Independent Evaluation of the Service Access and Equity Program

California Department of Developmental Services

Executive Summary

Submitted by Georgetown University National Center for Cultural Competence

Originally submitted on August 31, 2023
Updated on October 17, 2023

GEORGETOWN UNIVERSITY
National Center for
Cultural Competence

GEORGETOWN UNIVERSITY
Center for Excellence in
Developmental Disabilities
CENTER FOR CHILD AND HUMAN DEVELOPMENT

Introduction

In 2016, the California Assembly enacted legislation (AB X2 1) to establish the Service Access and Equity (SAE) Grant Program. This grant program allocated $11 million dollars annually to the Department of Developmental Services to assist Regional Centers to implement strategies within their respective centers that reduce disparities in purchase of services among the state's racially, ethnically, culturally, and linguistically diverse populations. This legislation (AB107) was amended in FY 2017-2018 to allow community-based organizations to receive funds from the SAE Grant Program.

In 2021, DDS issued a request for proposal to conduct an independent evaluation of efforts to advance equity and reduce disparities in the state's developmental disabilities services system, specifically focusing on the impact of and future direction for the SAE Grant Program. The Georgetown University National Center for Cultural Competence (NCCC) and Mission Analytics Group (NCCC-MA Team) were awarded a contract on March 11, 2022, to conduct the independent evaluation focused only on those Regional Centers and community-based organizations that were funded during fiscal years 2018-2019 and 2019-2020. It is important to note that FY 2019-2020 was at the height of the devastating effects of the COVID-19 pandemic. This global public health emergency had an adverse impact on the implementation of SAE grant programs for FY 2019-2020.

The California State Legislature and the Department of Developmental Services (DDS) are commended for centering efforts to address racial, ethnic, cultural, and linguistic disparities for persons who experience intellectual and developmental disabilities, their families, the communities in which they live, and the system that provides them with supports and services. The NCCC-MA Team asserts with great confidence that there is no other state nor territory that has enacted legislation and allocated fiscal resources to begin a process to confront and address racial, ethnic, and linguistic disparities in intellectual and developmental disabilities. California leads the nation both in legislation and in allocation of funding toward this end.

Disparities reduction, and corresponding initiatives to address them within DDS are not limited to the SAE Grant Program – nor should they be. One dedicated grant program, even funded at $11 million dollars annually, simply is not capable of addressing the entrenched and complex array of disparities that disproportionately affect persons who experience intellectual and developmental disabilities and their families from specific racial, ethnic, and linguistic groups residing in California. While disparities reduction and equity are related, they are not the same. DDS understands this. The independent evaluation conducted by the NCCC-MA Team documents numerous other efforts within DDS to decrease disparities and advance equity. Moreover, an analysis of root causes of racial, ethnic, and linguistic disparities within the context of intellectual and developmental disabilities services is necessary system-wide, not just within the SAE grant program, including other California State Departments that deliver services to this population and their contractors and vendors.

While this evaluation documents the accomplishments of the SAE program, it also critically assesses the areas where improvement can be made. Evaluation findings fully support continuation of the SAE Grant Program and provide concrete recommendations to strengthen the program which can be implemented in short, intermediate, and long-term efforts to achieve the goals commensurate with the legislative intent to reduce disparities and increase equity for persons who experience intellectual and developmental disabilities from identified racial, ethnic, and linguistic groups. It is important to acknowledge the commitment of DDS staff to restructuring the SAE Grant Program based on recommendations of this independent evaluation. DDS leadership has already incorporated a number of recommendations put forth by the NCCC-MA Team into the 2023-2024 SAE Grant cycle before this final report was originally submitted on 8/31/23.

https://www.dds.ca.gov/wp-content/uploads/2023/08/DDS-SAE-Grant-Guidelines-FY23-24.pdf

This executive summary provides key elements of the comprehensive final report submitted by the NC-CC-MA Team to fulfill terms of the contract with DDS.

Background and context

At the time the request for proposal was issued by DDS, the SAE Grant Program had been implemented for five years, yet it had never been evaluated. Publicly available data from DDS, testimony provided to the California State Senate and Assembly, and widely publicized reports conducted by advocacy organizations and social justice groups documented persistent challenges of racial, ethnic, and linguistic disparities that affect persons with lived experience of intellectual and developmental disabilities (IDD) and their families across the state. When compared with other states, California has a unique advantage through enacted legislation and a dedicated budget that place high priority on decreasing racial, ethnic, and linguistic disparities among persons with IDD through the SAE Grant Program. It is important to note that DDS leadership and staff are committed to advancing equity within the developmental disabilities system, and that the SAE Grant Program **is only one** of many disparities reduction policy and service initiatives implemented by the Department since the grant program was launched.

