart below displays the huge variations in spending for adults who live at home, but whose use of services is determined by different regional centers. Adults at the highest spending regional center receive three times the amount of services as the lowest spending. In a statewide system, this is hard to justify.

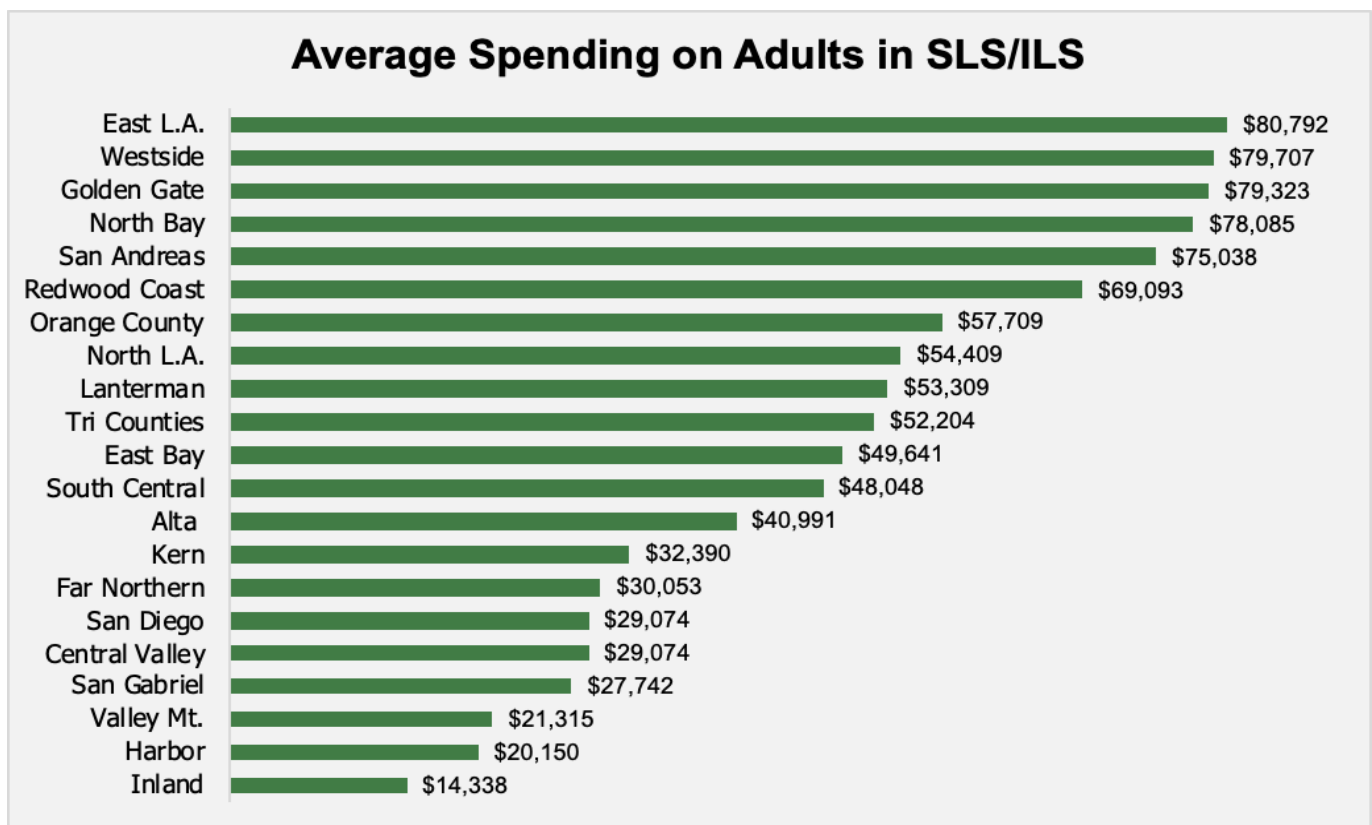
### Disparities at a Glance

- Adults living at home have wide variations in spending depending on their regional center. Westside Regional Center in West LA spends the most on their adults living at home (\$30,655) compared to San Diego Regional Center, which spends the least (\$10,667).
- Even regional centers that neighbor each other with similar costs of living have big differences. For example, Westside Regional Center borders Harbor Regional Center (Long Beach/South Bay) with similar demographics. Yet spending is vastly different with a \$16,710 variation.



**Figure 2b - COMPARING SERVICES FOR ALL ADULTS LIVING ON THEIR OWN WITH SUPPORTS BY REGIONAL CENTER**

The enormous differences between the regional centers' spending on supported living services (SLS) and independent living services (ILS) are very difficult to explain. A person receiving SLS lives away from their family but requires support, sometimes for up to 24 hours a day. This level of staff support can be quite costly, so it is hard to understand how regional centers can spend as little as they do and keep people supported and safe in their own homes. One possible explanation is that regional centers with very low expenditures do not approve the placement of a person in SLS when the costs of support are high. This means that an adult that needs round-the-clock support must either move into a more restrictive congregate setting or stay with their family. Since data that breaks down SLS versus ILS is not publicly available, this hypothesis should be explored.

