HOW DOES SELF-DETERMINATION AFFECT THE LATINO
CONSUMERS WITHIN THE REALM OF CALIFORNIA’S
REGIONAL CENTER SYSTEM?

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by
Theresa L. Rivera
Summer 2016
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The Self Determination Theory (SDT) has been used throughout the nation and has been applied in a variety of diverse fields and encompasses many different concepts, making the theory unique as well as universal. SDT not only analyses the different levels of motivation that one has, but also looks at the different types of motivation that ones needs to perform at their optimal state. SDT promotes personal agency, civil and human rights, the freedom of individual choice, self-direction and personal growth. This paper describes how the new Self Determination law for individuals with developmental disabilities was founded on the empirical principles and evidence-based practices of the Self Determination Theory (SDT). Analysis of prior Self-Determination pilot projects within the state of California are embedded in the research. Furthermore, this paper presents history and background on the founding of regional...
centers in the state of California, and the implementation of the first Self Determination pilot program. It documents the obstacles to implementing a self-determination program such as the one in California and includes recommendations for Regional Centers (RCs) to follow in the future. Finally it examines recent disparities for Latino consumers and how new implementations of the law may help improve the quality of service delivery systems.
CHAPTER I

INTRODUCTION

Background

I am a Mexican-American (also referred to as Chicana) woman, in my early thirties. I have worked in Education most all of my working career. I am married and have a blended family in which my husband and I are raising 6 children together.

I have worked for a Parent Training and Information center (PTI), which is a nonprofit organization for parents of children with special needs for the last 10 years. Over the span of those 10 years I have served as a Bilingual Parent Consultant, a Bilingual Health Liaison and as a Program Manager. I currently serve as Chair of a non-profit organization “Northern Hispanic Latino Coalition.” Earlier in my career I worked for the school system as a bilingual paraprofessional, working 1:1 or in small groups with English Learners (EL), both children and adults. For a brief time, I worked for Migrant Ed and with high school students as well.

It was during the time that I worked for the PTI, that I worked very closely with Spanish speaking families that had children with diverse-abilities (disabilities) as well as with the appointed Regional Center (RC) for my area. I facilitated many Spanish-speaking support groups over a span of six counties. I had also hosted some Spanish-speaking forums in collaboration with the Regional Center to address what facilitated positive outcomes for Latino families, as well as identified obstacles that Latino families
faced while utilizing Regional Center services. It was through close collaboration with the Regional Center in my area that I was approached to serve on the Self Determination Advisory Committee, which serves nine counties in far northern California. I agreed to serve on the advisory committee as a professional (Bilingual Parent Consultant) and I helped to ensure that as we moved forward with a plan of implementation of the pilot program that we took into consideration the non-English speaking communities and ensured that our efforts were equally accessible to consumers whose native language was other than English.

**What is the Lanterman Act?**

The Lanterman Act (Also known as The Lanterman Developmental Disabilities Act / AB 846) was first proposed to CA State law in 1973 by Assemblyman Frank D. Lanterman, but did not actually pass into law until 1977. The Lanterman Act gives people with developmental disabilities a better chance of living more normal and fulfilling lives by protecting their rights and providing access to services. The Lanterman Act mandates that Regional Centers advocate and help empower individuals with intellectual disabilities to make more informed choices and to help access and navigate the systems in which they live.

The Department of Developmental Services (DDS) is the appointed agency the state of California utilizes to provide services for people with developmental disabilities. It is through DDS that there are currently 3 functional state-operated Developmental Centers (DCs) and 21 Regional Centers funded within the state (Association of Regional Center Agencies, 2015).
Regional Centers (RC) are non-profit private corporations, appointed by DDS, and although there are similar agencies appointed in other states, Regional Centers are specific to the state of CA. They are located throughout the state to help assist families access and navigate services. During the last decade there has been a push for more inclusive, community settings for people with developmental disabilities, focusing on less restrictive settings and more on In Home Supported Living. As of May 2015 Governor Brown submitted his revised budget to the State, with a plan to close the last three DC’s in California; with dates of closure spanning from 2018 to 2021 (http://www.dds.ca.gov/DevCtrs/Home.cfm). During this transition, as well as due to other economic factors, Regional Centers have had to become more creative in finding ways to serve these individuals in more inclusive settings with no additional increase in funding, as stated in the article *The Brink of Collapse, the Consequence of Underfunding California’s Developmental Service System* (ARCA, 2015).

It is through the Lanterman Act, that there is also an Association of Regional Center Agencies (commonly referred to as the ARCA):

> The mission of the ARCA is to promote, support, and advance regional centers in achieving the intent and mandate of the Lanterman Developmental Disabilities Services Act in providing community-based services that enable individuals with developmental disabilities to achieve their full potential and highest level of self sufficiency. (ARCA, 2016)

In order for a person to qualify for Regional Center services there a few key points that are required and are important for families to be aware of. First, any potential consumer of the regional center must have had a disability that began before their 18th birthday. For example, a person must have either been born or diagnosed with a qualifying developmental disability before their 18th birthday, opposed to a person who
acquired a developmental disability after the age of 18 due to various things such as brain trauma, significant injury, etc. Secondly, the disability must be something that is not expected to go away or, in other words is indefinite. Last, it must be considered as a “substantial disability” (Assessments are conducted and determination is defined in accordance to law code).

What is the Self Determination Program?

On October of 2013, Governor Brown signed into law the Self-Determination Program. The law was instated with the intent to give consumers of Regional Centers more freedom, control and responsibility when choosing what services best meet their needs. The program is a totally voluntary program that would allow consumers an individual budget in which they would determine what services or support systems are needed in order to meet the goals of their Individual Program Plan (IPP). All Self Determination participants would be in charge of hiring a “Fiscal Manager” to be responsible for paying bills in a timely manner, paying for agreed upon services within the Individual Program Plan, and planning to ensure there are enough funds to meet the needs of the consumer throughout the year. What makes the program unique is that it allows more flexibility and creatively in developing the IPP, which can incorporate unique arrangements including local resources specific to the consumer’s area and specific to his/her individual interests and needs. The program heavily leads toward “Person – Centered planning,” so much so that the new law changes the traditional terminology to reflect more person-centered approaches. For example, the name of the Individual Program Plan (IPP) changes to Person Centered Plan (PCP). The Self
Determination Program is based on the funding principles of the Self Determination Theory.

**Theoretical Bases and Organization**

The Self Determination Theory, often referred to as SDT, is an “empirically based theory of human motivation, development and wellness” (Deci & Ryan, 2008). Many researchers have contributed to the field of the Self Determination Theory, but the two most renowned researchers in this field are Edward L. Deci and Richard M. Ryan. According to the Canadian Psychological Association (2008), Deci and Ryan describe SDT as a macrotheory which addresses basic issues such as, personality development, self-regulation, universal psychological needs, life goals and aspirations, energy and vitality, non-conscious processes, the relations of culture to motivation and how the impact of social environments on motivation affect, behavior and well-being (pp. 182-185). All of these are critical factors in understanding behavior and life aspirations of individuals with developmental disabilities.

SDT is composed of a total of six sub theories. Two of the most referenced sub theories are: The Cognitive Evaluation Theory (CET) and Organismic Integration Theory (OIT). According to the Cognitive Evaluation Theory, “Psychological health requires satisfaction of the following three needs: competency, autonomy and relatedness; one or two are not enough” (Deci & Ryan, 2002, p. 229). Furthermore, the researchers state that these three needs are universal (they are needed by people in all cultures) for overall psychological health and to be able to perform at your optimal state (Deci & Ryan, 2002).
Qualitative data such as annotated notes, regional Self Determination Advisory Committee reports, Federal and State memorandums regarding the implementation of the new law, as well as archived interim reports from the first pilot programs implemented in California also serve as important theoretical basis and make part of the organization of this investigation.

Statement of the Problem

Throughout the state of California there have been discrepancies on how services are purchased and disseminated (disproportionality) to individuals of diverse backgrounds. Several statewide groups and agencies are involved in addressing disability rights and ensuring equity. In order to truly understand and address the issue, an analysis of the environment that one resides in has to be established. Most regional centers cover large areas and have many populations to serve. One regional center may actually serve nine or more counties. Each county’s ethnic population, resources and access to Health and Human Services vary from county to county, and many regional center support staff or case carriers must know how to navigate each of those system(s) as well as understand that poverty affects every race.

The Senate Select Committee on Autism and Related Disorders (ASD) states:

The significance of socioeconomic, psychosocial, and cultural factors in the evaluation and treatment of ASD are considered to be very important, but unresolved, issues. According to data from the National Survey of Children’s Health being black, Latino, or poor was associated with decreased access to services. (Bloom, Cohen & Freeman, 2012)
Many regional centers are actively addressing the issues around access and cultural diversity, but must first identify what are obstacles and barriers within each community before they can accurately address the problem.

Financial issues within the state of California also act as a barrier for individuals trying to access services (see Figure 1):

At this point, California spends the least amount of any state on services for each individual with a developmental disability that qualifies for community-based services eligible for federal funding (through federal/state agreements known as “Medicaid Waivers”). (ARCA, 2015, p. 4)

Figure 1. Chart depicts California opposed to other states.


Purpose of the Study

According to the Autism Society of Los Angeles, The new Self-Determination Program is available to all eligible regional center consumers, regardless of his or her qualifying disability, race, education, income or native language. In fact, the law
specifically states that the participants *should* reflect the diversity of their communities and regional centers are directed to ensure that individuals from underserved communities are informed of the Self Determination Program.

