San Andreas Regional Center

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Performance Report for San Andreas Regional Center

Every year, the Department of Developmental Services (DDS) contracts with regional centers in California to serve consumers and families. And, every year DDS looks at how well the regional centers are doing. This report will give you information about your regional center.

Last year, at San Andreas Regional Center (SARC) we served about 17,300 consumers. The charts on page two tell you about the consumers we serve. You'll also see how well we are doing in meeting our goals and in fulfilling our contract with DDS.

At SARC, we want to improve every year, do better than the state average, and meet or exceed the DDS standard. As you can see in this report, we did well in halving the percentage of individuals housed in state developmental centers and of adults housed in large facilities; increased the proportion of children in family homes and adults in home-like settings; and kept our disparity measures largely consistent. But, we still need to improve in completing our required reporting (such as individual program plans and individual family service plans) in a timely fashion.

During 2017, San Andreas staff worked hard to expand our outreach to all of our different cultural and ethnic communities, including by dedicating a full-time specialist position solely to outreach and disparity. Another full-time position was dedicated entirely to developing more community employment opportunities for the people we serve. San Andreas has been an active hub for collaborating with community and grassroots organizations, service providers, and families on these issues.

San Andreas has also maintained a leading focus on developing new and innovative residential care homes and community services for difficult-to-serve individuals exiting the state developmental centers and institutes for mental disease. As of October 2017, San Andreas moved the last of its residents out of the Sonoma Developmental Center and has only a handful remaining at Fairview and Porterville Developmental Centers. San Andreas continues to collaborate with community health plans, county social services, law enforcement and the courts, service providers, and families to minimize the institutionalization of individuals under our care.

We hope this report helps you learn more about SARC. If you have any questions or comments, please contact us!

This report is a summary. To see the complete report, go to: www.sanandreasregional.org.

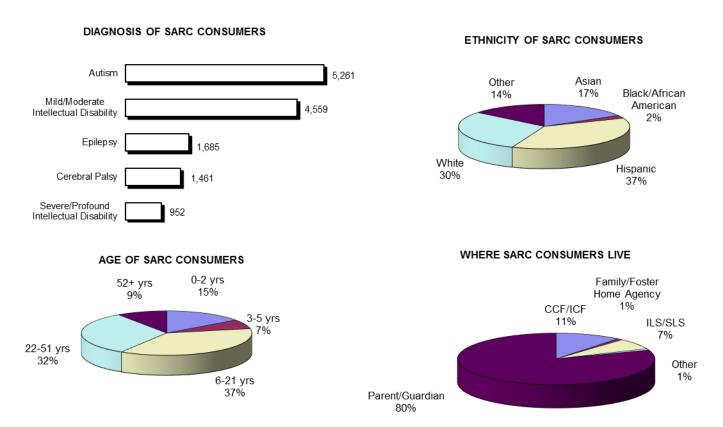
Or contact James Elliott, Special Projects Manager, at (408) 341-3828 or jelliott@sarc.org

Director, San Andreas Regional Center

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Who uses SARC?

These charts tell you about who SARC consumers are and where they live.



How well is SARC performing?

This chart tells you about five areas where DDS wants each regional center to keep improving.

The first column tells you how SARC was doing at the end of 2016. And, the second column shows how SARC was doing at the end of 2017.

To see how SARC compares to the other regional centers in the state, compare the numbers to the state averages (in the shaded columns).

Regional Center Goals	Decemb	er 2016	December 2017		
(based on Lanterman Act)	State Average	SARC	State Average	SARC	
Fewer consumers live in developmental centers	0.30%	0.08%	0.21%	0.04%	
More children live with families	99.24%	98.74%	99.32%	98.95%	
More adults live in home settings*	78.89%	77.68%	79.61%	78.32%	
Fewer children live in large facilities (more than 6 people)	0.05%	0.01%	0.04%	0.04%	
Fewer adults live in large facilities (more than 6 people)	2.60%	1.75%	2.47%	1.58%	

Notes: 1) Consumers can be included in more than one diagnosis category. 2) Residence Types: CCF/ICF is Community Care Facility/Intermediate Care Facility; ILS/SLS is Independent Living Services/Supported Living Services. 3) Home settings include independent living, supported living, Adult Family Home Agency homes, and consumers' family homes. 4) Green text indicates the RC remained the same or improved from the previous year, red indicates the RC did not improve.

