



Statewide Briefing

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Independent Evaluation of the Service Access and Equity Program

California Department of Developmental Services



Introduction



- In 2016, California created the **Service Access and Equity (SAE) Grant Program** that is operated by the Department of Developmental Services (DDS). On average, this programs spends \$11 million each year to make sure people with intellectual and developmental disabilities (IDD) from diverse racial, ethnic, and linguistic backgrounds get the same access to supports and services as everyone else.
- Two organizations were hired to find out how well the SAE Grant Program was working. This is called an independent evaluation. **Georgetown University National Center for Cultural Competence and Mission Analytics Group, LLC** were awarded a contract to conduct the evaluation. These evaluators are called the NCCC-MA Team.

Introduction



- The NCCC-MA Team looked at SAE grants awarded to California's Regional Centers and community-based organizations (CBOs) in 2018-2019 and 2019-2020. During this time, the COVID-19 pandemic happened and made all supports and services hard to deliver to people with IDD and their families.
- **It is important to note that the NCCC-MA Team only focused on the SAE Grant Program. It did not evaluate all disparities and inequities in California's developmental disabilities system.**

Why we did this



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California Department of Developmental Services

Final Report

Submitted by Georgetown University National Center
for Cultural Competence

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



Background & Context

In 2021 when the RFP was issued, the SAE Grant Program had been implemented for five years yet it had never been evaluated.



Racial, ethnic, and linguistic disparities in the California developmental disabilities system were well known in the state by:

- publicly available DDS reports
- testimony to the State Senate and Assembly
- newspaper and media articles
- reports from advocacy organizations and social justice groups
- lawsuits filed against DDS and regional centers

Background & Context

When compared with other states, California leads the nation in passing laws, creating policies and programs, and spending money to help make sure people with IDD and their families from racially, ethnically, and linguistically diverse backgrounds get access to supports and services they want and need.



It is important to note that:

- DDS leadership and staff are committed to advancing equity within the developmental disabilities system.
- The SAE Grant Program ***is only one*** of many efforts to reduce disparities and promote equity that DDS is conducting.



What we know about disparities and equity

- **Disparities** based on race, ethnicity, languages spoken (other than English), and geographic locale – where people live are the well known and documented.
- Disparities in who receives supports and services are caused by **inequities** across this nation's human/social services, health and mental health, education systems, and other systems.
- Such disparities **are not new — neither are they unique** to California nor to developmental disabilities systems.



What we know about disparities and equity

What is unique to developmental disabilities systems nationwide is:

- how they lag far behind other service systems in defining exactly what equity means;
- what equity looks like in supports and services;
- how to measure equity across the many systems of supports and services that people with IDD and their families want and need; and
- how to work in partnership with people with IDD, their families, and the communities they live in who experience the most inequities.





Assertions about disparities and equity put forth by the NCCC-MA Team in the SAE assessment

- Disparities are generally regarded as the **outcomes of inequities** in the policies and system of services and supports in the United States, territories, and tribal nations.
- The **root causes** of disparities that disproportionately affect racial and ethnic populations other than non-Hispanic White are complex and deeply entrenched in the social and structural fabric of this nation.
- It must be recognized and accepted that **some of the contributing or causal factors for disparities** in developmental disabilities supports and services **are neither under the auspices nor control of California DDS.**





Assertions about disparities and equity put forth in the assessment

- Just like the cultural competence framework, **mitigating disparities and advancing equity are developmental processes that occur over an extended period of time.** Outcomes of and metrics for disparity reduction efforts must take this fact into consideration.
- **Most state developmental disabilities systems are dependent upon federal legislative authority** including policies, regulations, and funding allocations that **do not necessarily align with efforts to achieve equity.**



Disparities: A Disability Framework

**FULL PARTICIPATION OF INDIVIDUALS WITH DEVELOPMENTAL AND OTHER
DISABILITIES**
in all facets of community life



Health ♦ Housing ♦ Child Care ♦ Recreation ♦ Employment ♦ Education ♦ Early Intervention ♦ Transportation



**Public Policy & Resources
(Public & Private Sector)**

What we did



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Purpose of the Study



To independently evaluate the effectiveness of the SAE Grant Program.

