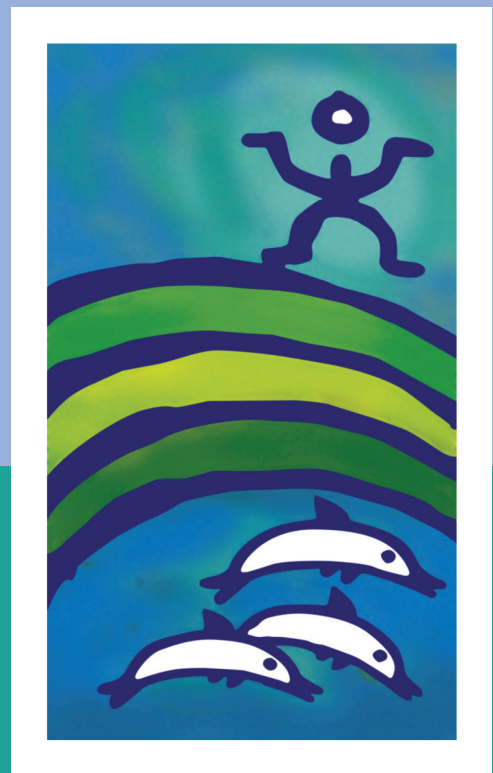


TRI-COUNTIES REGIONAL CENTER

# Strategic & Performance Plan 2007–2009 End of Year Report 2009



Enhancing the Quality of Life for Persons with Developmental Disabilities



## 1 Family Services

### What are the Family Services Strategic Issues?

- TCRC needs greater flexibility in resources to support families in crisis or at risk.

### Desired Outcome: What does TCRC want to achieve?

- Families have information about and access to the community services and agency programs necessary to safely care for their child/children and transition-age young adults residing in the family home.



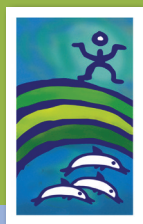
### Outcome Measures: How will we know we are making progress?

Outcome Measures	2005 Baseline	2006 Final	2009 Desired Outcome	2009 End of Year	2009 State Average	Desired Direction	Target Met
a. Percent of minors living at home (P) (in foster and family homes)	97.7% (4,337)	97.88% (4,653)	98.00% (5,417)	98.78% (5,345)	98.48% (115,813)	▲	Yes
b. Number and percent of minors living in facilities serving >6 (P)	0.27% (12)	0.21% (10)	0.24% (12)	0.17% (9)	0.13% (152)	▼	Yes
c. Survey Question (focused, specialized Autism survey) regarding families receiving information from TCRC about and access to services and programs	N/A	N/A	Baseline Data Collected	Baseline Data Collected	N/A	N/A	Yes

Note: (P) = DDS Performance Contract Measure. Goal for (P) measure is met when current TCRC # 1) meets or exceeds state average; 2) is better than TCRC baseline; 3) meets DDS Standard. ▲ Indicates that a higher value is better and ▼ indicates a lower value is better.

### Strategic Actions: Where are we now?

Strategic Actions	Current Progress
1. Create a model of crisis intervention that includes wrap-around services for children and transition-age young adults.	<p>Funding for a triage team, part of the new program development budget for Fiscal Year 2009/2010, is scheduled to be utilized in April, 2010.</p> <p>The triage team (psychologist, behaviorist, and physician) will provide input from referrals for in-home assessments to the planning teams; decisions regarding selection of services to be provided for children and families will be made with the benefit of this consultation.</p>
2. Develop and implement a person-centered parent training program that includes initial orientation to the system and interaction with Special Education Local Plan Area (SELPA) and public schools in all three counties.	<p>A panel of experts including a TCRC psychologist, school personnel (speech pathologist, administrator, occupational therapist, nurse, psychologist) discussed their roles in services for children with autism. Representatives from Special Education Local Plan Areas (SELPA), Area Board 9, and the Family Resource Centers also participated. Presentations occurred in Ventura County (Simi, March, 2009 and Oxnard, October, 2009) and Santa Barbara County (May, 2009).</p> <p>Autism was emphasized due to the high level of demand from parents for information and resources.</p>
3. Incorporate the TCRC Early Start Person Centered Plan into the Individualized Family Services Plan (IFSP) through development of collaborative relationships with educators in all three counties.	Action removed from Strategic and Performance Plan. Approved by TCADD in November, 2007.



