| No. | Public Policy Measures | Baseline 12/14 | State Average 12/14 | Planned Activities | Outcome |
|-----|--|---|---------------------|---|---------|
| 1 | Number and percent of regional center caseload in state developmental center (lower is better) | 82 clients or .42% of clients served by Alta | | Implement the 2015-16 ACRC Community Placement Plan (CPP). Coordinate the development of living options for individuals included in the CPP. Participate in the planning and implementation of the Difficult to Serve Project. Continue to utilize deflection options in the community to avoid unnecessary admissions to state developmental centers. | |
| 2 | Number and percent of minors living with families (includes living with own family, with foster family or with guardian) (higher is better) | 8,347 clients or 99.16% of clients under age 18 | | Continue to provide family support such as respite services, consultation in behavioral management, parenting classes, toilet training, and adaptive skills development. Provide supportive nursing care and/or respite to medically fragile children. Maximize the use of community resources that provide supports to families to assist them in maintaining their children at home. Continue to collaborate with foster care system. Provide timely and effective outreach to families about available resources and support services (e.g., Warmline, community-based training and agency training). Explore opportunities to utilize or develop after-school programs for clients 13 to 18 years of age. Inform eligible families about IHSS benefit. | |
| 3 | Number and percent of adults living in home settings (includes independent living, supported living, adult family home agency homes, and with parents or guardians) (combination of #3a, 3b, 3c, 3d) | 8,619 clients or 79.68% of clients 18 years and older | | Develop competency among Independent Living Services providers, Supported Living Services providers, ACRC staff, and families (leading to increased client self sufficiency) through various teaching modalities. Maintain use of available assessment tools (e.g., transition questionnaires) to gather client data reflecting living options choices and needs. Foster client self sufficiency through the ACRC client Advocate's work with the ACRC client Advisory Committee. Provide information and resources to young adult clients in transition to adulthood, and to their families, regarding living options. Establish an expectation that service coordinators and providers work closely with clients, families and advocates to support clients' life-long planning for self sufficiency. Engage Board Advisory Committees in educating families of adults in life-long planning for clients. | |

| | | | Continue to provide training on Individual Program Plans, acknowledging changing needs relative to life stages. Strengthen timely training on transition planning (emphasizing collaboration with Education) and on issues such as guardianship and conservatorship. | |
|----|---|---|--|--|
| 3a | Number and percent of adults living in home settings (focus on supported living) (higher is better) | 482 clients or 4.46% of clients over age 18 | See #3. | |
| 3b | Number and percent of adults living in home setting (focus on adult family home agency homes) (higher is better) | 107 clients or 0.99% of clients 18 years and older | See #3. | |
| 3c | Number and percent of adults living in family homes (home of parent or guardian) (higher is better) | 5,918 or 54.71% of clients 18 years and older | See #3. | |
| 3d | Number and percent of adults living in home settings (focus on independent living) (higher is better) | 2,112 clients or 19.52% of clients 18 years and older | See #3. | |
| 4 | Number and percent of minors living in facilities serving greater than 6 people (includes intermediate care facilities of all types, skilled nursing facilities and community care licensed facilities) (lower is better) | | See #2. Assess children living in settings serving more than 6 children and identify family home environments for these children, whenever possible. Offer technical assistance and resources to families of minors regarding available living options. Encourage development of living options for children with special behavioral and/or medical needs. | |

| 5 | Number and percent of adults | 349 clients or | 2.96% | See #3. | |
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| | living in facilities serving greater | 3.23% of clients | | | |
| | than 6 people (includes | 18 years and older | | | |
| | intermediate care facilities of all | | | | |
| | types, skilled nursing facilities and | | | | |
| | community care licensed facilities; | | | | |
| | does not include residential care | | | | |
| | facilities for the elderly) (lower is | | | | |
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Public Policy Measures

Public Policy Outcomes for Which Statewide Average and ACRC Data Are Not Available

