Inequitable access to developmental services through California's regional center system has long plagued communities of color. The coronavirus pandemic threatens to exacerbate long-standing inequities in access to services and supports for children and families of color served by the regional centers.

A new report by Public Counsel documents numerous examples of these ongoing inequities.*

KEY FINDINGS

In 2018-2019, each Hispanic child received 69% of the funding that each White child received, on average. Disparity between these two groups grew by 60% in four years.

After four years, disparities in service authorizations between White and Hispanic children decreased in only three regional centers and grew in the other eighteen regional centers.

In 2018-2019, each Asian child received 84% of the funding that each White child received, on average. Disparity between these two groups grew by 68% in just the past year.

In 2018-2019, each Spanish-speaking child received 82% of the funding that each English-speaking child received, on average. Disparity between these two groups grew by 46% in four years.

Nearly 31% of children statewide did not receive any services funding from regional centers. This rate of deprivation ranged among the regional centers from 19% to 44%.

*A full copy of this report is available on Public Counsel's website at: publiccounsel.org/stories?id=0306.
RECOMMENDATIONS

The Department of Developmental Services (DDS) is the state agency that oversees the regional center system. Our research indicates that DDS’ goals to reduce disparities are largely not being met by the regional centers and that disparities in access to services between racial and ethnic groups are actually worsening.

To effectively address funding disparities, we recommend that the state undertake the following actions. These recommendations should be considered now in order to mitigate against further exacerbation of inequities in the wake of the coronavirus crisis.

1. Replace DDS’ funding formula, which allocates funding to regional centers not according to their consumers’ needs but based on what the regional centers spent the prior year, and develop a new budgeting model established by objective criteria to meet each consumer’s needs.

2. Require each regional center to develop, maintain, and publish language access plans that will identify each regional center’s language capacity to ensure non discriminatory processes in intake, assessment, and purchase and provision of services.

3. Revise DDS’ disparity measures so that they are clear, consistent, and transparent to the public, and make publicly available the specific data that DDS is using to measure the regional centers’ improvement towards these measures.

4. Require DDS to study, with inclusive and transparent stakeholder participation, the efficacy of its disparity reduction efforts, make its findings public, and redirect its efforts accordingly based on the study’s findings.

5. Enforce regional centers’ compliance with the data reporting obligations and other public disclosure requirements by tying compliance to their performance contracts with DDS.

6. Require regional centers to review all cases where consumers are receiving no purchase of services, to classify the reasons this is occurring, and to report these findings to the public.

During this pandemic, we urge the executive administration and legislature to spare the developmental services system any program cuts that will disproportionately and adversely impact communities of color. Significant budget cuts made to this system during the Great Recession in 2008 compounded pre-existing funding disparities. The state must not repeat this mistake, especially since these funding disparities largely remain and the system becomes more culturally and linguistically diverse each year.

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