Disparities based on race, ethnicity, languages spoken (other than English), and geographic locale are the well-documented products of inequities across this nation's human/social services, health and mental health, and education systems*. **Such disparities are not new — neither are they unique to California nor to developmental disabilities systems.*** What is unique to developmental disabilities systems nationwide is how they lag far behind in defining exactly what equity means, how equity is manifested in supports and services, how to measure efforts to achieve equity across the complex array of supports and services within these systems, and how to advance equity in partnership with those populations and communities disproportionately impacted by such disparities.

Literature reviews reveal that historical and present-day disparate treatment of persons who expe-

rience intellectual and developmental disabilities based on race, ethnicity, and gender include but are not limited to health care, mental health care, education, housing, employment, childcare, law enforcement, and the justice system. This literature is largely descriptive and devoid of evidence-based practices focused on disparities reduction. ***Most notable is that very little of this literature defines equity within the contexts of developmental disabilities in general, and in state-operated systems of supports and services in particular.***

Disparities framework

For this evaluation the NCCC-MA Team used the ***NCCC Disabilities Disparities Framework***, (Goode, 2017), see Figure 1, to examine the array of disparities experienced by persons with intellectual and developmental disabilities and their families who often need supports and services across multiple systems. The NCCC-MA Team used this framework to develop queries that probed — disparities in what?

- *Availability* of supports and services including the array, type, and intensity.
- *Accessibility* of supports and services such as geographic distribution, hours of delivery, technology, language access, accommodations, and universal design.
- *Acceptability* which principally involves system capacity to plan, deliver, and evaluate culturally and linguistically competent supports and services to diverse populations across the life course.
- *Quality* of supports and services across diverse populations and communities. Quality in the context of this framework is defined as the totality of features and characteristics of supports and services that enable systems and organizations to be responsive to and satisfy the interests and needs of a given population.
- *Utilization* rates across culturally and linguistically diverse populations including the types of supports and services.

It is well documented that resource allocation in both the public and private sectors are contributing factors to disparities. Goode's Disparities Framework depicts the correlation between the levels of policy and resources, the array of supports and services

Figure 1. The NCCC Disabilities Disparities Framework
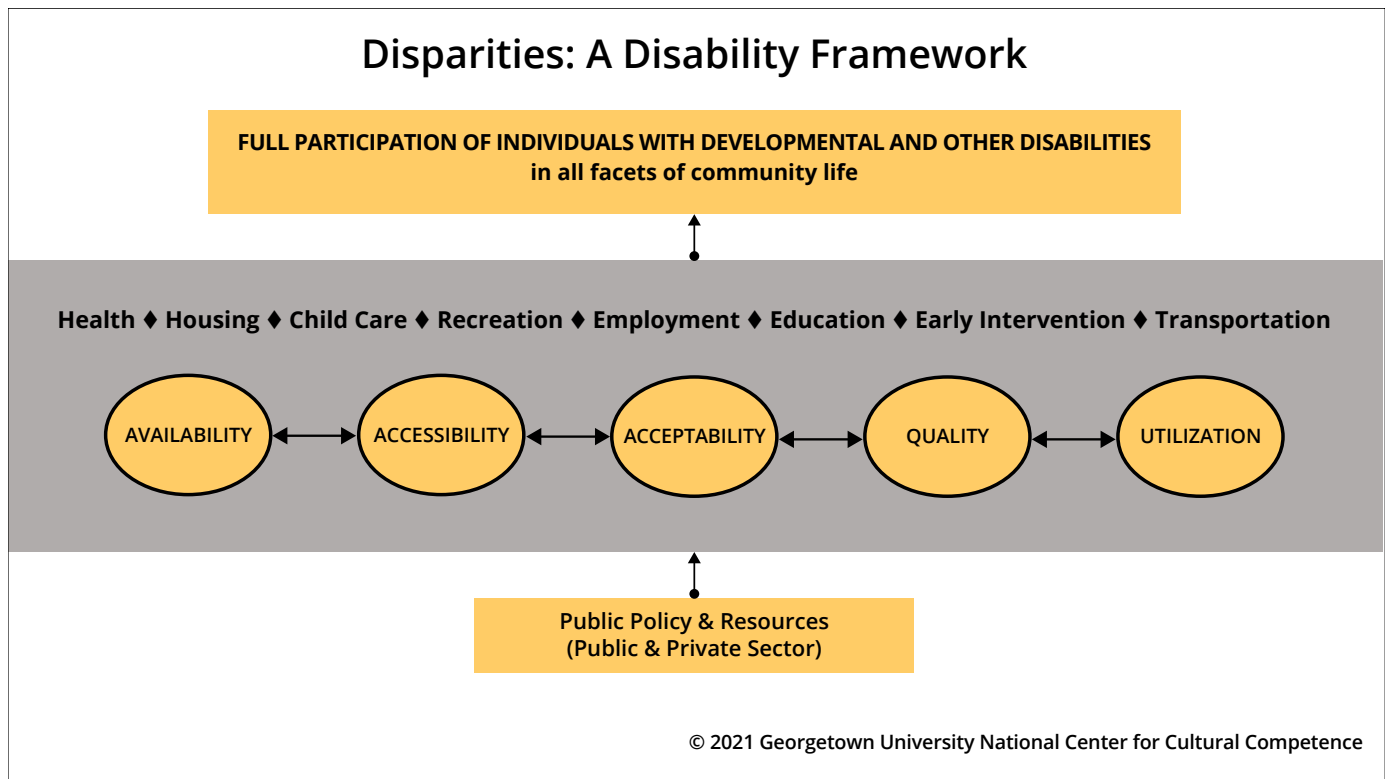
across multiple systems, and the full participation of persons who experience intellectual and developmental disabilities in all facets of community life. Each of the three levels are inextricably linked, critical to the evaluation of the SAE Grant Program, and can be applied to the California developmental disabilities system.