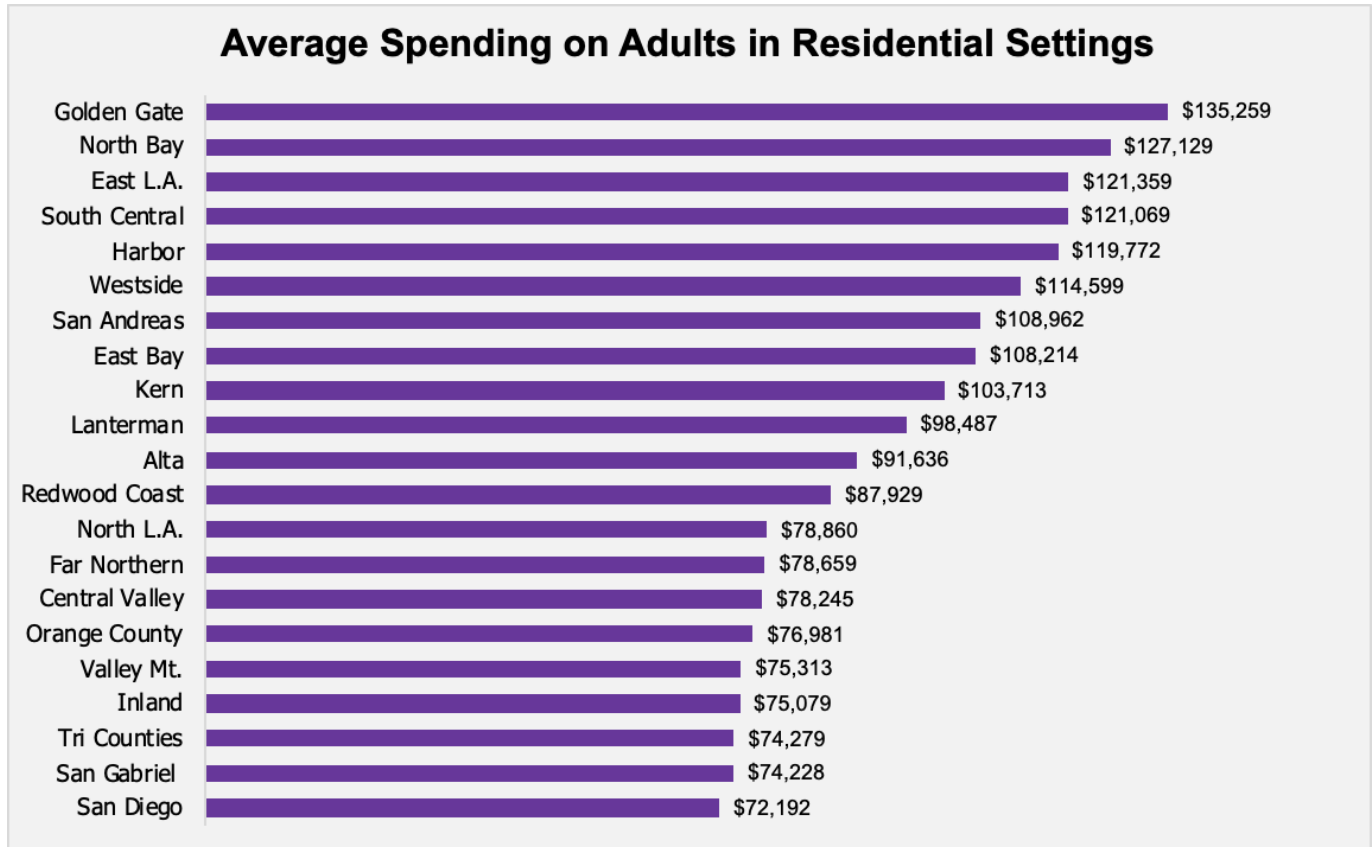


### Disparities at a Glance

- The difference between the highest spending (Eastern Los Angeles Regional Center - \$80,792) and the lowest spending (Inland Regional Center - \$14,338) for adults in SLS is a whopping \$66,454.
- Regional centers that neighbor each other with similar costs of living have vastly different spending levels. For example, Westside Regional Center has the second highest average level of spending for people receiving SLS (\$79,707) while right next door, Harbor Regional Center's average spending is the second lowest (\$20,150).
- Inland, by far the state's largest regional center with over 45,000 total clients and 16,431 adults over the age of 21, spends the least average amount on people in SLS at only \$14,338.

**Figure 2c - COMPARING SERVICES FOR ALL ADULTS LIVING IN RESIDENTIAL FACILITIES BY REGIONAL CENTER**

Regional centers spend the largest amounts on adults living in residential care facilities, many of which offer enhanced behavioral support or nursing home level of care. They are always segregated and offer limited choices for the adults living there. The federal government, which matches state dollars for most regional center services, is urging states to move clients out of these isolated settings and into more integrated community-based homes where they have more autonomy over their lives. Yet many regional centers shepherd their clients into these settings at higher rates than others.



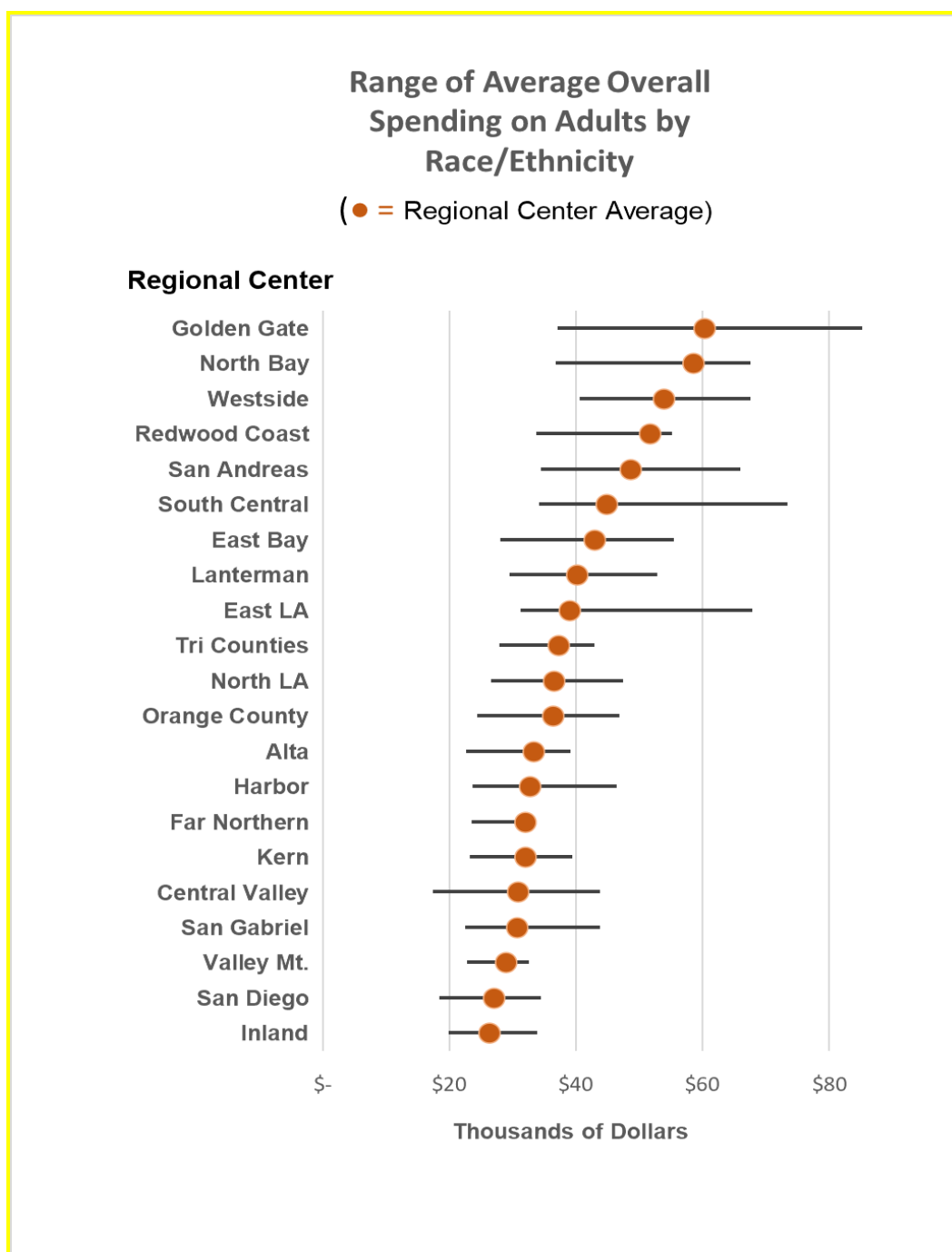
### Disparities at a Glance

- Golden Gate Regional Center, which spends more than any other regional center on average for keeping people in residential care facilities, spends 53% more than the lowest spending regional center, San Diego Regional Center.
- While spending the lowest on average for residential settings, San Diego Regional Center also spends the lowest in the state on people living at home with their families.
- Harbor Regional Center spends almost six times more and Inland Regional Center spends over five times more on their clients living in segregated, residential care facilities than on adults living in their own homes with support.