The present investigation on how Self Determination practices have been utilized amongst regional center clients of different ethnic backgrounds in the past, along with other research within similar fields such as special education, can serve as a tool for future implementations of pilots programs within the State of California.

My research does correspond closely with some work from researchers from other states. There have been researchers that have studied how self-determination affects people with diverse-abilities, but none of the studies that I encountered specifically looked at how the Regional Centers in California implement the changes amongst different ethnic groups.

**Limitations of the Study**

It is important to understand there are different types of self motivation, and its applications of the theory are being applied all over the world in many different ways for different reasons. For the purposes of this study, I will be referring to the Theory of Self Determination and how it applies within the realm of California’s regional center system under the Department of Developmental Services (DDS). Furthermore this study examines how Latino consumers are accessing services within the Regional Center with the implemented changes.

One of the most challenging elements of this investigation has been that the new Self Determination Law (not to be confused with Self Determination Theory)
implementation policies within the state of California’s Regional Centers, is relatively new and constantly changing in accordance with state and federal regulations. Little data was found on how these implementations affected specifically the Latino population; therefore more research and exploration in that specific area are listed in recommendations for further research.

Definition of Terms

**Autonomy**

“. . . refers to being the perceived origin or source of one’s own behavior” (Deci & Ryan, 2002, p. 8).

**Competence**

“. . . refers to feeling effective in one’s ongoing interactions with the social environment and experiencing opportunities to exercise and express one's capacities” (Deci & Ryan, 2002, p. 7).

**Relatedness**

“. . . refers to feeling connected to others, to caring for and being cared for by those others, to having a sense of belongingness both with other individuals and with one's community” (Deci & Ryan, 2002, p. 7).

**Individual Program Plan (IPP)**

Is a plan that is developed to assist a person with developmental disabilities and their families to build their capacities and capabilities. The plan is team effort and takes place over a series of discussions or interactions among a team of people including the person with a developmental disability, their family (when appropriate), regional
center representative(s) and others (State of California Department of Developmental Services, 2007).

Regional Center (RC)

California Department of Developmental Services (DDS) appointed agencies for serving individuals with Intellectual Disabilities.

Consumers

Individuals that have qualified to receive regional center services

Latino

“A native or inhabitant of Latin America; a person of Latin-American origin living in the United States” (http://www.merriam-webster.com/dictionary/Latino).

English Learner (EL)

A person whose primary language is one other than English.

The Lanterman Developmental Disabilities Services Act

Commonly referred to as the “Lanterman Act,” was passed in 1969. This is a law specific to California which states, “people with developmental disabilities and their families” (p. 7) have a right to get the services and supports they need to live like people without disabilities. The Lanterman Act outlines the rights of individuals with developmental disabilities and their families, “how the regional centers and service providers can help” (p. 7) these individuals, “what services and supports” (p. 7) they can obtain, “how to use the Individualized Program Plan (IPP) to get needed services,” (p. 7) what to do when someone violates the Lanterman Act, and how to improve the system. (California Department of Developmental Services, 2001, pp. 3-7)
CHAPTER II

LITERATURE REVIEW

The history of the self-determination movement in the United States dates back to 1993 with the original proposal to the Robert Wood Johnson Foundation (CA Self Determination Evaluation, Interim Report 2, p. 105). The focus of this foundation was to give individuals with developmental disabilities more choices and freedom in choosing services based on their preferences, versus prior more conventional practices (Bradley et al., 2001). The foundation also worked diligently towards building a more cost effective system by implementing the following four self determination elements: “person-centered planning, independent support brokerage, individual budgets, and fiscal intermediaries acting as business agents” (Sunderland, 2007, p. 1). The proposal was instated in the mid 1990’s after several state programs were having serious financial problems serving individuals with developmental disabilities. The foundation needed to address things such as the rapidly rising costs of services, insufficient resources, and fixed sets of services that individuals could only access during specific time frames. By 1996 the work of the Robert Wood Johnson Foundation went national (Sunderland, 2007). By 1998, California had become the only state where self-determination was actually mandated by the legislature; and by 2001, 42 states were “engaged in some level of developing, testing and implementing self-determination strategies” (Conroy, Beamer, Brown, Fullerton, & Garrow, 2001, p. 1). One reason for the rapid spread of the
initiatives was due to the availability of the “rigorous scientific data on the process and outcomes of self-determination” (CA Self Determination Evaluation, Interim Report 2, p. 106).

The Self Determination Theory (SDT) evolved from researchers Edward Deci and Richard Ryan’s universal study of intrinsic and extrinsic motives, and how these motives affects human behavior (Lepper, Greene, & Nisbett, 1973). According to the Canadian Psychological Association (2008), what makes the self-determination theory unique is that it focuses on different types of motivation, rather than just various levels of motivation (Deci & Ryan 2008). Furthermore, researchers have provided an abundance of research to prove that “the type of motivation is more important than the level of motivation that one has, when predicting outcomes such as psychological health, well being, performance, problem solving, and conceptual learning” (Deci & Ryan, 2008, p. 182). Some of the initial work developing this theory by Deci and Vansteenkiste dates back to the 1970’s (Lepper, Greene, & Nisbett, 1973), but it wasn’t accepted as an empirical theory until the 1980’s (Deci & Ryan, 2008). Field, Martin, Miller, Ward and Wehmeyer (1998) defined self determination as “a combination of skills, knowledge, and beliefs that enable a person to engage in goal-directed, self-regulated, autonomous behavior,” (p. 115) and that a person understanding “one’s strengths and limitations, together with a belief of oneself as capable and effective, are essential to self-determination. Once this is achieved, individuals have greater ability to take control of their lives and assume the role of successful adults in our society” (Rodriguez & Cavendish, 2012, p. 152).
The *Handbook of Self-Determination Research* states, the “primary agenda of the self-determination theory is to provide an account of the seemingly discrepant viewpoints of humanistic, psychoanalytic and developmental theories that employ an organismic metatheory vs. behavioral cognitive and post modern theories that do not” (Deci & Ryan, 2002, p. 5). In other words, Deci and Ryan recognize there is compelling evidence from both historical and contemporary viewpoints in this field of study; SDT “provides a framework that integrates the phenomena by the discrepant viewpoints and embraces the assumption that all individuals have natural innate tendencies to develop a more elaborate unified sense of self” (Deci & Ryan 2002, p. 5). Furthermore, Deci and Ryan (2002) state that healthy development involves both autonomy (inner organization) & homonomy (integration of oneself with others) and that this integrative tendency is a fundamental aspect of human life, which cannot be compromised when addressing healthy development (p. 5). Meeting one’s basic needs and considerations of his/her social environment can ultimately determine whether one grows and thrives or disrupts and fragments one’s development which can result in behaviors and “inner experiences that represent the darker side of humanity” (p. 6).

Another important characteristic of SDT is the clearly defined distinction between autonomous motivation and controlled motivation (Deci & Ryan, 2008). Autonomous motivation can be described as a person having intrinsic and extrinsic motivation, in which that person can identify with the value of his/her activities and ideally their activities becomes part of who they identify themselves as; “When a person is autonomously motivated, they experience volition or self-endorsement of their actions” (Deci & Ryan, 2008, p. 182).
Controlled Motivation consists of both external regulation (one’s behavior is a function of reward or punishment) and introjected regulation (energized by factors such as an approval motive, avoidance of shame, contingent self esteem and ego-involvements). (Deci & Ryan 2008, p. 182)

Bremer, Kachgal and Schoeller state that a person's actions are considered to be self determined if the person acts autonomously, for example when a person “regulates his or her own behavior, initiates and responds to events which demonstrates psychological empowerment, and behaves in a manner that is self realizing” (2003).

According to the basic needs perspective, a need is by definition “is universal and thus the relation between need satisfaction and well-being must apply in all cultures, across ages, and genders” (Deci & Ryan, 2002, pp. 22-26). Deci & Ryan (2002) state “To qualify as a need, a motivating force must have a direct relation to well-being. Needs, when satisfied, promote well-being, but when thwarted, lead to negative consequences” (p. 22). It is important to note that values and goals can change considerably across cultures; therefore the means through which people satisfy their basic needs consequently varies amongst different cultures and settings. Furthermore, behaviors may have different meanings and “may be viewed differently in accordance with culturally endorsed values and practices” (Deci & Ryan, 2002, pp. 26-27). According to the Self Determination Theory, the environment that one is in (regardless of culture) can affect the outcome of one’s self-determination goals and overall wellness. Furthermore Deci and Ryan (2008) make the argument that “feelings of autonomy, like competence, and relatedness are essential for humans to perform at their optimal state, and this proved to be true to a broad range of highly varied cultures” (p. 182).
According to the *Handbook of Self Determination Research* 2002, Deci and Ryan state that SDT is a macro theory made up of four sub theories. Each mini-theory represents a piece of the overall SDT framework and each is linked and share “organismic and dialectical” assumptions. They also all involve the concept of basic psychological needs within all human domains and are cross-cultural (pp. 9-10). Two of the first sub theories to evolve were the Cognitive Evaluation Theory (CET) and Organismic Integration Theory (OIT). CET was the first formulated sub theory, according to Deci & Ryan it was formulated “to describe the effects of Social contexts on people’s intrinsic motivation” (Deci, 1975; Deci & Ryan, 1980). CET describes how humans may experience different types of contextual elements, which are linked to different types of motivations. “OIT was formulated to explain the development and dynamics of extrinsic motivation to the degree to which individual experiences autonomy as well as the process through people take one value and morals of their groups and cultures” (Deci & Ryan, 2002, p. 9). A simple example modeling the differences would be: A) a student who attends class regularly and works hard to achieve good grades would be an example of CET. B) A student who attends class regularly and works hard because of his/her love of learning would be an example of OIT. Example B demonstrates the student reaching autonomy and showing extrinsically motivated behaviors (Jones, 2014).