Terms and language used in this final report

This report reflects the NCCC-MA Team's intentional use of language. There are differences in beliefs and practices about person-first or identify-first language related to developmental and other disabilities. The NCCC-MA Team respects each person's right to choose how they self-identify and the terms and language they choose to convey their identity or identities. This final report will use the terms person(s) who experience intellectual and developmental disabilities (IDD), person(s) with lived experience of IDD, population of people with IDD, people or person(s) with IDD, and individual(s) with IDD.

Moreover, identity by race and ethnicity varies significantly in how a person or group self-identifies compared to how data are collected and reported in human service systems. The NCCC-MA Team refrains from using the terms minority or minority populations. When a population is known by race and/or by ethnicity, that designation will be used. California is one of the most racially, ethnically, culturally, and linguistically diverse states in the U.S. and racial and ethnic identities are numerous. California is designated as a "majority minority" state by the U.S. Census which means the state's population is composed of less than 50% non-Hispanic White. The narrative, figures, charts, and tables presented in this report will use the following terms based on data source (i.e., self-identified, administrative data): Race — African American or Black, American Indian or Alaska Native, Asian, Native American, Pacific Islander, White (Hispanic), White (non-Hispanic), Other (not specified), Other — Indian, Other — Mixteco, Other — two or more races, Unknown; ethnicity — Hispanic, Hispanic/Latino, Hispanic/Latinx and Non-Hispanic.

Evaluation design

Purpose and Objectives

The overall purpose of the evaluation was to independently evaluate the effectiveness of the California SAE Grant Program. To focus the evaluation, several objectives guided this work and are identified below.

Project objective 1

Analyze the impact of the SAE Grant Program using data generated by the grantees and administrative data from DDS to identify changes that would improve the grant program's effectiveness in increasing access and reducing disparities.

- *Sub-objective 1.1.* Characterize the projects and their outputs and outcomes.
- *Sub-objective 1.2.* Measure the impact of these projects on service patterns and expenditures.
- *Sub-objective 1.3.* Use the results of the analysis to identify promising strategies in the grant program.

Project objective 2

Develop qualitative and quantitative measures designed to assess the impacts and outcomes for future SAE Grants administered by California DDS.

- *Sub-objective 2.1.* Recommend quantitative and qualitative outcome/impact measures based on the type and focus of the project and the proven methods that reduce disparities at the individual, family, community, organizational, and systems levels.
- *Sub-objectives 2.2.* Recommend outcome/impact measures are feasible for grantees with different capacities for and expertise in data collection and analysis, different resource levels, and different stages of implementing cultural and linguistic competence at the organization level.

Project objective 3

Develop recommendations for metrics that can be used to prioritize areas of focus, populations, and interventions that will have an impact on disparities reduction at the individual, family, community, organization, and systems levels.