This independent evaluation was not designed to examine historical and current disparities within the broader California developmental disabilities system.

Three Project Objectives

1

Explore the impact of the SAE Grant Program on people with IDD from diverse racial, ethnic, and linguistic groups and find out what changes would improve the program.

2

Develop a way to measure the results and the impact of future SAE programs.

3

Develop a way to prioritize what is working to reduce disparities and promote equity.

How we did it



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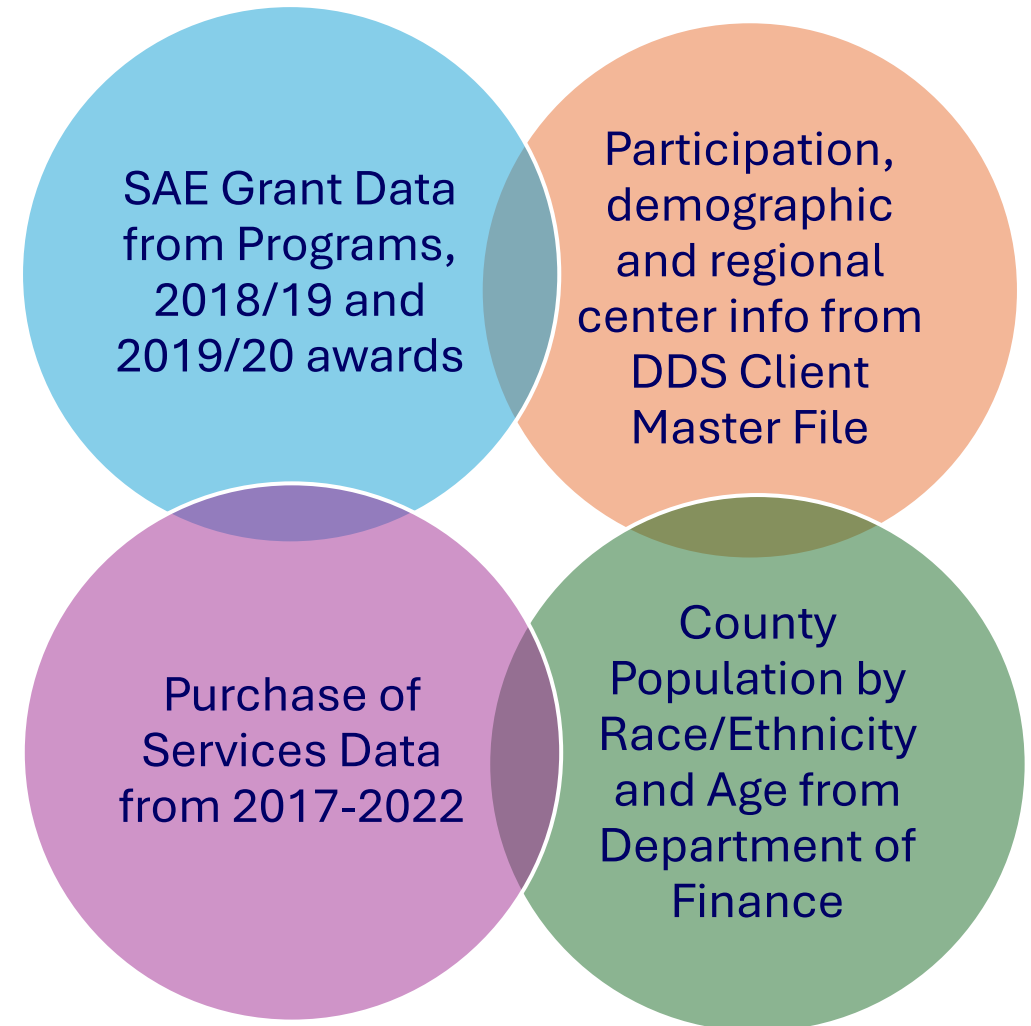
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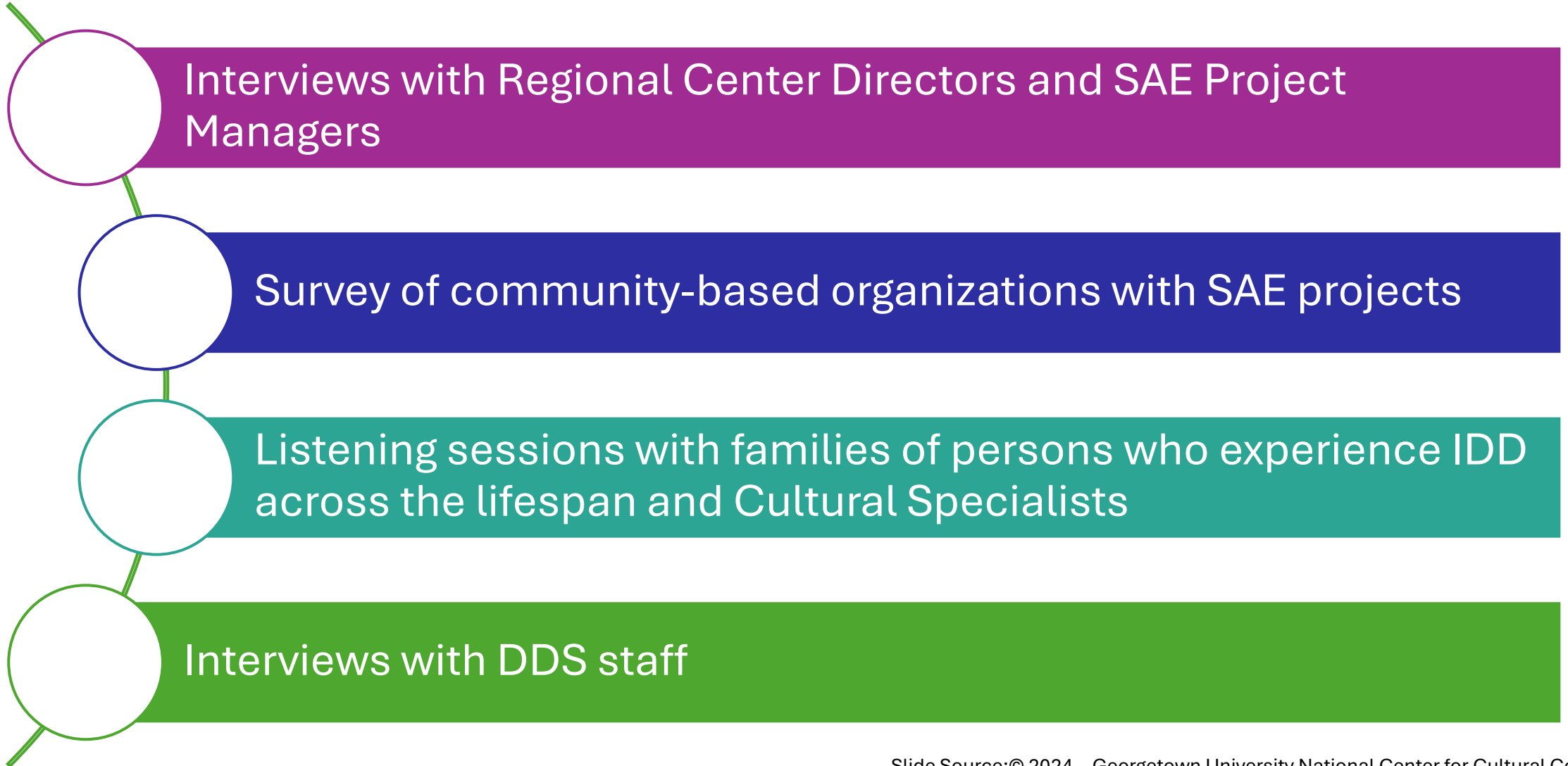
Methods: Our Approach