The other two mini-theories, as referenced in *The Handbook of Self Determination Research*, are Causality Orientations Theory & Basic Needs Theory (Deci & Ryan, 2002). Causality Orientations Theory (COT) is described as “individual differences in people’s tendencies to orient toward the social environment in ways that
support their own autonomy” (Deci & Ryan, 2002, p. 10). This theory allows for “prediction of experience and behavior from enduring orientations of the person” (p.10). Basic Needs Theory (BNT) is described as the “relation of motivation and goals to health and well being” (p. 10). Furthermore the basic needs theory describes associations of psychological health, gender, associations across time and culture (Deci & Ryan, 2002, p. 10).

Since the publication of the *Handbook of Self Determination Research* in 2002, there have been two additional sub-theories added to the SDT. According to the Self Determination website (Self-Determination Theory, n.d.) the two additional sub-theories are Goal Contents Theory (GCT) and Relationships Motivation Theory (RMT). Goal Contents Theory grew out of the differences between intrinsic goals and extrinsic goals, and how those differences affects ones health and wellness; According to the website on self-determination theory GCT is further explained as “differentially affording basic need satisfactions and are thus differentially associated with well-being” (Self-Determination Theory, n.d.). The Relationships Motivation Theory “is based upon relatedness (the development and maintenance of close personal relationships)” and how most people not only find this desirable but it is in fact has been proved necessary for one's well-being. Furthermore research shows that in high quality relationships not only is the relatedness need satisfied, but also autonomy and competency to certain levels (Self-Determination Theory, n.d.).

The Tennessee Department of Education conducted a project looking specifically at promoting self-determination skills among students with disabilities, and then published their findings titled *Promoting Self-Determination Among Students with*
Disabilities: A Guide for Tennessee Educators (Bell et al., 2013). According to this study, self-determination is defined as “having the ability and opportunity to steer one's life in a direction that contributes to a personally satisfying life” (Bell et al., 2013, p. 1). Researchers of this study compiled two surveys looking at how some of the skills associated with self-determination could be applied within the educational setting, one study referenced “students” and the other referenced “students with disabilities,” all other aspects the survey was identical (p. 2). Bell et al. (2013) were specifically interested in whether self determination was viewed similarly for students with and without disabilities. Therefore, school administrators were randomly selected and asked to only complete one of the two surveys (p. 2). Administrators were then asked to rate the importance of the following self-determination skills as well as staff participation “in the following seven areas: choice making, decision making, problem solving, goal setting and attainment, self-advocacy and leadership, self management and self regulation and self awareness and self knowledge” (Bell et al., 2013, p. 2). Only an estimated 37.8% of the schools returned the surveys (amongst 333 schools), and the results were broken up into seven sections, which included a definition of the skill, a description of one of those skills and examples for educators, paraprofessionals and other school staff to use and promote the usage of the skill with students (pp. 2-9). Bell et al. (2013) states, “equipping students with the skills, attitudes, and opportunities to play an active and prominent role in their learning and planning for the future is now considered a best practice in the field of special education” (p. 1). Deci and Vansteenkiste (2004) claim there are three essential elements to the self determination theory which would support Bell’s study in the importance of teaching these skills:
Humans are inherently proactive with their potential and mastering their inner forces; humans have inherent tendency toward growth and development and integrated functioning; and optimal development and actions are inherent in humans but they don’t happen automatically. (Deci & Vansteenkiste, 2004, pp. 23-34)

In an interview by reporter Gary Taubes with researcher Richard Ryan: Ryan states that the self determination theory continues to be applied in many different fields such as smoking-cessation programs, parenting, difficult behaviors, physical fitness & education (2010). One of the most recent applications of SDT is currently being applied within the California’s Regional Centers system (Department of Developmental Services, 2014).

Self Determination within California’s Regional Centers

Currently there are 21 Regional Centers funded throughout the state of California. (California Department of Developmental Services, 2016b) Regional Centers (RCs) are non-profit private corporations, appointed by DDS, and although similar institutions exist in other states, the term “Regional Center” is the specific term used in the state of California. According to the Department of Developmental Services, in order to qualify for Regional Center services a person must meet the following criteria: “The person must have had a disability that began before their 18th birthday, it must be something that is not expected to go away (indefinite) and it must be considered as a substantial disability” (California Department of Developmental Services, 2016c). Appointed personnel at the Regional Center conduct the assessments, and qualification is determined in accordance to law code (California Department of Developmental Services, 2016c). If the person under assessment was deemed eligible for services, then he or she would be described as a “consumer” and appointed a Service Coordinator or
Case Carrier to help that person access the services that are available to them under the Lanterman Act (Department of Developmental Services, 2015). Traditionally the Service Coordinator was appointed a lead role in determining what regional center services were needed and would advise what other community services was available to the consumer and/or their family. Under the new self-determination program the consumer would take that lead role in planning and budgeting for future services (Far Northern Regional Center & State Council on Developmental Disabilities, 2015. Self Determination Advisory Committee Handout [attachment C]).

According to Senate Bill (SB) 468, On October 13, 2013 Governor Brown signed a new “Self Determination Law” for individuals with developmental disabilities. This bill created a statewide “Self Determination Program” that offers a voluntary alternative to the traditional ways of providing regional center services (SB 468, Chapter 683, p. 91). The Autism Society of Los Angeles (2014) states “SB 468 is the first law of its kind in the nation and a huge leap forward in the civil rights of individuals with developmental disabilities.” The program was designed to give regional center consumers more choices about what they need, and more freedom for that person by providing them with an individual budget to create a more Person-Centered Plan (PCP) vs. the traditional Individual Program Plan (IPP) previously used in regional centers.

According to Disability Rights California (2013b) SB468 (Emmerson/ Beall/ Mitchell/ Chesbro), the Department of Developmental services had until December of 2014 to get the funding established through Medicaid and approved by 2015. For the first three years, there will be a three-year phase-in period and only 2500 individuals will be eligible for the program. After 2018 the program should be accessible “to all eligible
consumers on a voluntary basis” (Disability Rights California, 2013b). Program implementation requires that regional centers contract with local consumer or family-run organizations, and that they collaborate jointly with those entities to conduct trainings on the self-determination program for any interested consumers and/or their families (Disability Rights California, 2013b).

Furthermore, California Welfare and Institutions Code (California Legislative Information, 2016), states that the new self-determination program “shall be available to individuals who reflect the disability, ethnic, and geographic diversity of the state” [Cal. Welfare and Institutions Code §4685.8(a)] (Disability Rights California, 2013b). This is particularly important to the Latino consumers of regional centers; according to the LA Times as of July, 1st 2014, Latinos are now the largest population in California, even surpassing White/Caucasians (Panzar, 2015). According to Panzar (2015), the most recent figures were released by the Census Bureau during the summer of 2015, estimating that an approximate 14.99 million Latinos live in California, just barely succeeding the 14.92 million whites which reside within the state (p. 2).

**History of the Self-Determination Pilot Programs in California**

As previously stated the self-determination *movement* started in California in 1993, many historical factors and information led to the implementations of the original pilot programs. The Autism Society of Los Angeles, states that the new self-determination *program* “is based on a 15 year old pilot project in which almost 200 individuals participated in a test of self-determination within five different regional centers (Autism Society of Los Angeles, 2013). According to the Self Determination
Advisory Committee Minutes (2015, June 12), regional center lead staff McCollum &
Gruhler stated the history goes back as far as World War II,

After WWII, cash benefits were made available for disabled veterans to hire support
workers and services. In 1953 Polio broke out in Los Angeles, Iron Lung users were
able to hire support services for $10 per day. In the 1970’s, this service morphed
into what we now refer to as In Home Support Services (IHSS) which is considered
to be self-directed care. (Far Northern Regional Center & State Council on
Developmental Disabilities, 2015-2016, p. 1)

In 1995, the Robert Wood Johnson Foundation (RWJF) sponsored several self-
determination demonstrations to see if people with disabilities could make their own
decisions regarding care; by 1997 the foundation expanded the project to include 18
states (totaling 19 states with New Hampshire) which received grants to “promote new
configurations of services and the empowerment of individuals with developmental
disabilities to gain control over and shape the content of needed supports” (Bradley et al.,
2001, p. 14). The nineteen states originally involved in the RWJF Demonstration
included: Arizona, Connecticut, Florida, Hawaii, Iowa, Kansas, Maryland,
Massachusetts, Michigan, New Hampshire, Minnesota, Ohio, Oregon, Pennsylvania,
Texas, Utah, Vermont, Washington & Wisconsin (Bradley et al., 2001, p. 14). All
projects varied widely on delivery methods but all states took into consideration the
“geographic, cultural, and socioeconomic backgrounds characterized the consumers and
families targeted by the self-determination projects” (Bradley et al., 2001, p. 15). For
example many states, such as Arizona, was identified as a large rural state, with a high
population of Latinos and Native Americans; “Massachusetts chose to focus on the urban
Metro-Boston region including Latino, African American, Asian, and Haitian
communities,” etc. (Bradley et al., 2001, p. 15). In 1998 the foundation teamed with
Health and Human Services at the federal level and by 2001 the Robert Wood Johnson Foundation’s national self-determination initiative came to an end; however, “it also marked the midpoint of the California self-determination pilot projects” (Conroy, Beamer, Brown, Fullerton & Garrow, 2001).