- *Sub-objectives 3.1.* Conduct structured interviews with Regional Centers Directors and SAE Project Managers to elicit information on the implementation and outcomes of their funded programs.
- *Sub-objectives 3.2.* Conduct small group listening sessions for families to elicit their experiences and insights on disparities and equity within the California IDD system of services and supports.
- *Sub-objective 3.3.* Conduct structured interviews with staff of the Department of Developmental Services to: 1) review the Department's vision for equity and disparity reduction; 2) elicit their views on the contributing factors to disparities including root causes; 3) ascertain view and evidence of the overall impact of the SAE Grant Program; 4) gauge the Department's willingness and authority to rethink how the SAE Grant Program is structured, administered, and evaluated; and 5) explore the feasibility of changing approaches and components of the SAE Grant Program based on evaluation results and recommendations.
- *Sub-objective 3.4.* Use Goode's Disability Disparities Framework as a basis for questions to administer a survey for CBOs and conduct listening sessions with Regional Center Cultural Specialists and CBOs that include but are not limited to: 1) describe the role they play in disparity reductions within the California IDD system of supports and services; 2) define equity within the context of IDD supports and services; (3) describe the root causes of racial, ethnic, and linguistic disparities; and (4) describe the role and impact of the SAE Grant Program; and (5) offer recommendations to enhance the SAE Grant Program.

Evaluation methods

Mixed methods (quantitative and qualitative) were used to evaluate the SAE Grant Program. Careful consideration was given to the most appropriate methods for each stated objective. Methods included analysis of quantitative administrative data, focus groups, listening sessions, literature review, structured interviews, and surveys. Key constituency groups were engaged in various aspects of the evaluation process to ensure relevant voices were heard and important data was collected. These included: individuals with IDD, families, community-based organizations, Regional Center directors, SAE Project Managers, Cultural Specialists, and state DDS agency personnel. The full report provides details of the numbers of constituents involved in each component of the overall evaluation. The activities of this project were reviewed and approved by the Georgetown University Institutional Review Board (IRB).
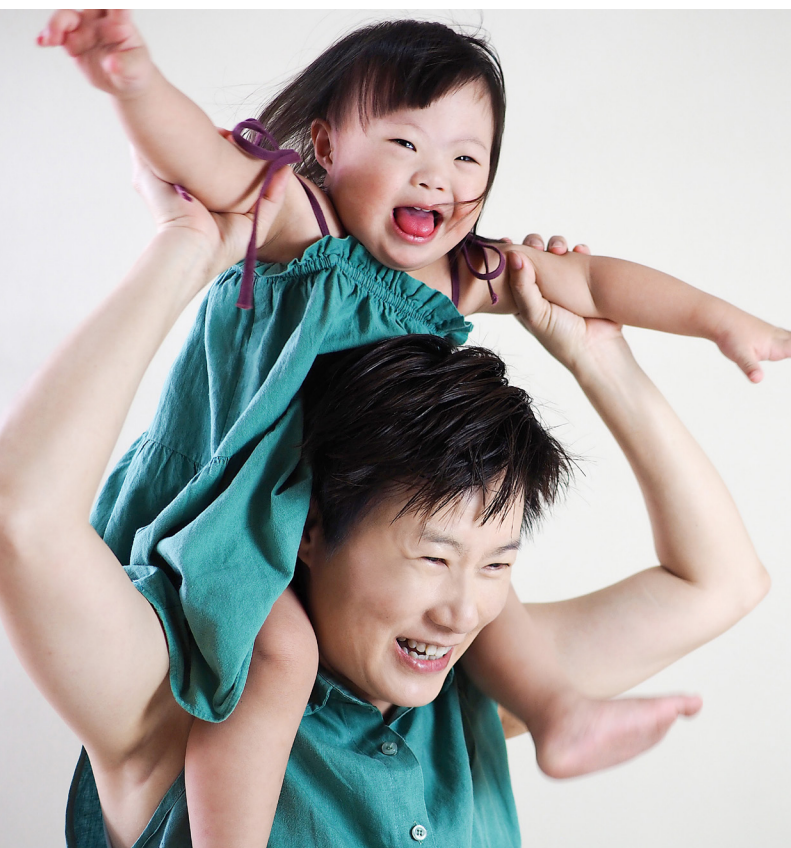
Summary of key finding by objective

Findings for objective 1

This objective is focused on analyzing the impact of the SAE Grant Program using data generated by the grantees and administrative data from DDS to identify changes that would improve the grant program's effectiveness in increasing access and reducing disparities. Key findings from the quantitative analysis of administrative data include but are not limited to:

- A little over half (54) of the SAE projects funded in 2018/19 and 2019/20 had project objectives that mapped to increased Early Start assessments, POS expenditures, or respite care expenditures and also had focal populations that could be identified in administrative data.

- These 54 projects reported serving more than 142,000 individuals, representing 75 combinations of Regional Centers and race/ethnicity groups. Promotora Projects represented the largest share of these projects, followed by outreach projects, which were most likely to focus on Early Start assessment.