1. Identify SAE programs' expected impact
2. Determine focal groups (e.g. children by race & ethnicity) and Regional Center
3. Assess changes over time in relative differences between focal group and non-Hispanic White individuals by Regional Center
4. Analyze expenditure data by Regional Centers before and after SAE projects for groups that the projects sought to serve
5. Use the results to identify promising strategies

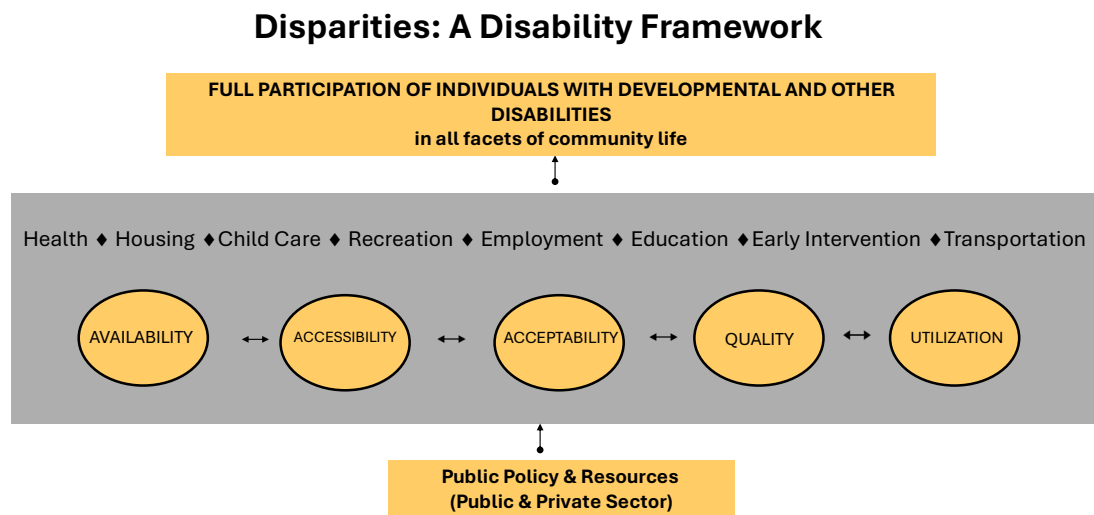
Key Data Sources



Methods: Our Approach



Methods: Our Approach



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Used the Disability Disparities Framework for a CBO survey, listening sessions with Regional Center Cultural Specialists, and interviews with DDS staff

