

AB 302 (Beall) – FACT SHEET
Lanterman Developmental Disabilities Services Act:
Regional Center Purchase of Service Data

BACKGROUND

Under the Lanterman Developmental Disabilities Services Act (Lanterman Act), people with developmental disabilities receive services based on their individual needs and choices through an individualized assessment and planning process, resulting in an individual program plan (IPP) for each eligible individual. Responsibility for coordinating the IPP process and securing services and supports lies with 21 nonprofit regional centers (RCs) that are located throughout the state and provide services through contracts with the state Department of Developmental Services (DDS). RC budgets include components for administrative costs (operations) and for the purchase of services (POS).

DDS, through appropriate and regular monitoring activities, is responsible for ensuring that regional centers meet their statutory, regulatory, and contractual obligations, and provide services and supports in compliance with the principles of the Lanterman Act.

Several studies conducted since 1992 have examined regional centers' expenditures of POS dollars as a function of a number of variables, including client ethnicity. While the results have been varied and open to interpretation, the data have consistently shown that the per capita expenditure of POS dollars is significantly higher for white clients than for other racial and ethnic groups.

The most recent independent studies, conducted by Charlene Harrington and Taewoon Kang of U.C. San Francisco, found that, even when controlling for client needs, all racial and ethnic groups (Asian/Pacific Islanders, African Americans, Hispanics) were 23-31% less likely to receive any services than were whites. For those who received services, even when client need is taken into account, annual per-person expenditures for non-white racial and ethnic groups were significantly lower than for whites: Hispanics received \$3,190 less, Asian/Pacific

Islanders received \$2,560 less, and African Americans received \$1,320 less.

As Harrington and Kang note, any number or combination of factors might explain these disparities, "including client and family attitudinal and belief systems, language skills, immigration status, provider race/ethnicity, and lack of knowledge of the system. RC staff assessment and case management procedures or cultural competence as well as RC and/or provider discrimination could be other factors."¹

THIS BILL

AB 302 requires that, using existing data, DDS annually post specified POS information on its web site, based on age, ethnicity and primary language. This might be done by including the required information in the Fact Book that DDS already posts on its web site and updates annually. The data would show the numbers and percentage of individuals receiving no services using POS funds and, for those receiving services, the average POS expenditures, overall, by residence type and by service category.

AB 302 makes no assumptions about the reasons for identified POS disparities based on race/ethnicity and other factors. The extent of the disparities and the underlying reasons may, in fact, vary by RC. But, for stakeholders to have informed discussions of these issues at the RC and state level, it is necessary to start with current data.

The requirement that the data be made public and regularly updated will enable informed discussions to be held, appropriate strategies to be developed and implemented, and changes to be assessed over time.

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¹ Harrington, C. & Kang, T., *Disparities in service utilization and expenditures for individuals with developmental disabilities*, Disability & Health Journal, 1:184, 193 (2008).