- By 2021/22, children from SAE focal groups in Regional Centers where SAE projects focused on Early Start assessment were more than twice as likely to be assessed for Early Start compared to non-Hispanic White children from the same Regional Centers (controlling for population sizes). Only a third of the SAE projects were focused on groups that were less likely to be assessed as of 2017/18. For those groups, disparities relative to non-Hispanic White children were reduced but not eliminated.

- In Regional Centers where SAE projects focused on increasing POS expenditures (other than for residential care), the share of individuals with any POS expenditures increased more between 2017/18 and 2021/22 for SAE focal groups compared to non-Hispanic White individuals in the same age brackets.

- Average POS expenditures also increased more for SAE focal groups, but the increases were not large enough to eliminate the disparities in POS expenditures. By age category, disparities were largest for adults from the SAE focal groups.

- Between 2017/18 and 2021/22, both the share of individuals with respite care and the average respite care expenditures rose faster for SAE groups than for non-Hispanic White individuals in regional centers where SAE projects focused on increasing respite care.

- Changes were larger in Regional Centers where SAE projects had been in place the longest.

A full accounting of Objective 1 including SAE project characteristics, methods, analysis of administrative data is presented on pages 22–28 of the final narrative report.

Findings for objective 2

This objective is focused on the need to develop qualitative and quantitative measures designed to assess the impacts and outcomes for future SAE Grants administered by California DDS. Key findings related to the measurement of effective outcomes of SAE projects include but are not limited to:

- DDS did not have grant-wide program measures to assess the impact of the SAE Grant Program on disparities reduction for the 2018-19 and 2019-20 grant cycles. It is important to note that DDS does currently provide guidance on how to report data that show progress and outcomes of grant activities in the 2023-2024 grant cycle.

- The focus of the grant categories that were funded (e.g., translation, advocacy, parent training and engagement) do not consistently show a direct correlation and measurable impact on disparities reduction.

- There is limited capacity among grantees (Regional Centers and CBOs) to collect and analyze the types of data that demonstrate impact on disparities reduction.

- Neither an official definition of equity nor a blueprint and guidance to advance the concept and practices of equity within the SAE Grant Program were in place for the 2018-2019 and 2019-2020 grant cycles.

- Measures need to be differentiated based on a shared understanding and acceptance of definitions of disparities and equity — and specific theories of change for decreasing one (disparities) while simultaneously advancing the other (equity).

A full accounting of Objective 2 including methods, approach justification, and findings are presented on pages 28–32 of the final narrative report.

Findings for objective 3

This objective is focused on developing recommendations for metrics that can be used to prioritize areas of focus, populations, and interventions that will have an impact on disparities reduction at the individual, family, community, organization, and systems levels. Key findings for this objective include but are not limited to:

- Regional Centers and CBOs sought SAE Grant projects to support and grow current efforts to advance equity, expand their outreach efforts, and to find new ways to incorporate underserved populations and underresourced communities that perhaps had not yet been a population of focus.

- An array of reasons were identified by Regional Center Directors and SAE Project Directors as to why disparities existed in their regions/geographic areas, including but not limited to:

  » Lanterman Act which was created in the 1960's primarily due to the successful advocacy of White (non-Hispanic) families and the system was designed to serve that population.

  » The service menu may not offer supports and services that are wanted (acceptable) that are responsive to and meet the interests and needs of racially, ethnically, culturally, and linguistically diverse persons with IDD, their families, and the socio-cultural contexts of the communities in which they live.

  » Many families must juggle multiple competing demands and circumstance that require prioritizing and problem solving. Accessing IDD services may not rise to the top priority when housing, transportation, and food insecurity needs are not being met.

  » Too often services are provided by staff who are neither from nor knowledgeable of the diverse racial, ethnic, and linguistic communities in their geographic locale which cause barriers and ultimately contribute to disparities in the acceptability, quality, and utilization of such services.

- Some Regional Centers were able to allocate more time to support their SAE grant activities through an enhanced case management program which temporarily decreased the caseload size for several of their staff. This allowed the case managers to support persons with IDD and their families with generic services and supports that helped the entire family while also focusing on the person with IDD.

- Nearly all Regional Centers reported that they tried to incorporate elements of both culturally and linguistically competent approaches in their grant projects.

- Many Regional Centers found it challenging to gain the trust of the populations of focus due to historical racism and cultural beliefs and practices related to engaging with providers and services outside of the family units and communities in which they live.

- Only some of the SAE grant activities and strategies were used to reach people with IDD and their families that were unknown or not receiving services through the Regional Center system.

- Regional Centers did not have adequate data systems and tools, or staff with the expertise or time needed to analyze the results of their SAE grants.

- The data provided by DDS is reported as basic and focused on purchase of service (POS) with many important variables unreported (e.g., age, socio-economic status, and other cultural factors).