## THE INTERSECTION OF RACE AND GEOGRAPHY

The chart below shows the overall level of spending, combining all residential settings and all races/ethnicities. This overall average is indicated by the brown dot. Above and below that average extends a line that stretches from the lowest to the highest average spending across the race/ethnicity groups at each regional center. The longer the line, the greater is the disparity in spending across racial/ethnic groups. (Again, here we have excluded racial/ethnic groups in regional centers where their numbers are very low and do not surpass the 5% threshold.)

Figure 3a - Range of Average Overall Spending on Adults by Race





Average spending across regional centers ranges from a high of \$60,347 at Golden Gate to a low of \$26,409 at Inland. These geographic differences are substantial and appear to have an influence on the extent of the disparities in spending across racial/ethnic groups. The highest spending regional centers seem to have a greater range in the level of spending across racial/ethnic groups, i.e. the line is longer. The lower spending regional centers have shorter lines indicating less variation across these groups.

The data here clearly show that the focus of concern needs to be not just on racial/ethnic disparities but also on the differences across geography. A person could be of a race or ethnicity in which their regional center spends far less than on whites, yet they still may get more services than a white person at a different regional center. The confluence of race and geography can often dictate whether a person receives the services to which they are entitled or not.

It should be noted that the overall spending at a regional center is, in part, determined by the particular mix of residence types where the individuals they serve reside. We have seen that residential care is the most expensive setting, even though it is the most segregated and congregate living arrangement. If more individuals served by a regional center reside in residential care compared to independent living or at home, then the per capita spending at that center will be higher. In this report, we have not attempted to understand the variation in the use of different residential settings across racial and ethnic groups, although it may be worthwhile in the future to explore possible disparities in access to particular setting choices.

## **Disparities at a Glance**

- Average spending across regional centers ranges from a high of \$60,347 at Golden Gate to a low of \$26,409 at Inland. These geographic differences are substantial and appear to have an influence on the extent of the disparities in spending across racial/ethnic groups. The highest spending regional centers seem to have a greater range in the level of spending across racial/ethnic groups, i.e. the line is longer. The lower spending regional centers have shorter lines indicating less variation across these groups.
- The best funded racial/ethnic category at Inland Regional Center (whites at \$33,844) receives less in services than the groups with the lowest funded category at South Central (Hispanic/Latino at \$34,147). Five other regional centers provide more spending to their lowest funded racial/ethnic group than the highest group served by Inland.
- While Golden Gate Regional Center has the highest spending in the state, it also has the widest variation in services between racial groups. Meanwhile, Valley Mountain Regional Center has the smallest variation in services between races yet some of the lowest overall spending in the state.

## DISPARITIES NOT IMPROVING ENOUGH, DESPITE SIGNIFICANT STATE INVESTMENT

Since 2016, California has invested \$11 million annually to reduce, and eventually eliminate, the vast racial and ethnic disparities that exist in the developmental disabilities system. In the next year, that investment will be doubled to \$22 million. DDS distributes these funds, called “Service Access and Equity Grants,” to regional centers and community-based organizations who submit proposals outlining how their projects would reduce disparities. Despite these significant investments, after reviewing the most recently available data, Disability Voices United has found that no regional center successfully utilized the grant money to substantially reduce disparities among Latinos.

### Regional Center Service Spending for Latino Adults as a Percentage of Spending for White Adults

**Red - Disparities Worsened, Increased Gap Between Whites and Latinos**

**Green - Disparities Improved, Decreased Gap Between Whites and Latinos**

Regional Center (% Latino Adults)	2015-16 Before grants	2018-19 After 3 years of grants	2019-20 After 4 years of grants	2020-21 After 5 years of grants
Alta (13%)	62%	59%	58%	58%
Central Valley (46%)	61%	55%	53%	51%
East Los Angeles (66%)	52%	49%	49%	49%
Far Northern (8%)	85%	74%	69%	70%
Frank D. Lanterman (37%)	52%	52%	55%	58%
Golden Gate (16%)	52%	45%	44%	43%
Harbor (34%)	52%	49%	50%	51%
Inland (41%)	63%	59%	59%	59%
Kern (38%)	65%	62%	60%	59%
North Bay (15%)	61%	57%	56%	54%
North Los Angeles (36%)	59%	55%	54%	56%
Redwood Coast (10%)	83%	69%	65%	61%
East Bay (16%)	62%	53%	52%	51%
Orange County (28%)	62%	57%	54%	52%
San Andreas (31%)	62%	58%	55%	56%
San Diego (33%)	65%	61%	59%	58%
San Gabriel/Pomona (48%)	59%	57%	57%	57%
South Central L.A. (54%)	44%	38%	42%	46%
Tri-Counties (32%)	64%	65%	66%	65%
Valley Mountain (26%)	77%	79%	75%	70%
Westside (28%)	59%	60%	61%	60%

## Disparities at a Glance

- Only four regional centers out of 21 have shown any improvement in disparities for Latino adults versus whites since the state began its multi-million-dollar investment in equity grants. Yet even in those four regional centers, they are not getting close to parity.
- At five regional centers, Latino adult disparities worsened by 10 or more percentage points since the grants began, including Central Valley (10 points), Orange County (10 points), East Bay (11 points), Far Northern (15 points), and Redwood Coast (22 points).

These Service Access and Equity Grant funds continue to be dispersed without any thorough investigation into whether any of the previous grants had any effect. To continue to throw money at this problem, without having a clue as to what's working, makes no sense for the state and more importantly, makes no difference for the long-underserved individuals and their families.

All of this may end up being efforts around the margins. Many regional centers have not meaningfully included the affected communities in their equity grant planning and implementation. Many still attribute the disparities to the ethnic cultures of their clients and families rather than committing to self-reflection and exploring the culture within their own organizations. The grants have not proportionately targeted regional centers with the largest disparities. They have not utilized decades of evidence on how to reduce health disparities. They have not tied funds to actual reductions in disparities. They have not required rigorous independent evaluation of their programs. They have not required regional centers to provide easy-to-understand information on services or disparities.

## RECOMMENDATIONS TO ELIMINATE RACIAL, ETHNIC AND GEOGRAPHIC DISPARITIES

Ultimately, we need to ask why with all of the efforts, publicity, and money spent, adults with developmental disabilities still face significant racial, ethnic, and geographic disparities. We believe it is because we have yet to tackle the root causes of the barriers to an equitable system. If we don't address the root causes of the disparities, what little progress we do make could be erased over time. With that in mind, we urge the legislature and Department of Developmental Services to consider the following recommendations.