*UD = Under Development (DDS is working on developing measurement methodology)

| No. | Measure | | | Planned Activities | Outcome |
|-----|---|-----|----|--|---------|
| 1 | Number and percent of adults with earned income and average wage (aggregate) (increase) | UD* | UD | Assure that clients have innovative employment opportunities through the expansion of micro-enterprise and competitive employment. | |
| | | | | Aid the supported Life Institute in informing families and clients about the annual Supported Life Conference. Support clients interested in obtaining work within their communities. | |
| 2 | Number and percent of adults in supported employment (increase) | UD | UD | Offer technical assistance and resources to young adults in transition to adulthood, and to their families and parents of adults, regarding services and support options. Partner with education on transition planning from school to adult life. Collaborate with ACRC's supported employment providers in the training of agency staff about this service code. | |
| 3 | Access to medical services (increase) | UD | UD | Continue to assist clients and families to access medical support resources such as MediCal. Review, through ACRC's Risk Management Committee, Special Incident Report trends. Continue to participate in meetings of local government that address unmet transportation needs, with the goal of increasing public transportation services to clients. Continue to collaborate with health professionals and public mental health agencies to address coordination of services for ACRC clients. | |
| 4 | Number of clients per thousand who are victims of abuse (decrease) | UD | UD | Offer technical assistance and resources to clients and families to increase awareness, promote safety and prevent exploitation and abuse. Collaborate with community partners to share information, education and resources. Maintain a Risk Mitigation committee. | |

| Planned Activities Outcome | | |
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Public Policy Measures

Locally Developed Policy
Perfomance

| | Perfomance | | | | | | |
|-----|--|---|---------|--|--|--|--|
| No. | Measure | Planned Activities | Outcome | | | | |
| 1 | Increase awareness of the cultural diversity and improve services for all ethnic groups served by Alta California Regional Center using Purchase of Service Data Relating to Age, Race, Language, and Disability, to measure outcomes. | Statement: The Department of Developmental Services (DDS) is required to compile data relating to purchase of service (POS) authorization, utilization, and expenditure by each regional center with respect to client age, race or ethnicity, primary language, and disability detail. The data, includes residence type as well as number and percent of clients who are eligible for regional center services. The Alta California Regional Center (ACRC) is committed to providing equitable access to and delivery of culturally and linguistically competent services and supports. | | | | | |
| | | Provide training for Alta California Regional Center Board of Directors and staff related to cultural awareness in regional center services. | | | | | |
| | | Work with service providers to increase awareness of regional center services for minority populations they serve. | | | | | |
| | | Offer educational supports to clients and families utilizing bilingual cross cultural communication mentors/translators during the intake process and continuing until an IFSP or IPP is developed and implemented. | | | | | |
| | | Continue to hire staff that represents the diverse community served by ACRC. | | | | | |
| | | ACRC will conduct community informational meetings to discuss purchase of service data collected and to solicit general input that would improve services to underserved populations. | | | | | |
| 2 | Percent of total annual expenditures by individual's residence type and ethnicity. | ACRC will continue to work with clients and families to assure that residence type meets the needs of the client. | | | | | |
| 3 | Percent of total annual authorized services for individuals by residence type and ethnicity | ACRC will continue to work with clients and families to assure that residence type meets the needs of the client. | | | | | |

STATEMENT OF ASSURANCES

| This is to assure that | Alth | CALIFORNIA | Keylonal Cent | <u> Year 2016</u> |
|------------------------|---------------|------------------|---------------------|-------------------|
| Performance Contrac | t was develop | ed in accordance | e with the requirem | ents specified in |
| Welfare and Institutio | ns Code sect | ion 4629 and the | Department of Dev | /elopmental |
| Services' (DDS) Year | 2016 Perform | nance Contract | Guidelines. | • |

The performance contract was developed through a public process which included:

- Providing information, in an understandable form, to the community about regional center services and supports, including budget information and baseline data on services and supports and the regional center operations [WIC 4629 (c)(B)(i)];
- Holding at least one public meeting to solicit input on performance objectives and using focus groups or surveys to collect information from the community [WIC 4629 (c)(B)(ii)];
- Providing at least 10 calendar days advance public notice of the date(s) of the public meeting (DDS Guidelines);
- Circulating a draft to the community of the performance contract plan relative to the public policy and compliance outcomes identified in the DDS Performance Contract Guidelines, and any locally developed policy outcomes prior to presenting the contract to the regional center board for action [WIC 4629 (c)(B)(iii)];

 Providing an opportunity for additional public input and consideration of that input at the regional center board meeting prior to board action on the proposed performance contract [WIC 4629 (c)(B)(iii)].

Signature of RC Director

Date:

2015