- Other measures are needed to demonstrate increases in service availability, acceptability, accessibility, quality, and utilization among people with IDD and their families disproportionately impacted by racial, ethnic, and linguistic disparities.

- Nearly all Regional Centers indicated that they either did not know about or did not specifically use a theory of change or a logic model to inform their grant projects.

- Across Regional Centers, no standard definition of disparity or equity existed, and neither was required in the guidance for the SAE grant proposals.

- Regional Center respondents agreed that the SAE grants should have a longer time frame. Most projects lasted about one year which was simply not enough time to determine if the activities of their SAE grants would either begin or continue to benefit populations and communities of focus.

- Projects and outreach activities were limited in implementation because project activities were often added to the workload of existing staff who typically work a 9:00 a.m. to 5:00 p.m. business day.

- The ramifications of COVID-19 and the need to completely change from in-person activities to virtual cannot be understated. The COVID-19 pandemic significantly hampered outreach to people with IDD and/or their family members often due to lack of: 1) access to computers and/or understanding of how to access virtual platforms; and 2) trust by people with IDD and/or their family members was seen as a barrier to participation in supports and services.

- Nearly all Regional Center Directors reported a growth in their own and their employees' understanding of disparities, their root causes, and culturally competent practices.

- Families identified frustration regarding the availability of supports and services, often due to waitlists, vendor availability, and processing times. The term "denial by delay" emerged as a recurring experience described by families to express their frustration with the delays and time lag.

- Navigating complex systems, especially for families lacking the resources and/or self-advocacy skills, posed a barrier.

- Most families expressed the need for greater cultural considerations hat respect their values, traditions, and preferred languages in the provision of supports and services.
- Language access issues were raised, including: 1) limited availability of resources in languages other than English; 2) disparities in access to services for non-English speakers; 3) inaccurate translation and interpretation services that lacked accuracy and did not consistently capture the cultural and linguistic nuances in written documents and oral communication.

A full accounting of Objective 3 and sub-objectives 3.1–3.4 including methods, approach justification, data collection and analysis, triangulation report summary, SAE project report ratings, and findings are presented on pages 32–52 of the final narrative report.

Recommendations: Metrics, measures, and SAE grant priorities

Based on the extensive methods used in the evaluation to gather, analyze, and summarize data, the following recommendations that are grouped into the following four categories —

1. Grant focus,
2. Project structure,
3. Project types, and
4. Grant measures.

1. Grant focus

- ***Reduce the number of grant priorities by identifying areas of impact that have the greatest likelihood of reducing disparities.***
  Careful consideration should be given to reducing the number of priorities by identifying areas of impact that have the greatest likelihood of reducing disparities and increasing access for the racial, ethnic, and linguistic populations of focus.

2. Project structure

- ***Define what equity is within DDS and the SAE Grant Program.***
  Define the concept of equity, how to measure efforts to achieve equity across the complex array of supports and services within these systems, and how to partner with communities, populations, and families disproportionately affected by inequities. Establish a shared definition and framework for advancing equity, so that it is easily understood within the service provider network and among key constituency groups in the state. The grant program and guidance must provide clarity on the difference between disparity reduction and equity going forward to ensure consistency and integrity across applicants and funded grantees.

- ***Establish a requirement that SAE grants will be issued to Regional Centers if they partner with a community-based organization.***

  Revisit how resources are distributed within the SAE Grant Program to advance equity. This approach benefits CBOs and Regional Centers by adhering to two National Center for Cultural Competence principles of community engagement: (1) Communities should economically benefit from collaboration; and (2) Community engagement should result in the reciprocal transfer of knowledge and skills among all collaborators and partners.

- ***Refine the focus on disparities reduction.***

  The structure of the current SAE Grant Program and guidance are largely based on disparity populations defined by race, ethnicity, and languages spoken. Since disparities are the product of inequities, it is important that the SAE Grant Program is structured to respond to the question – ***Disparities in what?*** Using a disparities framework that is available in the published literature – enables DDS and grantees to discern if there is a disparity in availability, accessibility, acceptability, quality, and utilization of supports and services at the individual (persons with lived experience of IDD), family, community, organizational, and systems levels?

- ***Make better use of the current evidence in disparities reduction including requiring cultural and linguistic competence.***

  The SAE Grant guidance should require that culturally competent and linguistically competent practices are embedded throughout each project. Cultural competence and linguistic competence are evidence-based practices that reduce dispar-ities. Grantee applicants should be required to define cultural competence and linguistic competence and how such practices will be applied in their projects.