### 1. Ensure whole-person case management by regional centers

- Require regional centers to document in the IPP the methods used to provide whole-person case management, including efforts to: break down the silos between systems supporting the person, understand the person's culture and additional needs of their family, and take into account if the person has a robust support system and secure housing, or is economically disadvantaged.
- Require documentation in the IPP of the quantity, frequency, contact information, and cost of any generic services the individual receives beyond regional center-vendored services, including assistance with accessing services from other systems, help with attaining needed health care or housing, or other services.
- Document the assistance provided to the person to attain resources when services are denied, including: applications for other services, attendance at IEPs and IHSS meetings, appeals to insurance and Medi-Cal. When the family is unable to obtain the generic resource, the regional center must follow up to make sure it is provided.
- Mandate new hire and ongoing annual trainings for regional center staff focused on serving families with dignity, cultural humility, compassion and respect as equals.

## **2. Require DDS to provide more oversight of regional centers with higher racial and geographic disparities**

- DDS should regularly rate regional centers based on specific equity measures, with input from stakeholders and the self-advocates who are served by this system.
- For regional centers who consistently underperform on equity measures, DDS should provide technical assistance and increase oversight.
- Require regional centers with high racial disparities to reassess the IPPs of disadvantaged groups to see whether authorization of additional services is needed.

## **3. Increase DDS oversight and accountability over regional centers interactions with underserved individuals and families to ensure they are culturally humble**

- DDS should conduct a statewide ongoing satisfaction survey on an individual's perceived treatment, focusing on equity and disparity (well beyond the National Core Indicators survey). The survey should be disseminated widely to all consumers— including those with no purchase of services – and results should be reported annually.
- DDS should rapidly investigate any accusations of mistreatment of individuals and families.
- The newly created Ombudsperson's office should have meaningful investigative authority and the ability to correct and resolve problems based on equity issues.
- DDS should establish a statewide policy that any client or family contact with the regional center by phone, email, or other means should be responded to respectfully within 48 hours and offer the ability for families to report concerns.
- Independent mediators should be available to provide parents who express concerns about intimidation or fear of retaliation from their regional centers.

## **4. Require more data reporting and increased public access to data to improve transparency**

- Make the POS data on regional center websites more accessible and in machine-readable format at a single internet site where each variable is searchable. Tables should be made with each data point by race/ethnicity or region.
- DDS should eliminate their "Other/multi-cultural" category and conform with other federal and state requirements for race/ethnicity data.
- Data should be provided at the service level for certain services such as respite, SLS, and ILS, to determine if disparities exist.
- Regional Centers should be required to analyze their "reach" in the general community and determine what percentage of each race/ethnicity is being captured by the regional centers and what portion is not being served.
- DDS and Regional Centers should be required to make information clear and accessible to clients and families, outlining each of the services they provide, an active list of agencies currently providing those services, and geo-mapping of services by address.
- Regional centers' websites should be required to ensure that POS disparity data can be found easily under titles that are consistent and in plain language.

5. **Require DDS to provide strategic direction to guide the use of service access and equity grants**
  - DDS should target grants to regional center catchment areas and racial groups that are experiencing the greatest levels of disparities.
  - The legislature should require accountability for the funds spent to ensure they went directly into projects that will reduce disparities.
  - DDS should make publicly available the outcomes of grantees and how many families and consumers were assisted with getting services and the amount of those services.
  - DDS should provide information on evidence-based practices and require utilization of those practices as a condition of grants to regional centers and CBOs.
  - Special consideration for grants should be given to grassroots, regional center-unaffiliated, parent-led groups who have deep community ties and the trust of community members.
  - Independent (third-party) evaluation research must be conducted into whether the current projects are actually working and future projects must be tied to outcomes of reduction in disparities and outcomes of improvements to individuals' lives.
6. **Monitor whether underserved communities are actually accessing recently restored and new services, which were put in place to reduce disparities**
  - The legislature should monitor whether underserved consumers of color have been able to access recently restored social, recreational and camp services.
  - The legislature and DDS should monitor whether regional centers are providing more respite hours to families since the cap was lifted on January 1, 2018.
  - The legislature should monitor whether underserved adults living with their parents have been able to access “Coordinated Family Supports,” which was authorized in 2021.
7. **Consider disparities in the context of the future of developmental disabilities system**
  - Initial data show that the Self-Determination Program (SDP) has the potential to reduce racial and ethnic disparities, once a participant actually enters the program. But recent data show that Latinos are significantly underrepresented in the program. And future spending under the program is based on past spending. It is important that this new option doesn’t perpetuate disparities. To that end, budgets for participants who come from underserved groups should be able to adjust the budget in the program upward to correct for past biases.
  - DDS and regional centers need to ensure that Latino, African-American, and Asian families, particularly those who speak languages other than English, are provided timely information and training about the new federal Home and Community-Based Services (HCBS) rule going into effect on March 17, 2023. This rule requires regional center-funded services to be delivered in inclusive settings. Unless special attention is paid to these communities, they may be faced with additional disparities with no compliant services available.
  - As the system moves toward an outcomes-based rather than fee-for-service based funding model, regional centers and vendored agencies should ultimately be paid based on the outcomes they achieve with clients and the clients’ satisfaction, rather than the hours reported as spent with clients.
  - DDS should focus on regional centers that are funding segregated, more expensive residential centers instead of inclusive, less expensive, supported or independent living and ensure that all services are maximizing federal matching funds.

## **8. Make the statewide system more consistent across regional centers**

- The data presented here shows a major difference between the spending per person served across regional centers. This means that access to services funded through the federal Medicaid waivers is not consistent across the state. Steps must be taken to correct these differences. DDS should undertake an effort to identify individuals who are underserved due to these differences and correct their service deficits.
- DDS should target efforts on improving service levels in underspending regional centers.
- DDS should identify the regional centers with the greatest disparities in spending across racial/ethnic groups, and require them to take measures to identify and correct underspending, including review of individual program plans to identify unmet needs.