McCollum and Gruhler state, the first three Regional Centers to join the California pilot project were, East Los Angeles Regional Center, (had thirty-two people in the original pilot), Tri-Counties Regional Center (had thirty people in original pilot), and Redwood Coast Regional Center (twenty-nine people participated in original pilot). San Diego & Kern Regional Centers joined the original pilot programs, no other centers were allowed (Far Northern Regional Center & State Council on Developmental Disabilities, 2015). Eastern Los Angeles Regional Center (ELARC) reported the importance of bilingual staff to provide Spanish and Chinese translation during focus groups and in 1:1 interactions with consumers and families (Conroy et al., 2001, p. 16). Each of the regional centers structured their projects differently and each plan varied on the amount of appointed personnel for the following positions: service coordinators, fiscal monitors, support brokers, and billing (Far Northern Regional Center & State Council on Developmental Disabilities, 2015).

The overall results of the pilots showed that in fact unmet needs were reduced with a more positive health outcome and improved quality of life. “The largest percentages of Self-Determination participants in the Tri-Counties and Redwood Coast Regional Centers were Caucasian, making up a total of 53% of all participants; while in both ELARC groups the largest percentages were Hispanic/Latino” totaling 35% of the participants in the pilot program (Conroy et al., p. 65). They found that if the program
was carefully designed, it was *not more costly* than traditional services (Far Northern Regional Center & State Council on Developmental Disabilities, 2015). Furthermore, Significant positive changes were observed at one or more regional centers in adaptive behavior, control of challenging behavior, elements of the planning process, perceptions of overall quality of life, decision-making and integrative activities. Cost analyses suggested that self-determination tended to keep costs steady after the initial individual budget amount was set. (Conroy et al., 2001)

**Disparities**

According to the Department of Developmental Services Fact Book (2016) “Hispanics remain the fastest growing segment of the DDS population, increasing from 31.8% in January of 2005 to 36.7% in January 2015” (p. 11). “It is believed that the capacity for self-determination may be linked to a higher quality of life for individuals with disabilities; yet little attention has been paid to the role of ethnicity in the development in self-determination” (Rodriguez & Cavendish, 2012).

Even with increased emphasis on students with disabilities involvement in their transitional planning, there has been a continued disparity in national high school completion rates and post-high school transition outcomes for students with disabilities in general, and Latino students with disabilities in particular. (Rodriguez & Cavendish, 2012, p. 153).

As of 2014, high school graduation rates are currently at an all-time high, however “unacceptably low levels of students of color, low-income, English Language Learners (ELL) and student with disabilities are graduating” (Americas Promise Alliance, p. 3). Furthermore, “Black and Latino students are still graduating ten and six percentage points behind the national average” and students with disabilities still “lag almost 20 percentage points behind the nation graduation rate” (Americas Promise Alliance, p. 3).

Of students with disabilities enrolled in postsecondary education 72% did not report having a disability to the higher education institution and would therefore not be
eligible to obtain accommodations that might improve their chances of success in that
environment; the willingness to advocate for oneself to obtain these accommodations
is one of the hallmarks of self-determination. (Rodriguez & Cavendish, 2012, p. 153)

According to the board members of the Eastern Los Angeles Regional Center,
they felt like the self-determination pilot program would serve as a good way to track
how funds were spent within their region, as variance of how funds were spent had been
an ongoing issue for their area. (Conroy et al., p. 19). ELARCS population at the time of
the pilot project was composed of 64% Hispanic, 17% Caucasian, and 9% Asian
consumers, yet their “Purchase of Service (POS) variance study for Californians with
developmental disabilities shows that minorities, especially Hispanic consumers, spend
less money on a per capita basis” (Conroy et al., 2001, p. 19).

In 2012 a new law was added to the Lanterman Act. “The Welfare &
Institutions Code Section 4519.5 was needed because of concerns that regional centers
did not spend money equally on consumer services based on race and ethnicity”
(Disability Rights CA, 2013, p. 1). Since the instatement of this law, regional centers in
California now are mandated to work with the Department of Developmental Services to
gather data on how regional centers buy services and supports for the communities that
they serve, often referred to as Purchase of Service (POS) data (DRC, 2013, p. 1).
Furthermore, regional centers are mandated to upload this data to their websites no later
than Dec.31st of every year, as well as schedule public meetings, often referred to as
“stakeholder meetings” to discuss how these funds are being disbursed amongst the
diverse communities they serve (DRC, 2013, p. 1).

Disparities are also noted in the workforce; research by Rodriguez and
Cavendish (2012) state that “in relation to employment, fewer Latino students with
disabilities reported being employed at any point after school (85%) compared with 94% for Anglo students with disabilities” (p. 153). Additionally, “Latino students with disabilities reported making a lower hourly wage (US$9.50/hr.) than their Anglo counterparts (US$10.70/hr.)” (Rodriguez & Cavendish, 2012, p. 153).

How is Self Determination Learned?

“Self-determination has been studied extensively as an important psychological construct in the provision of services for persons with disabilities” (Rodriguez & Cavendish, 2012). The California Department of Developmental Disabilities, states that new self-determination program is based on five of the fundamental principles of Self Determination Theory; which consist of: Freedom, Authority, Support, Responsibility, and Confirmation (CA Department of Developmental Disabilities, WIC 4685 – 4689.8).

According to Wehmeyer (1992) Self-determination “refers to the attitudes and abilities required to act as the primary causal agent in one’s life and to make choices regarding one’s actions free from undue external influence or interference” (p. 305). In the research to practice brief titled, Self-Determination: Supporting Successful Transition, one’s actions are considered to be self-determined, “if the person acts autonomously, regulates his or her own behavior, initiates and responds to events in a manner indicating psychological empowerment, and behaves in a manner that is self-realizing.” In other words “the person acts in ways that make positive use of knowledge and understanding about his or her own characteristics, strengths, and limitations” (Bremer, Kachgal & Schoeller, 2003).
According to the Tennessee Department of Education, teaching students with disabilities the key skills associated with self determination and embedding school curriculum with teaching opportunities empowers students to become the following: more academically successful and engaged in their schoolwork, active participants to their educational and transitional planning, and able to access higher quality of life and more positive experiences in earlier adulthood” (Bell et al., 2013, pp. 1-9). Bremer, Kachgal & Schoeller (2003) state, “The capabilities needed to become self-determined are most effectively learned through real-world experience, which inherently involves taking risks, making mistakes and reflecting on outcomes” (p. 2).

Researchers Rodriguez & Cavendish (2012) state that family conditions that support, model and value autonomy, relatedness, and competence:

are more likely to nurture the development of self-determined, goal-pursuing behavior in students with disabilities because behaviors are more likely to become internalized when they are prompted by significant others to whom we feel attached. (p. 153)

According to the regional center staff who participated in the original pilot programs in California,

Some of the most important aspects of self-determination that need to continue are flexibility, the service coordinator standing behind people, good communication with people with a variety of disabilities, and patience in working with people with disabilities. (Conroy et al., p. 29)

Strengths and Criticisms

“Self Determination has been studied extensively as an important psychological construct in the provision of services for persons with disabilities “(Perrin & Nirje, 2004; Wlfensberger, 1972) However, Deci and Ryan (2002) state that despite its
longevity and seeming popularity, there are still critics of the theory in the assumption on innate tendencies toward growth and integration (p.4). Amongst the opponents, “one of the most staunch are operant behaviorists who assume there is no inherent direction to development and suggest that behavioral regulation and personality are a function of reinforcement histories and currently contingencies” (Deci & Ryan, 2002, p. 4).

Research suggests that educators and school personnel should be utilizing self-determination practices within the school setting, however it was also noted that,

Although promoting self-determination is an increasingly prominent theme of federal policy initiatives, best practice recommendations, and conference gatherings, relatively little is known about whether and how educators are addressing self-determination within the school curriculum. (Cabeza et al., 2013, p. 1)

It was also noted that “the capacity for self-determination may be linked to a higher quality of life for individuals with disabilities” (Perrin & Nirje, 2004; Wehmeyer, 2001; Wolfensburger, 1972); but little attention and limited research has been found on the role of ethnicity and gender in the development of self-determination (Cavendish & Rodriguez, 2012).

In the qualitative findings documented by ELARC, service coordinators reported feeling that self-determination was a challenge for some cultural groups who want the “professionals” (referencing regional center staff) to tell them what to do (Conroy et al., p. 28). It was also noted that in some cultures it was the cultural norm to have many family members present during decision making, resulting in the “regional center staff referring more often to families rather than just the person with the disability (although the person remained the primary focus)” (p. 28). Overall, ELARC service coordinators reported back that the regional center system has seemed to create a form of
dependency for its consumers, but that participants were able to learn enough in approximately a year to free themselves from that type of dependency and look to the community, friends and family for support; it was also noted that individual personality differences affect the self-determination level of each participant” (Conroy et al., p. 28).
“Qualitative methodology has a long history of application in program evaluation” (California Self-Determination Evaluation, Interim Report 2, p. 3). Therefore qualitative data is often used in focus groups, such as in the self-determination advisory committee, because it allows room for members to “provide a social context of their opinions and perceptions, discuss terms and language associated with the topic of discussion; it also identifies potential problems and strategies to overcome, and ideas can be generated that can be further tested using other research methods” (Conroy et al., p. 3). Quantitative data is also imperative when measuring data, comparing statistics, and when analyzing information specific to the topic of interest, such as demographics about one ethnic group or population. For the purpose of this study mostly qualitative data is used however some quantitative data was used in comparing statistics and state percentages.