- ***Increase the length of time that SAE grant projects are funded linked to community accountability and performance.***

  Disparities reduction is a developmental process that occurs over time, as such, longer-term focused implementation and evaluation of grants areas that have the greatest likelihood or track record of reducing disparities should be used going forward. Strongly consider awarding one-year planning grants with up to three-four years of additional funding for implementation and evaluation.

- ***Require a logic model and a theory of change framework for all SAE grant projects.***

  DDS should provide a logic model that instructs grantee applicants on how to graphically depict the relationships among the resources, activities, outputs, outcomes, and impact of the SAE Grant Program and proposed projects. Grant applicants should be encouraged to use a theory of change framework, which entails a comprehensive description and illustration of how and why a desired change is expected to happen in a particular context.

- ***Develop more effective measures and evaluation methodologies to assess the SAE Grant Program.***

  Begin a process starting with 2023-2024 grant guidance to require and support measures to document the outcomes and impact of the SAE Grant Program more effectively. This may include but is not limited to: (1) identifying quantitative and qualitative measures and metrics that document disparities reduction at the individual (person with lived experience of IDD across the life course; (2) requiring grantees to collect and report data that demonstrate impact and outcomes that do not solely rely on POS; and (3) assuring the meaningful participation of constituency groups involved/served by the grant projects in community-engaged, culturally and linguistically responsive evaluation processes to elicit their experiences.

3. Project types

- ***Define approved project types.***
  Reduce the number of priorities by identifying areas of impact that have the greatest likelihood of reducing disparities and increasing access for the racial, ethnic, and linguistic populations of focus. Continue to fund project types as pilots to identify promising practices. The NCCC-MA Team offers suggestions for the four project types listed in SAE grant guidance at the time the evaluation was conducted.

DDS descriptions of project types for the 2018-2019 and 2019-2020 grant years:

  i. ***Education and Training***: Increase self-advocate/family knowledge about topics relating to service access, the Regional Center system, leadership development, business development, advocacy, independent facilitation, implicit bias, and developmental disabilities.

  ii. ***Engagement and Outreach:*** Increase community awareness and engagement through outreach activities (e.g., informational presentations, fairs, developmental screening events).

  iii. ***Community Connector:*** Utilize community leaders, family members, and self-advocates to provide individualized support to assist families with accessing services. Promotora, Navigator, Peer/Parent Mentor or Independent Facilitator are examples of community connector projects.

  iv. ***Workforce Capacity and Development:*** Diversify and increase cultural and linguistic competency of Regional Center and/or service provider staff, expand available workforce, and promote business ownership from diverse communities.

Recommendations Education and Training

- The provision of education and training may not result in meaningful increase in POS, particularly in the short-term. Regional Centers and CBOs would need to measure and prove the direct correlation between a training, advocacy, leadership, or business development activity and an increase in service access or disparities reduction.

- Education and training activities are an important resource to persons who experience IDD and their families as well as CBOs. The NCCC-MA Team recommends that DDS should continue to fund this project type but it should not be subjected to the stringent metric of POS due to the complexity and cost associated with proving outcomes and impacts by race, ethnicity, and language based solely on expenditures for previously stated reasons.

- If the project type continues to include staff training, emphasis should be placed on ensuring supports and services are culturally and linguistically competent particularly for the populations of focus disproportionately affected by disparities. If the project type continues to include families, emphasis should be placed on ensuring support to assist families navigate the complex DDS system (from awareness, eligibility determination, complaint and dispute resolution processes, service selection and use, and providing feedback through evaluation). Using an equity lens, encourage and fund projects that hire families as navigators.

Recommendations Engagement and Outreach

- Community engagement and outreach are essential to inform culturally and linguistically diverse families and communities about DDS supports and services throughout the life course. The NCCC-MA Team recommends continuing to fund this project type. Similar to Education and Training, this project type may not yield the data required to satisfy POS. Grantees will need to be able to measure and demonstrate a direct correlation between the activities (informational presentations and fairs) that resulted in increased service access or a reduction in disparities.

- Developmental screening events have more promise, yet the same organizational capacity will be required to collect and track data from families to determine if children were determined eligible and actually received supports and services. It will be necessary to differentiate project requirements because Regional Centers have different responsibilities and resources when compared to CBOs.

Recommendations Community Connector

- The NCCC-MA Team supports continued funding of this project type. Priority funding should be given to those racial, ethnic, and linguistic groups (i.e., monolingual in languages other than English, limited English proficiency as defined by US Census, ASL or other sign language users) that experience the greatest percentage of disparities in service access. While the demographic make-up may indicate a larger population of a particular racial or ethnic group, smaller population groups may be inadvertently overlooked. This project type should require Regional Centers to partner with CBOs.