## **CONCLUSION**

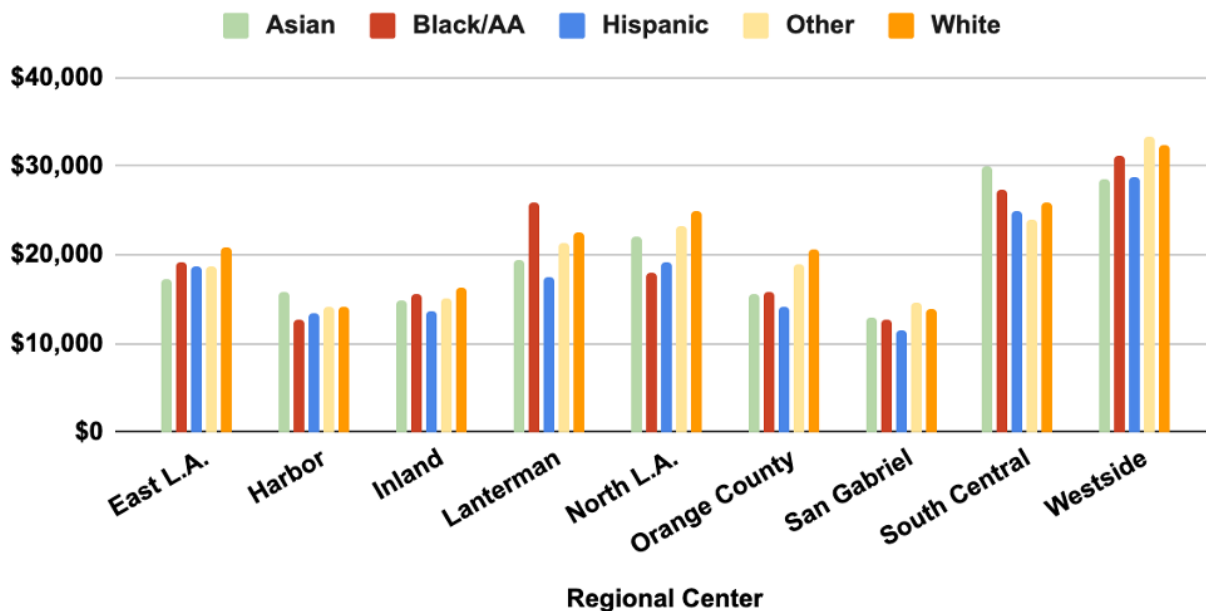
California's developmental disability service system is plagued with racial, ethnic and geographic disparities that can dramatically and dangerously impact the essential services received by adults with developmental disabilities. Systemic inequities and discrimination within California's regional centers broaden the gap between inclusive possibilities and segregated limitations. Data show Latinos are most negatively impacted by these disparities, but people who are clients of the lowest-performing regional centers are also significantly affected. A person's race and place can determine their ability to lead independent and self-determined lives, despite increased state spending intended to eliminate the disparities. In a state that claims to be a progressive and multi-cultural leader, California is failing people with developmental disabilities and must take immediate, deliberate and data-driven action to right these unacceptable wrongs.



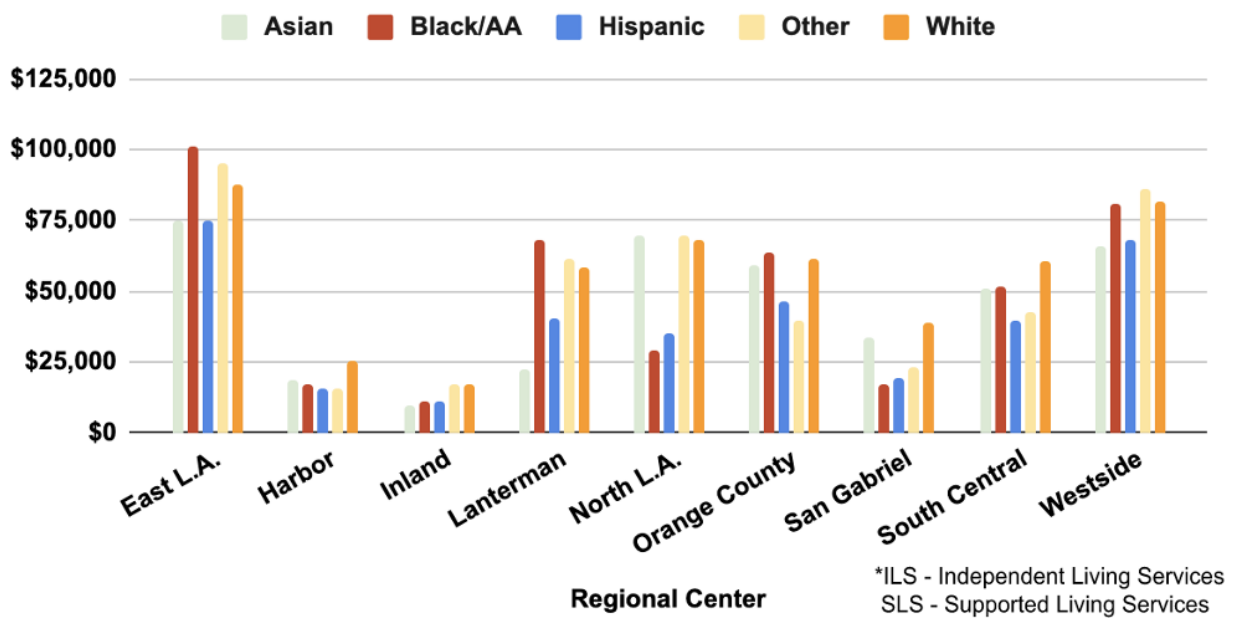
## Appendix A - Comparison Data by Geographic Regions

### Southern California

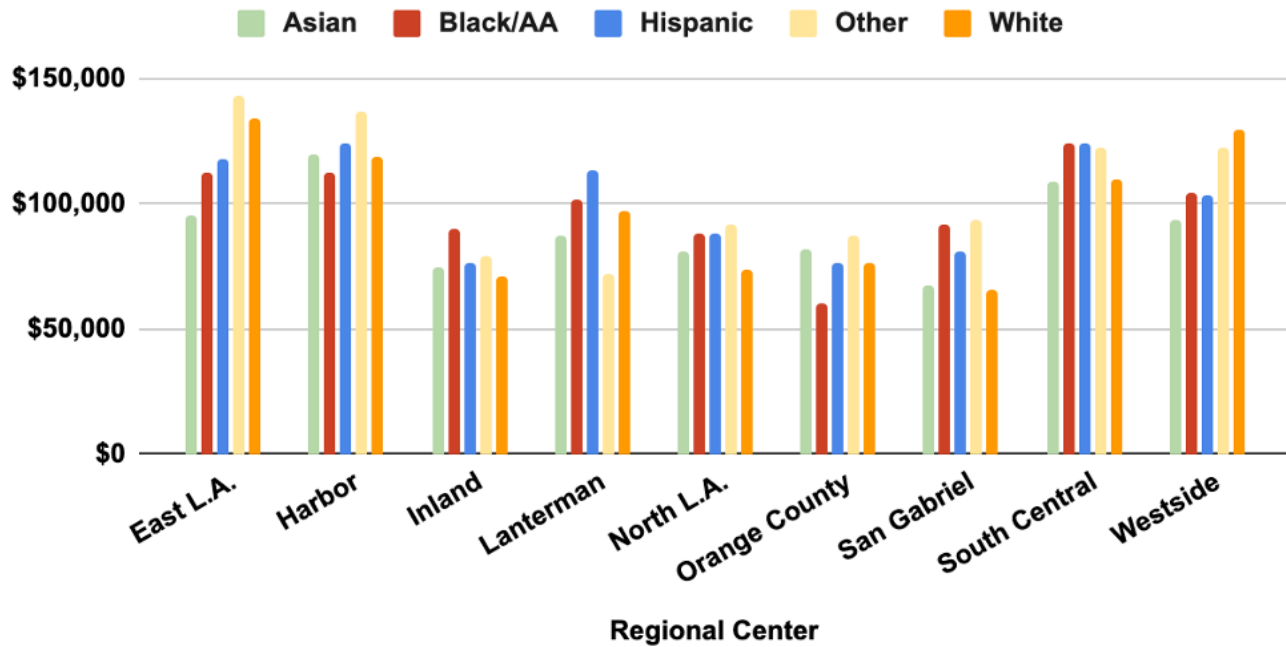
#### Average Expenses for Adults Living at Home - Southern California