What we learned



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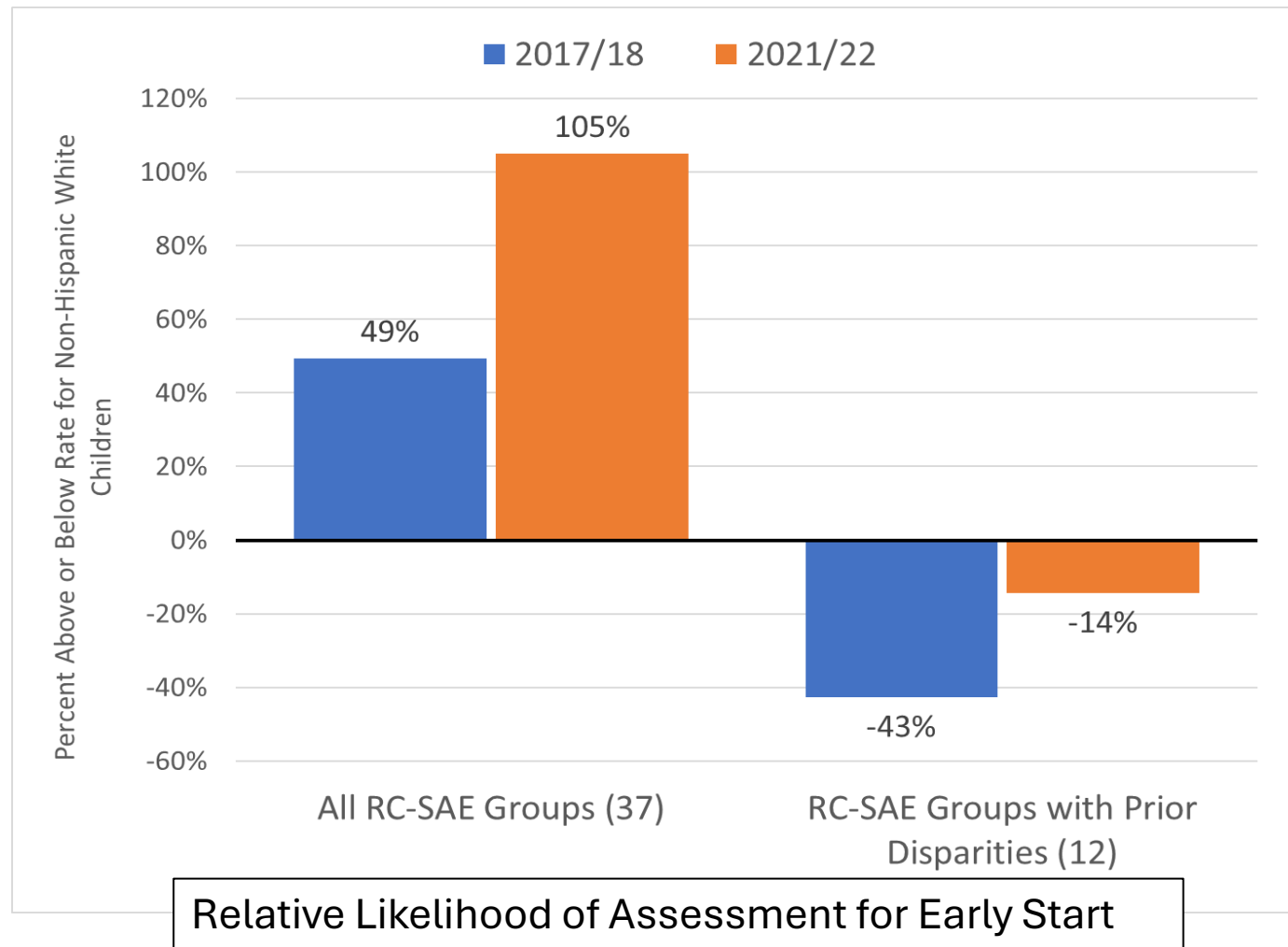




Our findings ... what we learned

- **54 out of 101 SAE projects** funded in 2018/19 and 2019/20 had:
 - Objectives linked to **increased Early Start assessment, POS expenditures or respite care expenditures**, and
 - **Focal populations identifiable** in the data
- These 54 projects served more than 142,000 people
 - 75 combinations of regional center and race/ethnicity groups
 - Promotora and outreach projects were most common among the 54

In Regional Center (RC) areas where projects focused on Early Start assessment, rates of assessment rose faster for children from SAE focal groups than for non-Hispanic White children



- Most of these groups had higher rates of Early Start assessments before the SAE projects
- 12 out of 37 RC-SAE focal groups had lower assessment rates in 2017/18
- For groups with prior disparities, the gap narrowed but did not disappear by 2021/22