Recommendations Workforce Capacity and Development

- Clear guidance should be provided on exactly what cultural competence and linguistic competence mean for individuals (various workforce disciplines including direct support professionals) and organizations (policy and practice). There is not a shared understanding across Regional Centers and CBOs: 1) of what cultural competence and linguistic competence are, 2) of how these practices are defined and conceptualized differently, and 3) that cultural and linguistic are not synonymous with language access. Expanding the available workforce is a long-term goal given the crisis in the number of direct support professionals who have left the service system, particularly after the onset of the COVID-19 pandemic, and for other reasons including wages and working conditions. Consideration should be given to whether or not this area of focus is the most appropriate investment for DDS grant funds.

  » Collaborate with universities and colleges for practicum experiences with an emphasis on students from the identified racial, ethnic, and linguistic groups in the legislation. Consider loan repayment or other incentives for disciplines such as psychology, speech and language pathology, physical therapy, occupational therapy, early intervention, and nursing.

  » Collaborate with communities to increase awareness of the need for respite care providers from underresourced communities and racial, ethnic, and linguistic groups identified by SAE legislation.

  » Collaborate with the State's small business administration to leverage resources and support business ownership from the racial, ethnic, and linguistic groups identified by SAE legislation.

  » Conduct a national study of successful recruitment and retention of disability professionals (including direct support personnel).

4. Grant measures

- ***All projects are required to report data to show progress and outcomes of activities. Projects may provide quantitative or qualitative data, or both.***

> ***Quantitative data*** can be measured, such as the number of participants in the Community Connector program, pre/post surveys that are scored with numbers, and comparison of POS expenditures before and after participation in a project.

- As indicated previously, more effective measures and evaluation methodologies are needed to document the impact of the SAE Grant Program. DDS or a DDS contractor is needed to provide technical assistance to Regional Centers and CBOs to increase their capacity for effective data collection, analysis, and reporting. Grant applicants and grantees should be required to have a logic model, a theory of change framework, and other capacities described on page 22 of the final narrative report.

- The NCCC-MA Team recommends that DDS include an outcome measurement system based on a DDS logic model and proposed theory of change, for cross-project analysis. This may include changes in awareness and knowledge, increased service use by underserved communities, and improved availability, accessibility, acceptability, quality, and utilization. These data could be collected from SAE Grant Program participants first with a baseline survey and then annually and entered by funded projects in a DDS portal.
  - » Number
  - » Milestone
  - » Percentage
  - » Percentage increase
  - » Data could also be collected on the extent to which there were changes in disparities reduction at the individual, family, community, organizational, or system levels.

- DDS should define the minimal data set expected from quantitative outcomes. Comparing POS expenditures before and after participating in a project is dependent upon the nature of the project or project type. There are multiple factors that could affect the "n" for POS.

- Where projects are working intensively with specific persons who experience IDD or families receiving DDS services, consideration should be given to collecting UCIs or similar identifiers and to obtain permission from families for data sharing. This would allow outcomes to be tracked in existing data rather than expecting specific types of data collection from the SAE grantees.

- Data collection from grantees could focus on meeting the terms of the awards such as the number of people served. It would be helpful to also have a measure of intensity including but not limited to:
  - » In what capacity are grantees interacting with persons with IDD and/or with families?
  - » How often are grantees interacting with persons with IDD and/or families?
  - » How many hours are grantees delivering to persons with IDD and/or their families?

  Gathering these data may provide information on "dosing" that may inform promising practices for disparities reductions.

- DDS should give consideration to identifying a small number of measures that are appropriate for the project types. These measures should be required in order for the SAE project to be easily compared and aggregated.

> ***Qualitative data*** is a description, such as what participants say they learned in an orientation and is used to gain an understanding of underlying reasons and motivations and uncover trends in thoughts and opinions. Qualitative data may be collected using open-ended written or verbal questions in surveys, focus groups, and interviews. Findings from qualitative data are typically summarized in writing.

- Link all qualitative data collection and reporting to the DDS logic model and proposed theory of change. Consider amending DDS reporting

guidance to require SAE grantees to describe in detail challenges that impeded progress and efforts taken to mitigate challenges and the results.

- Examine the extent to which the "success stories" gathered for the projects are generalizable to other persons, situations, and settings.

Require SAE grantees or an independent entity to conduct focus groups, convene listening sessions, or otherwise query project participants to gather in-depth information regarding whether the Regional Center or CBO improved the availability, accessibility, acceptability, quality, and utilization of supports and services. A full listing and detailed description of all recommendations for Objectives 1-3 and corresponding sub-objectives are presented on pages 58–63 of the narrative report.

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