#### Average Expenses for Adults Living with \*ILS/SLS Supports - Southern California



## Average Expenditures for Adults Living in Residential Settings - Southern California

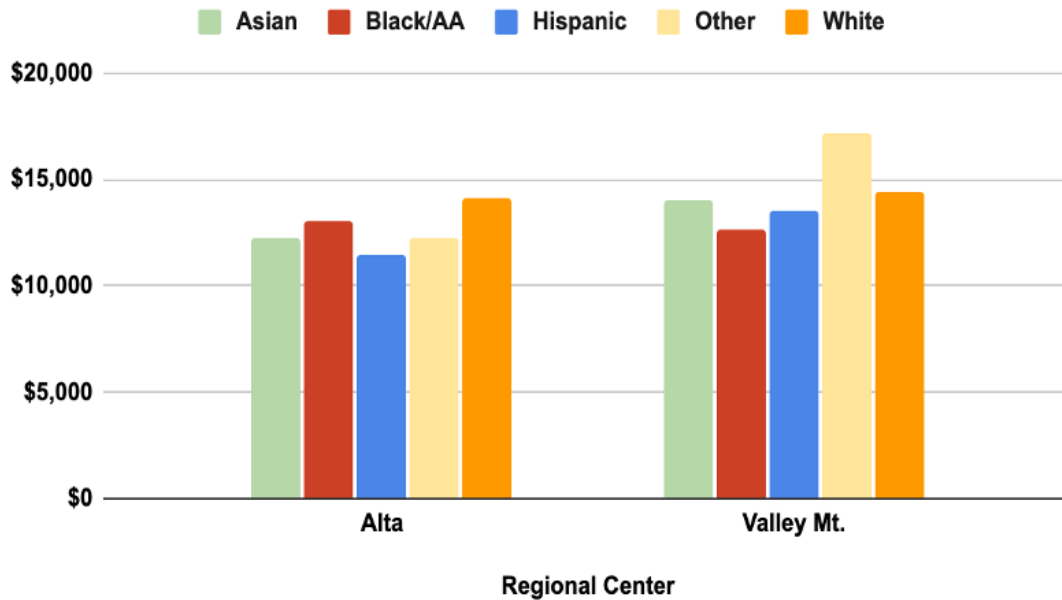


### Disparities at a Glance – Southern California

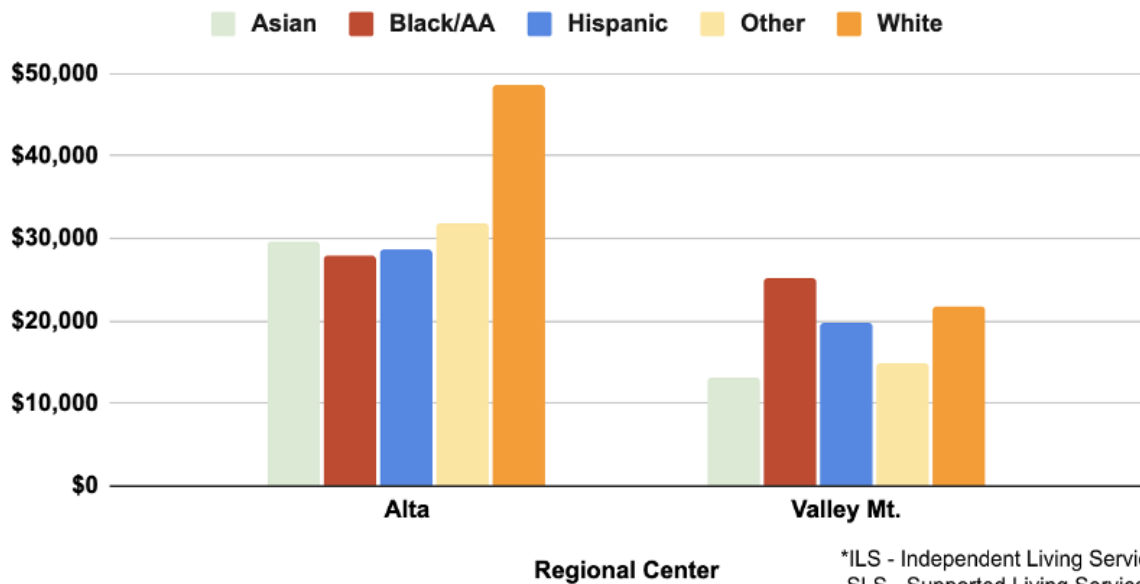
- For adults living at home, there is wide variation between the average amount spent at Southern California regional centers. Westside and South Central LA Regional Centers offer significantly more services than all other neighboring regional centers.
- Adults who receive ILS/SLS services suffer from the greatest geographic disparities if they are part of Inland or Harbor Regional Center. It is puzzling how a statewide system could have such vast differences in spending on adults with developmental disabilities, depending upon where the person lives.
- While Harbor Regional Center was at the bottom in spending compared to their neighbors for adults living in the community with support, they rank at the top of spending on the segregated and much more expensive residential settings.

## Sacramento/Stockton Area

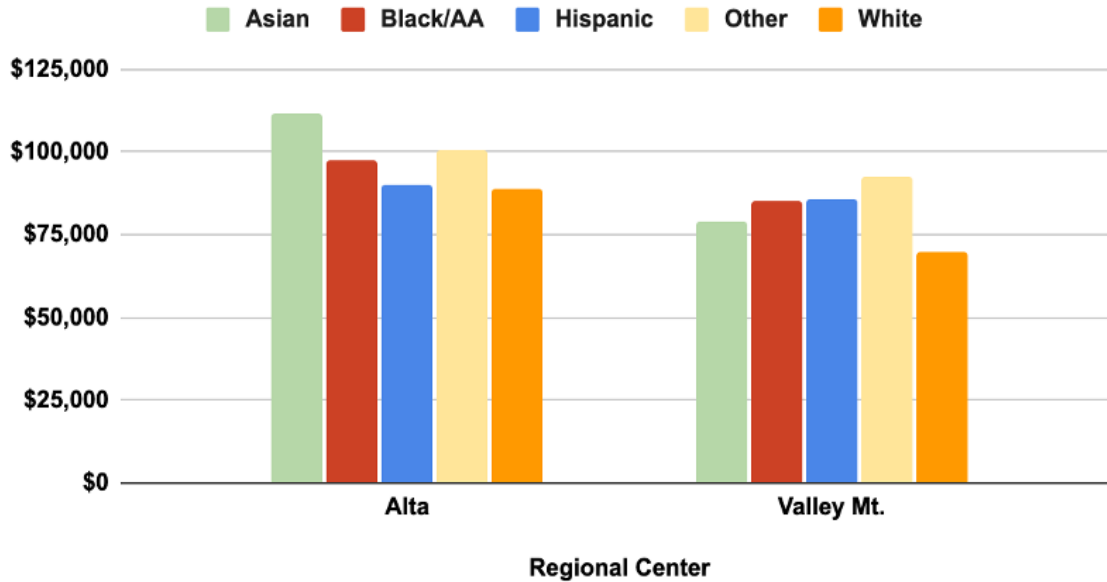
### Average Expenses for Adults Living at Home - Sacramento/Stockton