During the 10 years that I worked for the Parent Training and Information (PTI) center, I worked very closely with Spanish speaking families that had children with diverse-abilities (disabilities) as well as with the appointed regional center for my area. Over the years I started to analyze and continuously research what seemed to be repetitive obstacles for Spanish speaking families in attempting to access services. I also facilitated and supervised many Spanish-speaking support groups over a span of six counties and had the opportunity to host some Spanish-speaking forums in collaboration
with the Regional Center in my area to address what facilitated positive outcomes for Latino families, as well as to identify obstacles that Latino families faced while attempting to access regional center services. Anecdotal notes were used in reference to these focus groups and other informational forums.

It was through my work with the self-determination advisory committee that I learned more about the self-determination movement in California. The executive director of the regional center in my area, along with other lead staff in the self-determination project, were able to provide me a rich history about the Lanterman Act and how services have changed and improved over the years to be more person-centered and inclusive to people with disabilities. It was through this committee that I became aware of program implementation and what were some of the barriers that regional centers faced with the implementation procedures, such as state versus federal guidelines and protocols.

As I began to learn more about the movement within the scope of my work, my thesis committee members at the university informed me about the Self-Determination Theory (SDT). All of the sources started to connect, and the investigation started to reinforce what I had already suspected, but I was collecting new evidence-based research to reinforce my experiences.

Design of the Investigation

In the beginning stages of the investigation I started to gather data and historical information on the Self Determination Theory (SDT). I specifically looked at scholarly articles that presented research on SDT with individuals with disabilities and/or
within the Latino population. I found ample information about Self-Determination Theory and how it applied in educational settings, goal setting, behaviors, etc., but little research had been conducted about how self-determination specifically had been applied to Latino populations or specific gender types as noted by researchers Rodriguez and Cavendish (2012).

While participating on the Self Determination Advisory Committee in Shasta County, I was introduced to the California Self-Determination Evaluation Interim Reports. I was able to gather both first year and second year findings. I found these reports to be particularly helpful because they were very thorough and they were a collection of reports that were independently submitted by each regional center that participated in the pilots within California, and then compiled to produce an overall report of findings. Each individual report analyzed how lead regional center staff selected participants for the pilot projects, the process of recruitment, the financial set up within each center, and noted the positive and negative factors that were encountered during the pilots. Summative findings concluded that the pilot program was overall positive and regional center staff members were encouraged to keep implementing self-determination practices. However, there were noted challenges of recruitment, new program design and having to teach self-determination skills to consumers who had grown dependent on staff. The reports also provided data on age, ethnicity and disability type. Although, some service coordinators felt that self-determination was not appropriate for everyone, overall findings for consumers were positive and proved to be more person-centered and cost effective than traditional regional center services.
Through further investigation of the Department of Developmental Services (DDS) and how regional centers are funded under the Lanterman Act, I became aware of the Association of Regional Centers Agencies (ARCA). The ARCA website offered very valuable data and statistics that compiled all of the regional centers data and formulated them into reports that would accurately display all the work of the regional centers. The ARCA also composed reports, such as On The Brink of Collapse, The Consequences of Underfunding California’s Developmental Services System (ARCA, 2015), which advocated for the work and funding of regional centers within California.

Overall I read and analyzed approximately thirty-one documents that were imperative to my research. These documents were primarily comprised of: case studies, research-to-practice briefs, books and articles on Self-Determination Theory, articles on ethnic disparities in education, fact sheets on state and federal laws from DRC and state appointed websites, handouts from the Self-Determination Advisory Council, as well as several videos and other internet websites. I found the following material to be most helpful in obtaining the information needed for the following areas of concentration: (further citations available in references)

Self-Determination Theory (SDT)

- Handbook of Self-Determination Research (Deci & Ryan, 2002)
- Self-Determination Theory: A Macrotheory of Human Motivation, Development and Health (Deci & Ryan, 2008)
- Self-Determination Theory and Basic Need Satisfaction: Understanding Human Development in Positive Psychology (Deci & Vanansteenkiste, 2004)
• Self-Determination and the Education of Students with Mental Retardation (Wehmeyer, 1992)

• California’s New Self-Determination Law for Individuals with Developmental Disabilities, Taking Control of Your Future by Directing Your Regional Center Service Dollars (Autism Society of Los Angeles, 2014)

• SB 468 (Emmerson/Beall/Mitchell/Chesbro) Statewide Self-Determination Program (Disability Rights California, 2013b)

Education

• Promoting Self-Determination Among Students with Disabilities: A Guide for Tennessee Educators (Bell et al., 2013)

• Self-Determination: Supporting Successful Transition, Research to Practice Brief (Bremer, Kachgal & Schoeller, 2003)

• Self-Determination for Persons With Disabilities: A Position Statement of the Division on Career Development and Transition (Field, Martin, Miller, Ward & Wehmeyer, 1998)

Disparities for Latino Consumers

• High School Graduation Facts: Ending the Dropout Crisis (Americas Promise Alliance, 2016)

• Dymally-Alatorre Bilingual Services Act (California State Auditor, 1999)

• Senate Budget and Fiscal Review Committee, Subcommittee 3: Department of Developmental Services (Disability Rights California, n.d.)
• Disparity of Purchase of Service Dollars at the Regional Centers (Disability Rights California, n.d.)
• Fact Book Thirteenth Edition (Department of Developmental Services, 2016)
• Differences in the Relationship Between Family Environments and Self-Determination Among Anglo, Latino and Female Students with Disabilities (Rodriguez & Cavendish, 2012)

Regional Center Data

• On the Brink of Collapse, The Consequences of Underfunding California’s Developmental Services System (ARCA, 2015)
• Independent Evaluation of California’s Self-Determination Pilot Projects: Second Year Interim Findings (Conroy, Beamer, Brown, Fullerton & Garrow, 2001)
• Purchase of Service Data: Far Northern Regional Center (Disability Rights California, 2013)
• Self Determination Advisory Committee, Meeting Minutes (Far Northern Regional Center & State Council on Developmental Disabilities, 2015-2016)

Focus Population

According to the Department of Developmental Services (DDS), “Hispanics remain the fastest growing segment of the DDS population, increasing from 31.8% in
January 2005 to 36.7% in January 2015” (DDS Information Technology Division, 2016, p. 11). As of 2015 it is suspected that there are approximately 102,422 Latino consumers within the DDS system (DDS Fact Book, 2016). Of the 31.8% of Latino consumers, it is estimated that 68,991 of them are non-English speaking, making up 24.8% of the population (2016, p. 12). This is primarily the focus population for this study. However, other Latino families that have been identified and qualify for regional center services, but are not receiving any services, for a number of reasons, are also considered the focus population for this study. It is also important to note that there may be many individuals who have not been identified at all, that could utilize services, but may not be familiar with what regional centers are, and what services they offer.

Data Analysis Procedure

A process of triangulation of documents was used to establish process validity. During the analysis, I compiled common themes among the data. It became apparent that some factors that I hadn’t originally suspected were coming up in several studies. For example, when I analyzed the CA Self-Determination Evaluation, Interim Report 2 (Conroy et al., 2001), I noticed that a finding of this research was that one of the barriers for regional center staff was that some cultures had actually preferred not to be self-determined, that they preferred to have “the professional” tell them what to do (Conroy et al., p. 28). Furthermore, it was noted that it took about a year to teach and/or empower the individuals and families before they stopped dependency on regional center staff and started to display self-determination skills (p. 28). Similar issues were confirmed in both the Robert Wood Johnson Final Impact Assessment Report (2001, p.
73) and the article by Rodriguez and Cavendish (2012) noting, “the ways in which family environments support self-determination may vary depending on Latino ethnicity” (p. 153). The findings in the next chapter are a result of my qualitative analysis process.
CHAPTER IV

DATA ANALYSIS

The application of self-determination amongst people with developmental disabilities dates back as early as the 1990’s (Conroy et al., p. 105). California was one of forty-two states that were “engaged in some form of developing, testing and implementing self-determination strategies” (Conroy et al., p. 1). Executive summaries of the original pilot programs in California were compiled by each participating regional center, and ample data as well as anecdotal notes were collected about the implementation of self-determination with people with disabilities. A couple of questions that the original pilot program was seeking to answer were; “Can the basic hypothesis of the self-determination initiative be proved in California?” (Conroy et al., 2001, p. 1). Another relevant question as noted by East Los Angeles Regional Center (ELARC) was, “Is there a preference for natural support systems among certain minority groups, or do people just not want available service models” (Conroy et al., p. 19)? These questions were heavily embedded in the research I conducted while answering my question, How Does Self-Determination Affect the Latino Consumers within the Realm of California’s Regional Center System? Process Validity was used for triangulation in attempting to answer these questions.
Presentation of the Findings

It was suspected that Latino regional center consumers were underserved by earlier research and as stated in the disparities section of the literature review, therefore I compiled the 2011/12 data posted on Disability Rights California’s website to review the most current percentages available of Latino consumers identified as clients within the Regional Center system; and compared the data with other ethnic groups to assist me in forming my conclusion.