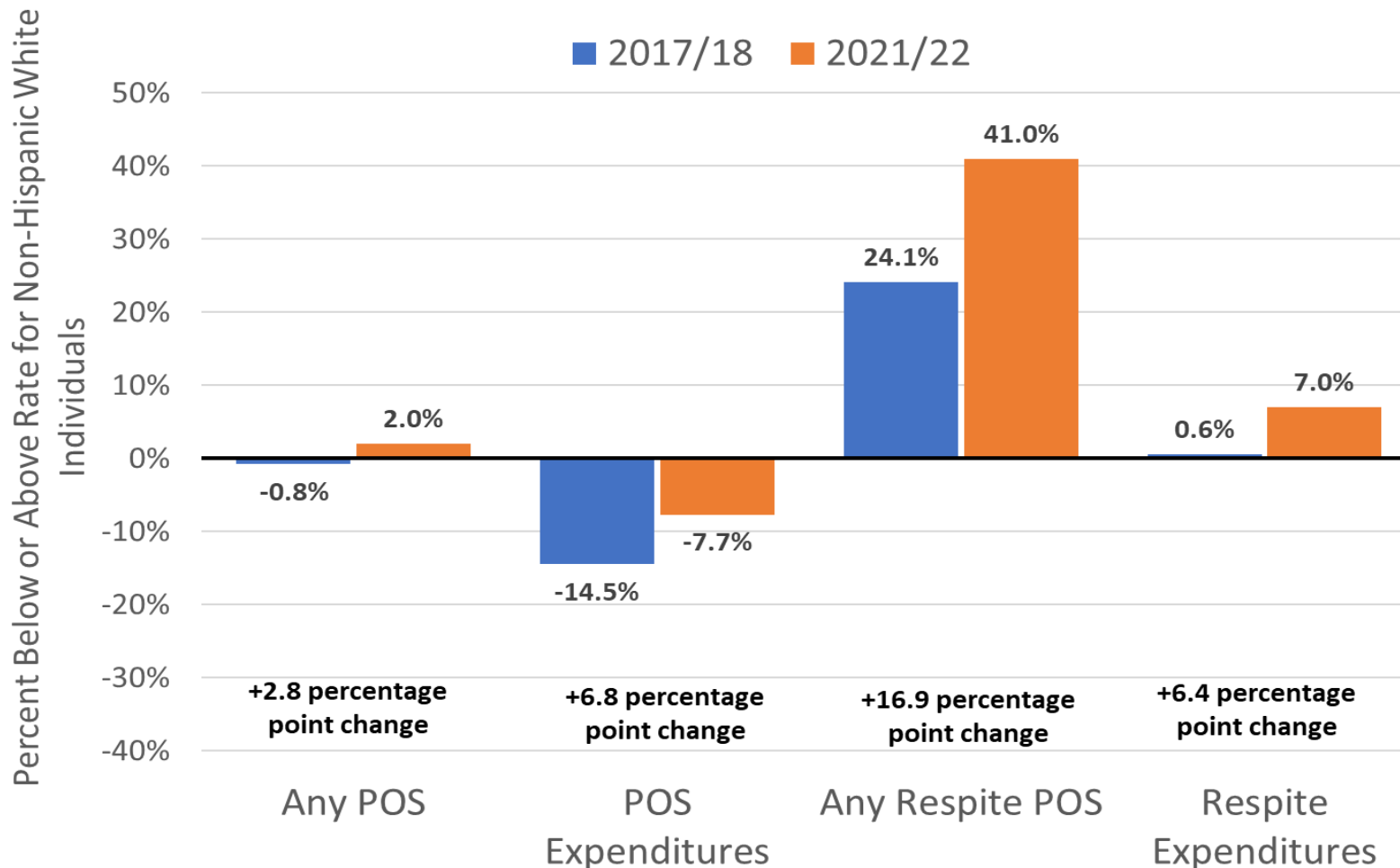


The analysis also looked at gains in receiving services and expenditures

- Project objectives had to address one or more of four outcomes:
 - Take-up of any services captured in Purchase of Service (POS) data
 - POS expenditures
 - Take-up of respite care (one of the few services specifically identified)
 - Respite care expenditures
- The analysis excluded anyone receiving residential care services, as that was not the focus of the SAE projects
- Gains (or losses) were measured for individuals from SAE focal groups in regional centers with the projects, distinguished by age
 - Changes over time were measured relative to non-Hispanic White individuals in the same age group in the same regional centers

Take-up of services and expenditures rose faster for individuals from SAE focal groups than for non-Hispanic White children

Figure 4: Relative Likelihood of Having Any POS and Average POS Expenditure, Regional Center-
SAE Groups Compared to Non-Hispanic White Individuals (p26, Final Report)