Did SARC meet DDS standards?

Read below to see how well SARC did in meeting DDS compliance standards:

Areas Measured	Last Period	Current Period
Passes independent audit	Yes	Yes
Passes DDS audit	Yes	Yes
Audits vendors as required	Met	Met
Didn't overspend operations budget	Yes	Yes
Participates in the federal waiver	Yes	Yes
CDERs and ESRs are updated as required (CDER is the Client Development Evaluation Report and ESR is the Early Start Report. Both contain information about consumers, including diagnosis.)	95.76%	95.89%
Intake/Assessment timelines for consumers age 3 or older met	98.94%	98.03%
IPP (Individual Program Plan) requirements met	97.92%	95.32%
IFSP (Individualized Family Service Plan) requirements met	78.4%	77.7%

Notes: 1) The federal waiver refers to the Medicaid Home and Community-Based Services Waiver program that allows California to offer services not otherwise available through the Medi-Cal program to serve people (including individuals with developmental disabilities) in their own homes and communities. 2) The CDER and ESR currency percentages were weighted based on the RC's Status 1 and Status 2 caseloads to arrive at a composite score. 3) The IFSP calculation methodology was changed from composite to average in order to more accurately reflect the RC's performance by only including children reviewed during monitoring and not all Early Start consumers. 4) N/A indicates that the regional center was not reviewed for the measure during the current period.

- 1. Autism is now a leading diagnosis among our population, especially among our school-age (3-21 years) population.
- 2. School-age (3-21 years) is our largest age group.
- 3. The slight increase in children in large facilities reflects placement of regional center consumers by other agencies, such as children's social services or their local educational agency; no child is placed in a large facility by San Andreas.
- 4. The slight drop in timeliness of intakes reflects an increase in referrals by the local criminal courts for assessments for eligibility. In response, San Andreas has increased collaboration with local superior courts, district attorneys, and public defenders.
- 5. The decrease in reporting timeliness corresponds directly with a sharp increase in caseload staffing ratios.

How well is SARC doing at reducing disparities and improving equity?

These tables show you how well the regional center is doing at providing services equally for all consumers.

Percent of Expenditures and Consumers by Age Group and Ethnicity/race Fiscal years 2015-16 and 2016-17															
Age Group Measure		American Indian or Alaska Native		ASIAN I		African Prican Hispanic		Native Hawaiian or Other Pacific Islander		White		Other Ethnicity or Race			
		2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017
Birth to 2	Consumers	0.0%	0.0%	13%	15%	0.2%	0.2%	48%	49%	0.1%	0.1%	18%	20%	20%	16%
years	Expenditures	0.0%	0.0%	18%	20%	0.1%	0.3%	43%	40%	0.0%	0.1%	17%	20%	22%	21%
3 to 21	Consumers	0.0%	0.0%	24%	24%	2%	2%	40%	40%	0.2%	0.2%	22%	22%	12%	13%
years	Expenditures	0.0%	0.0%	23%	23%	3%	4%	35%	33%	0.3%	0.2%	28%	29%	11%	11%
22 years	Consumers	0.4%	0.3%	15%	15%	3%	4%	30%	31%	0.3%	0.3%	44%	43%	7%	7%
and older	Expenditures	0.3%	0.3%	10%	11%	3%	3%	23%	24%	0.3%	0.3%	56%	55%	6%	7%

Percent of Consumers and Total Expenditures by Language Fiscal Years 2015-16 and 2016-17									
Language	20	016	2	2017					
	Percent of Consumers	Percent of Expenditures	Percent of Consumers	Percent of Expenditures					
English	67.14%	80%	66.10%	78%					
Spanish	22.26%	12%	23.30%	12%					
Vietnamese	4.93%	3%	4.82%	3%					
Mandarin Chinese	1.67%	0.9%	1.61%	0.9%					
Tagalog	0.68%	0.7%	0.68%	0.7%					
Hindi (Northern India)	0.55%	0.4%	0.58%	0.4%					
Cantonese Chinese	0.48%	0.6%	0.44%	0.5%					
Korean	0.35%	0.2%	0.41%	0.2%					
Farsi (Persian)	0.25%	0.3%	0.27%	0.3%					

Note: Languages that fewer than 30 consumers chose as their primary language were not included in the table.

Want more information?

To see the complete report, go to: www.sanandreasregional.org

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