According to Disability Rights California (DRC) in 2012, Welfare & Institutions Code § 4519.5 was adopted to require the Department of Developmental Services (DDS) and regional centers to annually compile and report data relating to purchase of service authorization, utilization, and expenditures with respect to key categories such as age, race/ethnicity, primary language and disability (DRC, 2013, p. 12). According to the purchase of service expenditure reports from 2013-14, disparities were noted for individuals from communities of color; disparities were also noted between different regional center catchment areas (n.d.a, p. 13). DRC (n.d.a) states two types of racial ethnic disparities were noted:

1. A higher percentage of consumers from communities of color (primarily African American and Latino) who receive no purchase of service expenditures from the regional centers.
2. Significantly lower purchase of service expenditures for individuals from communities of color. (p. 13)

Figures 2, 3 and 4 were collected from Disability Rights California (DRC) website, Disparity of Purchase of Service Dollars at the Regional Centers (n.d.b). It is the statewide data for regional center consumers, birth to two, three to twenty-two, and adult consumers. The data is displayed as statewide expenditures by race, per capita.
expenditures, expenditures by language and consumers who use zero services through the regional centers. Disparities are noted for Spanish speaking consumers (highlighted in purple) in all three age groups. The disparity gap tends to increase with the age of the consumer, with the exception of adult populations (Age: 22+). What is interesting is that when Latino consumers become adults the total percentage of Latino adult consumers is dramatically reduced altogether (comparing Figures 2 to 4).

In Figures 5, 6, and 7 statewide data for regional consumers by race is analyzed. Figure 5 displays the birth to two population, Hispanics are represented in green, and roughly make up 43.6% of the statewide population by race. However only 41.1% of Hispanics are receiving any purchase of service dollars. In Figure 5 is the disparity gap increase for the 3-22 populations. In Figure 6 it is demonstrated that service to Hispanics is dramatically reduced from 43.6% as babies, to 26.7% as adults.

In all of the data charts (Figures 8, 9, and 10) it is notable that in all three ages groups Hispanics fall below the state average, showing a deficit of $-239 (Figure 8, birth-two) to $-5,259 (Figure 10, as adults: 22+) below the norm. An even more alarming fact would be the data that was collected on Hispanic families that are not receiving any Purchase of Service (POS) dollars, which can be seen in Figures 11, 12, and 13.

Discussion of the Findings

As noted by the Association of Regional Center Agencies report titled *On the Brink of Collapse* (ARCA, 2015), it could be said that perhaps all Regional Centers in California are underfunded, therefore all of its consumers are underserved (p. 3); however Latino consumers are severely underserved due to the following obstacles: Language
Figure 2. Statewide data for consumers by language: ages birth to two Spanish-speaking consumers make up 26.9% of the statewide data, however only 25.1% are noted in expenditures. This would leave a disparity of approximately 1.8%.


Access Issues / Cultural Perceptions, Funding Issues within the State of California, and the urgent need to teach self-determination skills to Latino children with diverse abilities in a culturally appropriate manner.

In Figures 11, 12, and 13 display the statewide data for regional center consumers that receive no purchase of service dollars. Among the highest in all three age groups are Hispanic, Native American, Asian and Black consumers.
Figure 3. Statewide data for consumers by language: ages three to twenty-one: Spanish-speaking consumers make up 25.0% of the statewide population; only 17.2% of that population is noted in the expenditures. Here the disparity gap is increased to 7.8%.


Language Access Issues / Cultural Competence

“California is the most diverse state in the country, with approximately 7 million Limited English Proficient (LEP) residents and over 200 different languages over a vast geographic area” (Judicial Council of California, 2015, p. 2) Language access issues within the state of California have been a challenge that the state has continuously worked on improving for the diverse residents within the state (Judicial Council of
Figure 4. Statewide data ages twenty-two and up (adult consumers): Here not only do we see the disparity gap of 4.5%, but we also see the overall percentage of Spanish speaking families significantly reduce from 25% to 13.7%.


California, 2015, p. 3). According to the Department of Developmental Services Fact Book (2016) Hispanics remains the fastest growing segment of the DDS population, increasing from 31.8% in January of 2005 to 36.7% in January 2015 (p. 11). “It is believed that the capacity for self-determination may be linked to a higher quality of life for individuals with disabilities; yet little attention has been paid to the role of ethnicity in the development in self-determination” (Rodriguez & Cavendish, 2012).
Figure 5. Statewide data on consumers by race, birth to two:
Consumers by race. Disparities are noted for Hispanic consumers in the
expenditures, although they are minimal (approximately 2.5%) for the
birth to two populations.

Source: Retrieved from Disability Rights California. (n.d.,b). Disparity
of purchase of service dollars at the regional centers. [Microsoft
PowerPoint software]. Retrieved from
www.disabilityrightsca.org/pubs/F09901.pptx

In 1973 the Dymally-Alatorre Bilingual Services Act was enacted due to
several factors that were concerning lawmakers. One concern was that there was a
substantial portion of California’s population that could not communicate with their
government offices due to language barriers and second, it was noted that state and local
agencies were not able to communicate with people about requiring their services
(California State Auditor, 1999, p. 5). The Act was intended to ensure that individuals,
who did not speak or write English as a first language, were not deprived from accessing
Figure 6. Statewide data for ages three to twenty-two: Consumers by race make up 42.6%, yet only 31.9% of the Hispanic population make up the total expenditures. There is a difference of approximately 10.7%

Disparity of purchase of service dollars at the regional centers.

public services due to language barriers. The Act required local agencies to adhere to the following requirements for LEP populations that comprised five or more percent of the population: A) employ a sufficient number of qualified bilingual staff as well as B) “translate documents that explain available services into the languages of their constituents” (p. 5).

However, simply hiring bilingual staff and translating documents is not enough. Cultural competence and knowledge of the specific culture of interest is imperative in outreaching diverse communities. According to the CA Self-Determination
Interim Reports (Conroy et al., 2001), one of the barriers noted by Service Coordinators (SC’s) from East Los Angeles Regional Center, whose Hispanic population was 64% at the time of the pilot, was that there were cultural barriers in implementing Self determination with some of the Latino and Asian communities (Conroy et al., p. 28) For example, some Services Coordinators (SC) reported challenges in working with cultures who actually expressed the preference to let the “professionals” tell them what to do (p. 28) rather than experiencing independency, which is a prominent factor of becoming self determined. Furthermore it was noted that SC’s awareness of cultural differences had
Figure 8. Statewide per capita expenditures and variance from average for regional center consumers ages zero to two: Per capita expenditures are estimated at about $3,983, however the Variance from the Average is approximately $239 below the statewide average.


resulted in staff referring more often to families rather than just with person with the disability, although that person remained the primary focus (p. 28).

Even with increased emphasis on students with disabilities involvement in their transitional planning, there has been a continued disparity in national high school completion rates and post-high school transition outcomes for students with disabilities in general, and Latino students with disabilities in particular. (Green & Winters, 2005)

As of 2014, high school graduation rates are currently at an all-time high, however “unacceptably low levels of students of color, low-income, English Language Learners (ELL) and student with disabilities are graduating” (Americas Promise Alliance, p. 3). Furthermore, “Black and Latino students are still graduating ten and six percentage points
Figure 9. Statewide per capita expenditures by race & variance from average for regional center consumers ages three to twenty-one. Here we notice again that with the increase with age, the larger the disparities. In this case the variance from the average drops down to approximately $1495 below the statewide average.


behind the national average and students with disabilities still lag almost 20 percentage points behind the nation graduation rate” (Americas Promise Alliance, p. 3).

Of students with disabilities enrolled in postsecondary education seventy-two percent did not report having a disability to the higher education institution and would therefore not be eligible to obtain accommodations that might improve their chances of success in that environment; the willingness to advocate for oneself to obtain these accommodations is one of the hallmarks of self-determination. (Rodriguez & Cavendish, 2012, p. 153)
Figure 10. Statewide per capita expenditures by race & variance from average for regional center consumers ages twenty-two and older. Here the variance from the statewide average dips down to $15.259, notable more than any other race.


Self-Determination Skills and Latino Students

Self-determination is truly believing you control your own destiny. “It means making your own choices, learning to effectively solve problems, and taking control and responsibility for one’s life. Practicing self-determination also means experiencing the consequences of making your own choices” (PACER, 2016, p. 1). It is believed that the capacity for self-determination may be linked to a higher quality of life for individuals with disabilities (Rodriguez & Cavendish, 2012, p. 152). Therefore equipping our children (especially those who are underserved) with the skills, attitudes, and
Figure 11. Statewide data for regional center consumers with no purchase of service dollars – (ages: birth to two).


opportunities to play an active and prominent role in their learning and planning for the future is considered a best practice in the field of Special Education (Cabeza et al., 2013)

People with developmental disabilities need to be taught in a way that is encouraging and offers a safe environment to practice what they learn. Practicing self-advocacy skills during the process of self-determination may be new territory for some, as they may not have had the opportunity or freedom in the past to act on their own behalf (Robert Wood Johnson Foundation. (2007, p. 19).

According to the Hamill Institute on Disabilities:
Figure 12. Statewide data for regional center consumers with no purchase of service dollars (three to twenty-one). Hispanic and Black populations make up the highest percentages of no services dollars.