### Average Expenses for Adults Living with \*ILS/SLS Supports - Sacramento/Stockton



## Average Expenditures for Adults Living in Residential Settings - Sacramento/Stockton

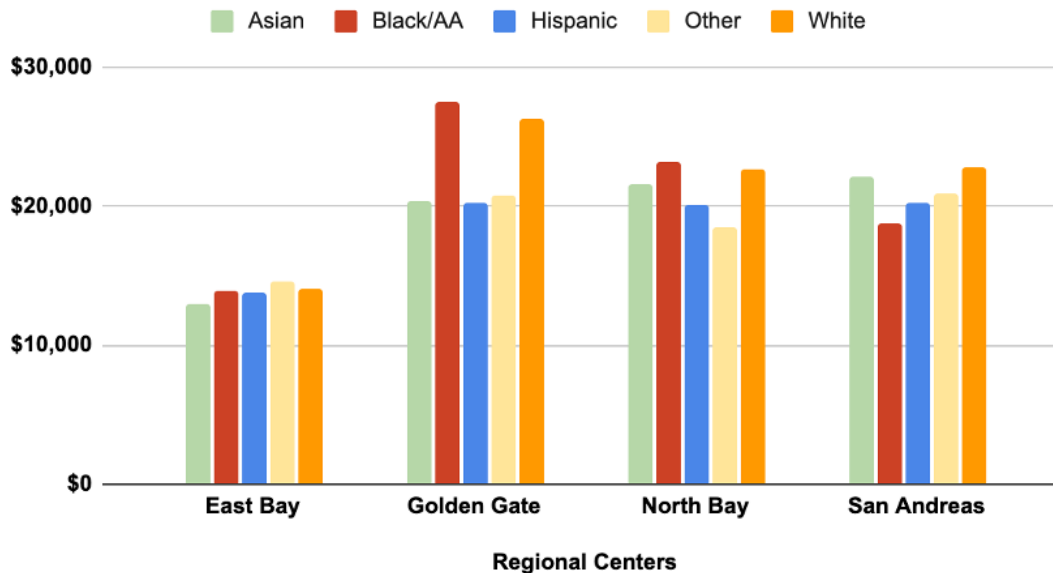


### Disparities at a Glance – Sacramento/Stockton Area

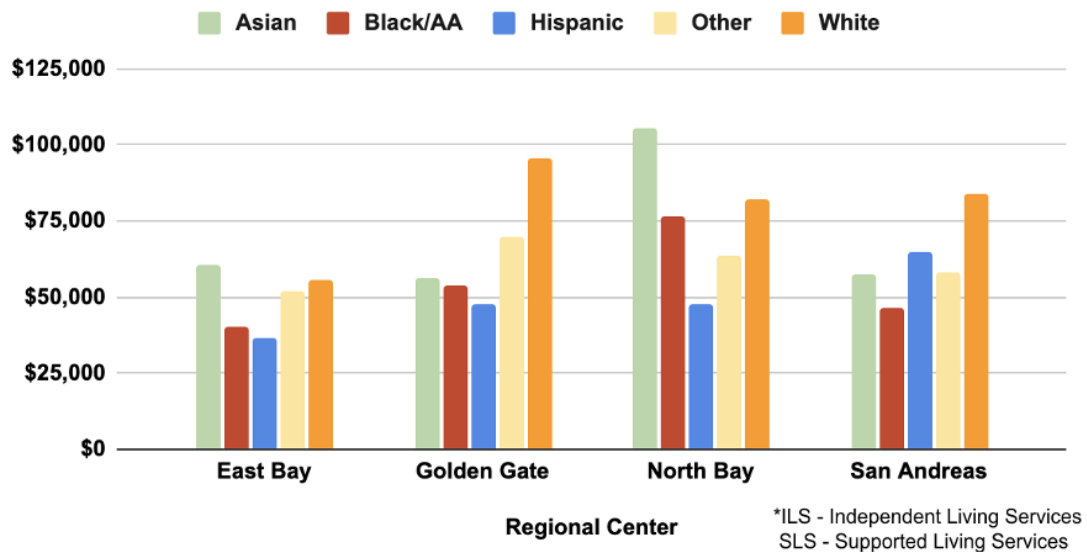
- Substantial differences occur within and between these regional centers for adults who are living with ILS/SLS supports. At Alta Regional Center in Sacramento, whites receive substantially more than other racial groups. However, whites in the neighboring regional center, Valley Mountain in Stockton, receive less than half of the services whites receive at Alta. In fact, for adults in ILS/SLS, all races at Alta receive more services than the highest funded race at Valley Mountain.
- While adults living at home may not face significant racial disparities, when compared with regional centers around the state, Alta and Valley Mountain sit in the bottom half of the state in terms of level of services.

## Bay Area

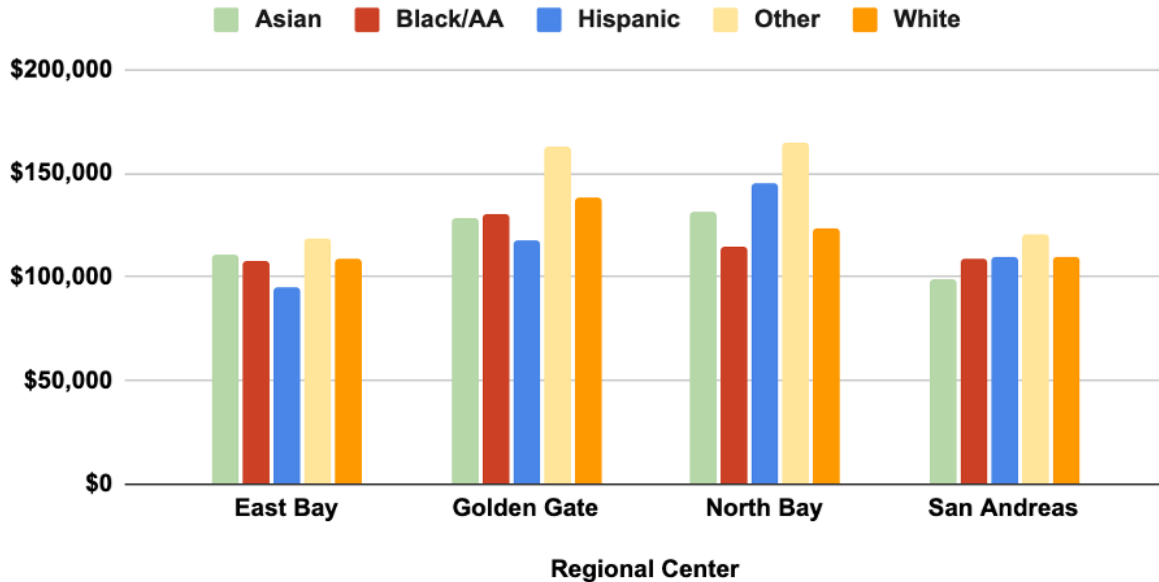
### Average Expenses for Adults Living at Home - Bay Area