- Focal groups RCs with SAE projects focused on take-up of POS became slightly more likely to use POS than non-Hispanic White children
- Relative disparities in POS expenditures were reduced but not eliminated
- There were similar gains for respite-focused projects, but there were fewer prior disparities on these measures



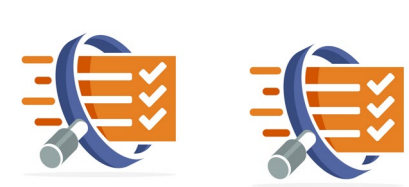
Our findings ... what we learned

When compared to non-Hispanic White individuals, spending on services for people with IDD from other racially, ethnically, and linguistic groups increased from 2017-2018 and 2021-2022. But in some cases, disparities remained.

Regional Centers and CBOs don't have enough resources to collect and understand information or data about disparities.

The SAE Grant Program operates without an official definition of equity and has no written plan for advancing what equity means in the California developmental disabilities system.

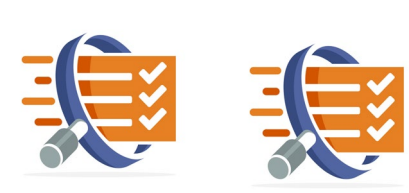
Funded categories, such as parent training and advocacy, do not show a direct impact on reducing disparities.



Our findings ... what we learned

There are many reasons why disparities exist in California's IDD system. Some reasons include:

- Supports and services were historically designed to serve White non-Hispanic populations.
- The types of supports and services that are provided do not meet the interests and needs of racially, ethnically, culturally, and linguistically diverse people with IDD and their families.
- Families are not always aware of supports and services that are provided; and there are many competing demands in the lives of families that makes it difficult to get to or receive support and services.



Our findings ... what we learned

There are many reasons why disparities exist in California's IDD system. Some reasons include:

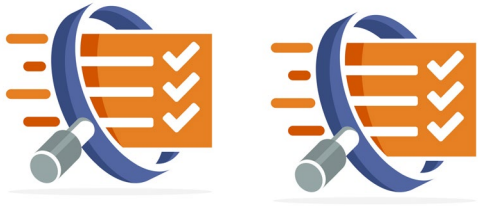
- Families have difficulty accessing the complex DDS system. This is exacerbated by the lack of knowledge and access to technology.
- There is a lack of staff who speak languages other than English and have knowledge of cultural beliefs and practices among California's diverse populations.



Our findings ... what we learned

There are many reasons why disparities exist in California's IDD system. Some reasons include:

- Many Regional Center leaders said it was hard to gain the trust of racially and ethnically diverse populations because of the long history of racism and unfair treatment.
- SAE grants only last for about one year. This is not long enough to know how much benefit they could be to racially, ethnically, and linguistically diverse communities.
- COVID-19 made it very hard for people with IDD and their families to access supports and services because they lacked computers, and/or had difficulty using online platforms.



Our findings ... what we learned

There are many reasons why disparities exist in California's IDD system. Some reasons include:

- Nearly all Regional Center leaders said they and their employees learned more about what causes disparities and about what they can do to better serve people with IDD from racially, ethnically, and linguistically diverse backgrounds.
- Families said they:
 - Are frustrated by long wait times for supports and services.
 - Often do not get supports and services at all because applying for them is too complicated or they aren't available in their languages.

Revisiting Purchase of Services (POS)

- The primary measure to evaluate and demonstrate the efficacy of the SAE Grant Program has been POS.
- While POS is a solid measure of who is accessing services by race, ethnicity, and language – **it should not be the sole measure of success and impact** because what persons with intellectual and developmental disabilities need and prefer in terms of supports and services change over time from infancy through old age.
- Given this, **there will always be disparities in expenditures based on numerous factors.**

Revisiting Purchase of Services (POS)

- The **current POS measure does not discern root causes** and if persons with intellectual and developmental disabilities (across the life course) are actually getting what they want and need to be fully included in all aspects of community life.
- POS only tracks who is in the system **not those who may be discouraged because the services and supports are not available, accessible, and acceptable to them** – thereby affecting utilization.