The two most recent authorizations of the Individuals with Disabilities Education Act (IDEA, 2004) have placed an increased importance on both the transition of students from high school into the community and the role of self-determination in making that transition. (Rodriguez & Cavendish, 2012, p. 152)

Although promoting self-determination is an increasing theme in federal policy initiatives and best practice recommendations, “. . . little is known about how educators are actually addressing self-determination within the school curriculum” (Tennessee Department of Education, 2013, p. 1).

There was very minimal research found on specifically how self-determination is applied within the Latino culture; however a study by Rodriguez and Cavendish (2012) examine how self-determination levels varied amongst male and
Figure 13. Statewide data for regional center consumers with no purchase of service dollars – (adult consumers).


female students with disabilities that were of Latino vs. Anglo descent. In this study, a sample of one hundred and fifty-seven students with disabilities enrolled in six high schools in the same Urban area was collected and students from both ethnicities were convened to complete survey measures on self-determination, accommodations and modifications were made according to the child’s abilities. The Arc Self-Determination Scale was used to determine the student’s levels of self-determination (Rodriquez & Cavendish, 2012, pp. 154-155). The scale is “a seventy-two item self-report measure that includes s score for global self and subscales for individual autonomy, self-regulation, psychological empowerment, and self-realization” (Bremer, Kachgal & Schoeller, 2003). Researchers reported under summary results that Latino students with disabilities
reported higher levels of self-determination than their Anglo peers. Females scored significantly higher in measured levels of self-determination for both Latino & Anglo groups of students. Differences occurred primarily among male students rather than female students (Rodriguez & Cavendish, 2012, pp. 158-159).

Among Latino students with disabilities, “environments that encouraged an intellectual cultural orientation and that were more, not less, controlling were associated with higher levels of self-determination” (Rodriguez & Cavendish, 2012, p. 160). Furthermore it was noted by prior research that Latino family environments were suggested to be “more cohesive and controlling than Anglo family environments” (Rodriguez & Cavendish, 2012). The differences in the family environments such as Cohesiveness, Organization and Control were significant in the overall outcomes and measurements. “Ethnicity explained a significant amount of variance in self-determination, after controlling for perceptions of family environments in males, but showed no additional effect for females” (Rodriguez & Cavendish, 2012, p. 160). This study provides substantial evidence that ethnicity and gender need to be taken into consideration “when structuring environments that nurture the development of self-determination in students with disabilities;” it also should be referenced in developing secondary transition goals (Rodriguez & Cavendish, 2012, p. 160). For example, Rodriguez and Cavendish’s (2012) states that “Work environments that encourage cohesiveness, through a team-oriented approach may be more suitable for some Latino students, as opposed to environments that foster competition and independence” (p. 160).
Funding Issues within the State of California

“The Lanterman Act once made California a leader in services to individuals with developmental disabilities” (ARCA, 2015, p. 4). Regional centers were established under the Lanterman Act in the 1960’s to offer people with developmental disabilities and their families “an alternative to institutional care” (ARCA, 2015, p. 3). However, after years of “State and Federal underfunding,” the state has fallen far behind in achieving key indicators of services and developing a support system to this population (ARCA, 2015, p. 4). “California spends less on its developmental services system for each resident of the state than most other states in the nation;” as of 2015 “California spent the least amount than any other state on services for individuals with developmental disabilities who qualified for ‘Medicaid Waivers.’” (ARCA, 2015, p. 4). As of 2015 regional centers served approximately 280,000 individuals with over 99% living outside of the state-run institutional setting (ARCA, 2015, p. 7). Over 24% of individuals with developmental disabilities served by California’s regional centers primarily speak a language other than English (ARCA, 2015, p. 54).

According to the Autism Society of Los Angeles, The new Self Determination Program is available to all eligible regional center consumers, regardless of his or her qualifying disability, race, education, income or native language. In fact, the law specifically states that the participants should reflect the diversity of their communities and regional centers are directed to ensure that individuals from underserved communities are informed of the Self Determination Program (Autism Society of Los Angeles, 2014, p. 2). Many regional centers are actively addressing the issues around
access and cultural diversity, but must first identify what are obstacles and barriers are within each community before they can accurately address the problem.

Regional centers as well as other service providers continue to strive to meet the increasing demands of greater cultural and linguistic diversity, but funding again poses as one of the main problems (ARCA, 2015, p. 54). The level of funding for services and supports to individuals, has a direct impact on the outcomes of each individual's experience (ARCA, 2015, p. 15). According to the National Core Indicators (NCI) in the 2011-12 Fiscal year, it was reported that “63% of respondents in California, compared to the 74% nationally reported that service coordinators called them back in a timely manner” (ARCA, 2015, p. 15). Financial issues within the state of California also act as a barrier for individuals trying to access services:

At this point, California spends the least amount of any state on services for each individual with a developmental disability that qualifies for community-based services eligible for federal funding (through federal/state agreements known as Medicaid Waivers). (Association of Regional Center Agencies, 2015, p. 4)

When ARCA asked the regional centers to report back on what were the primary services that were difficult to secure for non-English speaking families (both children and adults) these were what staff identified:

- For children: regional center staff reported obstacles in obtaining many clinical services such as “behavioral services, speech therapy, and medical services. 62% of the centers identified the primary barrier was the provider's inability to identify qualified staff to provide these services in the required languages. (ARCA, 2015, p. 54)
- For adults: the most difficult service to secure was residential homes and day programs, which oftentimes employ lower-wage staff. Approximately 53% of regional centers reported the primary challenge was service rates that do not allow providers to recruit bilingual staff, whereas only 33% reported that the primary barrier was the service provider's inability to identify bilingual staff. (ARCA, 2015, p. 54)
When these obstacles are coupled with the need to provide specialized case management, bilingual/bi-cultural, “it is clear that underfunding of both case management and services for this population has a negative impact on service access” (ARCA, 2015, p. 54). California currently provides services to over a quarter of a million people, and assists consumers and their families to thrive in community settings. It is something that “California knows how to do and has historically done well; however erosion of funding for the system has left it struggling to maintain” (ARCA, 2015, p. 55). Fortunately the Lanterman Act remains strong and parents as well as advocates continue to work to keep the system secure (ARCA, 2015, p. 55).
CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

What has become most apparent during this investigation is how powerful and influential self-determination is once you are conscious of its existence. The research on how the theory was developed, reading about its many applications throughout the nation and how people with diverse-abilities have embraced this movement over the years was fascinating both personally and professionally.

This investigation described how the new Self Determination Program (law) for individuals with developmental disabilities was founded on the empirical principles and evidence-based practices of the Self Determination Theory (SDT). The two most renowned researchers in this field are Edward Deci and Richard Ryan, from whom many of the articles and research was reviewed in the Literature Review of this study.

The rich history and background on how regional centers were founded within the state of California, under the Lanterman Act were reviewed, and the continual progress of self-determination and independence for people who have developmental disabilities was discussed. The implementations of the first self-determination pilot programs from the 1990’s) were also embedded throughout various chapters of my research, and served as a key component for this study.
Obstacles such as language access issues, the need to teach self-determination to Latino youth and funding issues within the state of California were reviewed and recommendations from prior regional center staff were also examined. Data on disparities for Latino consumers throughout the state of California was reviewed and spanned over ages ranging from birth to adulthood.

Limitations of the Study

One of the factors that minimized the data available for this study is the very minimal current information on how the new self-determination law that just passed in October of 2013 (Autism Society of Los Angeles, 2014) directly affects consumers of diverse (and specifically Latino) backgrounds, mainly because of political implementation issues within the state and federal policies. Many regional centers are waiting for the authorization from the Department of Developmental Services (DDS) to move forward with the implementation of the new pilot programs. The state of California has been approached by several different entities with concerns on what procedural safeguards will be in place to insure that abuse or other negative consequences do not occur with this especially vulnerable population. More clarity is needed on what services can be purchased by families /individuals (Far Northern Regional Center & State Council on Developmental Disabilities, 2015, p. 4). Other issues with the actual implementation of the law have been that the state has to insure that the POS dollars are not segregated, and clarifying that all services, locations, etc. are inclusive and not keeping people with developmental disabilities separated from the general public. The state of California is in the process of developing several “Transitions Plans” to insure the state meets federal
requirements during implementation stages. Residential services are expected to change. Some of those changes will be that consumers will now have access to private rooms with keys and they will also have a key to the house in which they reside (Far Northern Regional Center & State Council on Developmental Disabilities, 2015, p. 4).

Conclusions

Communities of color in general are underserved, not just the Latino population. Discrepancies for Purchase of Service (POS) dollars have been identified as a statewide issue throughout the Regional Center system. Black, Native American and Asian communities were often noted as being underserved in the data along with Latino communities.

Regional centers are on the “brink of collapse” (ARCA, 2015). There are substantial funding issues that need to be addressed before delivery systems can be improved. Caseload ratios for service coordinators should be addressed, particularly for those who are bilingual because case coordination for Limited English Proficient (LEP) consumers is often more in depth and difficult to find services for.

The importance of developing self-determination skills is key for anyone, regardless of ethnicity, in reaching autonomy and living a more independent and satisfying life. Therefore the new self-determination law for individuals with diverse-abilities is so important as we progress towards true inclusion within the state.

Access issues are far greater and in more depth than what this study covers. Levels of self-determination vary depending on if an individual's needs are being met. Families living in poverty, whether they live in rural or urban communities, and if they
are in abuse and/or unstable environments are also all issues that affect one’s ability to achieve a level of self-determination.