### Average Expenses for Adults Living with \*ILS/SLS Supports - Bay Area



## Average Expenditures for Adults Living in Residential Settings - Bay Area



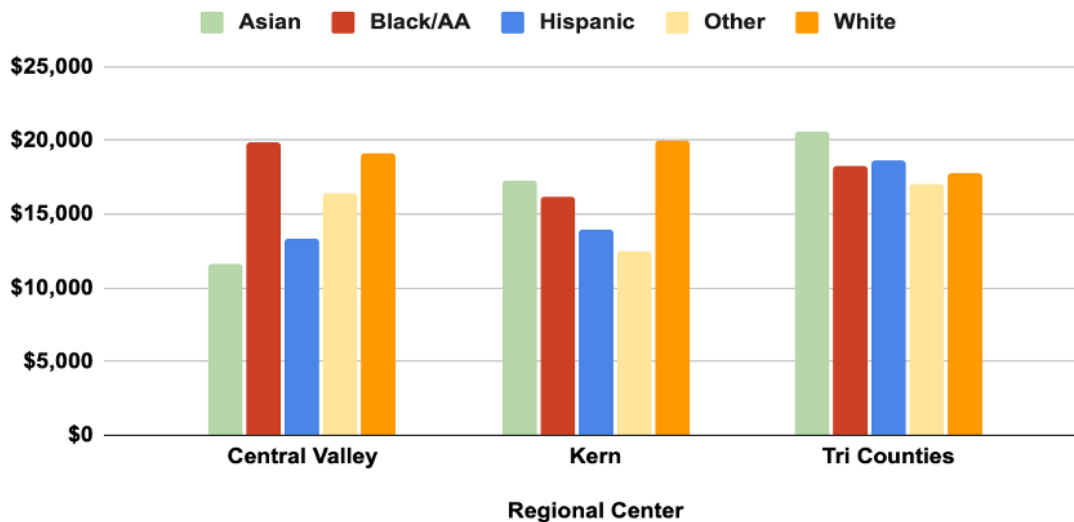
### Disparities at a Glance – Bay Area

- For adults who are living at home, the Regional Center of the East Bay spends significantly less than neighboring regional centers.
- At all the Bay Area regional centers, Hispanic adults living in their own place with ILS or SLS supports receive less services than whites, and in three out of the four regional centers, Hispanics receive less than all other racial groups.

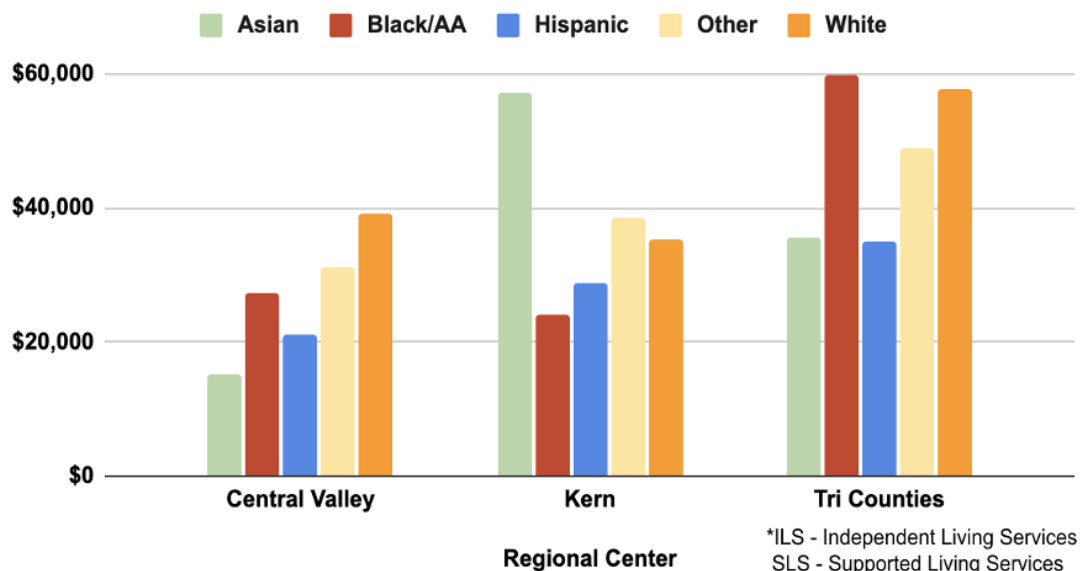


## Central California

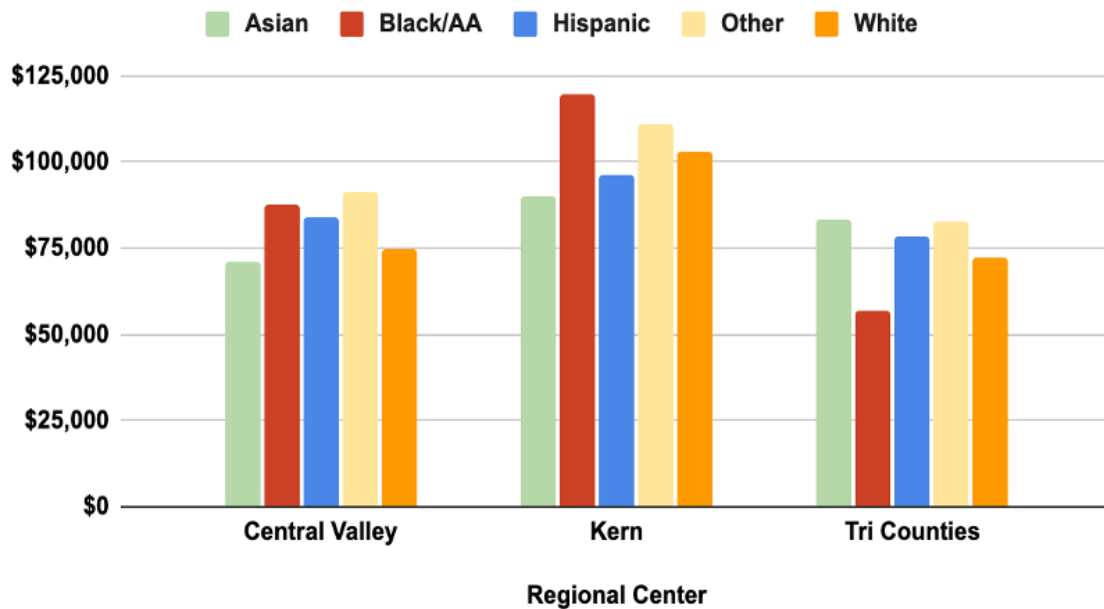
### Average Expenses for Adults Living at Home - Central California



### Average Expenses for Adults Living with \*ILS/SLS Supports - Central California



## Average Expenditures for Adults Living in Residential Settings - Central California



### Disparities at a Glance – Central California

- Central Valley Regional Center spends much less on adults living on their own with ILS/SLS supports than neighboring regional centers.
- Latino adults using SLS/ILS receive less in services than whites across all three Central California regional centers.
- Latino adults living at home receive less than whites at two of the three regional centers.