What we recommended



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Recommendation

Reduce the number of grant priorities by identifying areas of impact that have the best chance of reducing disparities.

1. Grant Focus



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Recommendations

1. Define what equity is within DDS and the SAE grant program. Make sure the definition is easy to understand by people receiving and in need of supports and services, and organizations that provide such supports and services.
2. Require that Regional Centers partner with a community-based organization (CBO) in order to apply for an receive an SAE grant.

2. Project Structure



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Recommendations

3. Define the area of focus and type of disparities that will be reduced. Consider using Goode Disability Disparities Framework to identify disparities in availability, accessibility, acceptability, quality and utilization.
4. Require culturally competent and linguistically competent practices are part of each SAE grant project. Grantees should be required to define cultural competence and linguistic competence and how such practices will be applied in their projects.

2. Project Structure



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Recommendations

5. Increase the duration of SAE Grant projects that show they are reducing disparities. Consider up to four years of additional funding.
6. Require a logic model and theory of change framework for all SAE grant projects.
7. Develop better ways to measure the progress of SAE grants.

2. Project Structure



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Recommendations

5. Increase the length of time that SAE projects are funded linked to community accountability and performance.
6. Require a logic model and theory of change framework for all SAE grant projects.
7. Develop more effective measures and evaluation methodologies to assess the SAE Grant Program.

2. Project Structure



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Recommendations

DDS Project Types for 2018-2019 and 2019-2020 Grant Years

- Education & Training
- Engagement & Outreach
- Community Connector
- Workforce Capability & Development

3. Project Types



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Project Types



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Education & Training

Rationale: 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 prove the direct correlation between a training, advocacy, leadership, or business development activity and an increase in service access or disparities reduction

Recommendation

These education and training activities are an important resource to persons who experience IDD and their families. The NCCC-MA Team suggests 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.

Project Types



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Engagement & Outreach

Rationale: Community engagement and outreach are essential to inform culturally and linguistically diverse families and communities about DDS supports and services throughout the life course.

Recommendation

While this project type may not yield the data required to satisfy POS, the NCCC-MA Team supports continued funding with stipulations.

- Grantees will need to be able to 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. Another reason to require partnerships between Regional Centers and CBOs for the SAE Grant Program.

Project Types



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Community Connector

Rationale: The grant categories that were funded during FY 2018-2019 and 2019-2020 (i.e., translation, advocacy, parent training and engagement) do not consistently show a direct correlation and measurable impact on disparities reduction, ***with the exception of the Promotora and Enhanced Case Management grants.*** These grant programs draw upon cultural and linguistic knowledge of the persons, families, and communities served.

Recommendation

The NCCC-MA Team supports continued funding of this project type. Priority funding should be given to those racial, ethnic, and linguistic groups that experience the greatest percentage of disparities in service access (i.e., monolingual in languages other than English, limited English proficiency as defined by US Census, ASL or other sign language users)

While the demographic makeup 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.

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Workforce Capability & Development

Rationale: 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 COVID-19 pandemic, and for other reasons including wages and working conditions.

Recommendation

The NCCC-MA Team recommends that DDS give careful consideration as to whether this area of focus is the most appropriate investment for grant funds.

Suggestions were given ranging from: 1) collaboration with California universities and colleges for interdisciplinary graduates coupled with offer loan repayments and incentives for disability professionals; 2) engage diverse communities to increase awareness for the need for respite providers as employment options; 3) collaborate with the State's Small Business Administration; and 4) conduct a study of successful recruitment and retention efforts nationally for DSP and other providers. *Each suggestion is resource and time intensive.*

Recommendations

Quantitative Data

- Require that projects report the progress and outcomes of their activities. Projects should provide both quantitative* and qualitative** data.

***Quantitative data - anything that can be counted or measured**

****Qualitative data – information and that are not represented by numbers**

- Require that all who receive SAE grants listen to the participants in their projects.
 - Conduct focus groups
 - Hold listening sessions

Grant Measures



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