Recommendations

Little research has been done specifically on the implications of self-determination on Latino populations with diverse-abilities. It would be interesting to collect more data on the implementation of self-determination programs during the different stages of life (e.g. early intervention, school age, and post secondary / transition into adulthood). It is also important to remember that many families may be frustrated with the regional center system, as noted in the Recommendations for System Level Changes section of the Interim reports, “people with disabilities and their families agreed to try the program, even though many had years of negative experiences and broken promises in trying to organize support services” (Far Northern Regional Center & State Council on Developmental Disabilities, p. 97). I would like to strongly encourage further researchers in this area to do so in collaboration with state appointed parent centers (such as Parent and Training Information centers, PTI’s and Family Empowerment Centers FEC’s).

Recommendations for further research would be to gather research on how the new self-determination pilot programs within California have empowered or limited Latino consumers and/or their families; Person Centered Planning may differ for Latino consumers due to cultural difference and higher levels of family involvement as noted by researchers Rodriguez and Cavendish (2012). Other topics could include how to
incorporate self-determined goals for Latino students in secondary transition IEP’s, and what supports or hinders success for Latino students after high school.
REFERENCES
REFERENCES


62


*Independent evaluation of California’s self-determination pilot projects: Second year interim findings.* The Center for Outcome Analysis.


doi: 10.1037/a0012801


University of Illinois at Chicago National Research & Training Center. (2002). Self-determination framework for people with psychiatric disabilities. Chicago, IL
APPENDIX A
<table>
<thead>
<tr>
<th></th>
<th>Traditional Regional Center Service Provision</th>
<th>Self-Determination Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility - Age</td>
<td>All ages</td>
<td>Over age of 3</td>
</tr>
<tr>
<td>Eligibility - Living Arrangement</td>
<td>All settings</td>
<td>Must live in community. Can use SDP in licensed long-term health facility if you are expected to move to the community within 90 days</td>
</tr>
<tr>
<td>Planning Process</td>
<td>Individual Program Plan (IPP) - Meeting where goals are established and services and supports are decided</td>
<td>Person Centered Plan (PCP) - A group of people focus on an individual and that person's vision of what they would like to do in the future. The IPP team shall use the Person Centered Planning process to develop the IPP</td>
</tr>
<tr>
<td>Frequency of planning process</td>
<td>IPP at least every three years, annually at most regional centers, or within 30 days of a request</td>
<td>PCP at least annually but as often as needed</td>
</tr>
<tr>
<td>Who decides what services I get?</td>
<td>Regional Center, but you can reject services</td>
<td>You, to meet the objectives in the IPP</td>
</tr>
<tr>
<td>Who pays the bills?</td>
<td>Regional Center</td>
<td>Financial Management Service</td>
</tr>
<tr>
<td>Do services have to be provided by vendors of the regional center?</td>
<td>Yes, except in very limited circumstances.</td>
<td>No</td>
</tr>
<tr>
<td>Who finds the service providers?</td>
<td>Regional Center</td>
<td>You, Independent Facilitator, Financial Management Services, Friends, and Family</td>
</tr>
<tr>
<td>Does regional center monitor the quality of a service provider?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Are services that are available through generic agencies like school or Medi-Cal paid by regional center or thru my budget?</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Can you change service providers?</td>
<td>Yes.</td>
<td>Yes</td>
</tr>
<tr>
<td>Do I have appeal rights?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

APPENDIX B
Self-Determination Program
DDS Deliverables

DDS shall ensure all of the following:

- Oversight of expenditure of funds used for the SDP [§4685.8 (b)(2)(A)];
- Achievement of participant outcomes over time [§4685.8 (b)(2)(A)];
- Increased participant control over which services and supports best meet their needs and IPP [§4685.8 (b)(2)(B)];
- Services may come from service providers, local businesses, consumer's hiring own support workers, or negotiating unique service arrangements with local community resources [§4685.8 (b)(2)(B)];
- Comprehensive person-centered planning, including an IB and services that are outcome based [§4685.8 (b)(2)(C)];
- Consumer and family training on the principles of self-determination, the planning process and the management of budgets, services and staff [§4685.8 (b)(2)(D)];
- Choice of independent facilitators to assist with person-centered planning process and FMS providers [§4685.8 (b)(2)(E)];
- Innovation that will more effectively allow participants to achieve their goals [§4685.8 (b)(2)(F)];
- The department shall ensure that regional centers are trained in the principles of self-determination, the mechanics of the SDP, and the rights of consumers and families as candidates for, and participants in, the SDP [§4685.8 (e)].

Criminal Background Clearances

- Office of Protective Services shall administer criminal background checks consistent with the Department's authority and process described in § 4689.2 to §4689.6;
- Issue a program directive that identifies nonvended providers of services and supports who shall obtain a criminal background check [4685.8 (w) (1) (A) (B)].

Waiver Application Submission

- DDS shall apply, on or before December 31, 2014, for Federal Medicaid Funding [§4685.8 (b)(1)];
- DDS shall determine, as part of the contracting process, the number of SDP participants each RC shall serve [§4685.8 (b)(1)];
- Update regional center contracts to include SDP;
- The department, in consultation with stakeholders, shall develop informational materials about SDP [§4685.8(e)].

Legislative Report

Commencing January 10, 2017, the department shall annually provide the following information to the appropriate policy and fiscal committees of the Legislature:

- Number and characteristics of participants, by regional center [§4685.8 (y)(1)];
- Types and amount of services and supports purchased under the Self-Determination Program, by regional center [§4685.8 (y)(2)];
- Range and average of individual budgets, by regional center, including adjustments to the budget to address the adjustments permitted [§4685.8 (y)(3)];
- The number and outcome of appeals concerning individual budgets, by regional center [§4685.8 (y)(4)];
- The number and outcome of fair hearing appeals, by regional center [§4685.8 (y)(5)];
- The number of participants who voluntarily withdraw from the Self-Determination Program and a summary of the reasons why, by regional center [§4685.8 (y)(6)];
- The number of participants who are subsequently determined to no longer be eligible for the Self-Determination Program and a summary of the reasons why, by regional center [§4685.8 (y)(7)].
Regional Center Self-Determination Program Deliverables

Each regional center shall be responsible for implementing the SDP as a term of its contract under Section 4629. As part of implementing the program, the regional center shall do both of the following: §4685.8 (t)(

- Contract with local consumer or family-run organizations to conduct outreach including special outreach to underserved communities §4685.8 (t)(1));
- Conduct SDP training, jointly with local consumers or family run organizations §4685.8 (t)(2));

Establish a local volunteer advisory committee to provide oversight of the SDP §4685.8 (x)(1));
- Vendor a Financial Management Services provider §4685.8(v));
- Regional center shall establish a process for enrolling and transitioning individuals into and out of SDP §4685.8 (f)).

Local Agency Self-Determination Program Deliverables

State Council on Developmental Disabilities shall -
- Form a volunteer committee that meets twice annually §4685.8 (x)(2));
- Synthesize information received from the Statewide Self-Determination Advisory Committee, local advisory committees, and other sources;
- Share the information with consumers, families, regional centers, and the department, and make recommendations, as appropriate, to increase the program's effectiveness in furthering the principles of self-determination §4685.8 (x)(2));
- Issue a report to the Legislature, no later than three years following the approval of the federal funding on the status of the Self-Determination Program and provide recommendations to enhance the effectiveness of the program. This review shall include the program's effectiveness in furthering the principles of self-determination, including all of the following §4685.8 (z)(2)): ...
- Freedom
- Authority
- Support
- Responsibility
- Confirmation

Financial Management Services provider
- Provide the participant and regional center service coordinator with a monthly individual budget statement describing the amount of funds allocated by budget category §4685.8 (u)); and
- The financial management services provider is required to apply for vendorization for the Self-Determination Program §4685.8 (v)).

Source: Data acquired from Far Northern Regional Center & State Council on Developmental Disabilities North State Office. (2015, June 12). Far Northern Regional Center Archives, Chico, CA. Self Determination Advisory Committee, pp. 1-3.
You have the right to an interpreter.

Usted tiene el derecho a un intérprete.

If you are displeased with the bi-lingual services you receive, you can file a complaint.

www.dds.ca.gov/Complaints/Complt_Bilingual.cfm

In compliance with the Dymally-Alatorre Bilingual Services Act (Government Code section 7290 et seq.), DDS provides translation of written material regarding DDS services in its threshold languages as well as verbal interpretation for the public who are non-English or limited English speaking.

State of California Department of Developmental Services

Ethnicity

The predominant trend in the ethnic makeup of the population continued in 2015. Hispanics remain the fastest growing segment of the DDS population, increasing from 31.8% in January 2005 to 36.7% in January 2015. Over this same period, the white population decreased from 42.4% to 33.8%.

Table 4

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>January 2005</th>
<th>January 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Consumers</td>
<td>Percentage of Total</td>
</tr>
<tr>
<td>White</td>
<td>85,226</td>
<td>42.4%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>63,938</td>
<td>31.8%</td>
</tr>
<tr>
<td>Black</td>
<td>20,732</td>
<td>10.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>10,946</td>
<td>5.4%</td>
</tr>
<tr>
<td>Other</td>
<td>20,209</td>
<td>10.1%</td>
</tr>
<tr>
<td>Total</td>
<td>201,051</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Figure 4

Number of Consumers by Ethnicity
January 2005 to January 2015