## Strategic & Performance Plan 2007–2009

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Strategic Actions	Current Progress
4. Create an on-line resource for information including evidence-based practices and reimbursement information.	<p>The National Autism Center's National Standards Report was published in September, 2009; the information is available on-line on the TCRC web site. The Report has been reviewed by TCRC clinical staff and summarized for Services &amp; Supports Managers and Service Coordinators. The Report includes recommendations for age appropriate treatment modalities and is being used as a reference in planning team meetings, especially when requests for treatment outside of the "Established" category are received. The categories are Established Treatments, Emerging Treatments, Unestablished Treatments and Ineffective/Harmful Treatments.</p> <p>The Department of Developmental Services (DDS) Guidelines for evidence-based practice in autism are scheduled to be released in the early part of 2010. The document entitled "The ASD Best Practice Guidelines for Effective Intervention" will be used by TCRC to review autism services and supports.</p>
5. Develop and implement a focused, specialized survey regarding services for persons with autism.	<p>TCRC staff reviewed the survey results, sharing them with the TCADD Board, Autism Taskforce, community stakeholders, and TCRC clinicians and managers. Recommendations are being implemented, including preparing information on autism for families, planning an orientation for families new to TCRC with a child with autism, planning a Behavioral Intervention Training program for families interested in intensive behavioral services for their child, and training TCRC staff about autism.</p> <p>Informational materials have been developed collaboratively with Special Education Local Plan Areas (SELPAs) and Family Resource Centers, in English and Spanish, and are being distributed by SELPAs in all three counties.</p>
6. Build capacity in the service provider network of bilingual respite workers with qualifications to be linguistically and culturally appropriate.	<p>Across the eleven agencies queried, 26% of staff are bilingual. Bilingual workers collaborate with Service Coordinators to ensure sensitivity to cultural preferences and language needs. Activities of families aligned with cultural preferences are explored during the orientation of the respite worker to the family.</p>



## 2 Healthcare

### What are the Healthcare Strategic Issues?

- Information is not efficiently available for medical appointments or urgent care.
- Healthcare providers exhibit lack of knowledge regarding developmental disabilities.
- There is a lack of availability of mental health providers.
- Persons experience difficulty with comprehensive follow-up from the healthcare provider.
- A shortage of providers exists for those who are willing to take current rate of reimbursement.



### Desired Outcome: What does TCRC want to achieve?

- Persons with developmental disabilities have increased access to quality, affordable and timely healthcare.

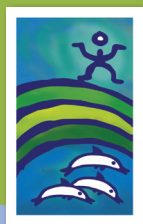
### Outcome Measures: How will we know we are making progress?

Outcome Measures	2005 Baseline	2006 Final	2009 Desired Outcome	2009 End of Year	2009 State Average	Desired Direction	Target Met
a. Number and percent of persons served who have annual medical exam	85.65% 197/230	71.38% 227/318	89%	91%	N/A	▲	Yes
b. Number and percent of persons served who have annual dental exam	69.74% 159/228	49.84% 153/307	74%	66%	N/A	▲	No
c. Number of presentations to healthcare professionals in training and in practice	Not Tracked	Not Tracked	3	9	N/A	N/A	Yes
d. Contact information for healthcare professionals is available	N/A	N/A	Distribute	Posted On Web Site	N/A	N/A	Yes

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### Strategic Actions: Where are we now?

Strategic Actions	Current Progress
1. Establish independent Purchase of Service (POS) vendor to ensure persons served have knowledge and use of insurance benefits.	<p>TCRC vendored an independent (POS) provider in March, 2009, to assist families with obtaining insurance benefits. In July 2009, Department of Developmental Services (DDS) mandated that all parents shall pursue insurance benefits prior to TCRC purchasing these services. TCRC informed parents and individuals of this change. Service Coordinators now must first ensure that generic resources and private insurance have been accessed before purchase of service is authorized.</p> <p>Training regarding accessing insurance is now included in a Service Coordinator Orientation module. A brochure providing information to families about access to insurance was developed and will be available for distribution in March, 2010.</p>



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Strategic Actions	Current Progress
2. Establish independent POS nurse case manager vendors to support individuals with complex medical health needs.	<p>Twenty-three (23) individual trainings in residential settings were provided by TCRC's Community Placement Plan (CPP) Nurse Specialist in 2009 to residential service provider staff. Three hundred sixty-six (366) individuals attended trainings on a range of topics including safety, diet, diabetes, general health and wellness, gastrostomy tubes (G-Tube), H1N1, Methicillin Resistant Staphylococcus Aureus (MRSA), and medication.</p> <p>The CPP Nurse Specialist provides a two-hour module to new residential service providers on health related topics, during which resources are distributed including "What Health Care Staff Expect From You" for planning and preparation in order to maximize the service/visit for the person served. Other references provided include a "Check List For A Doctors Appointment," a quick reference for providers highlighting what documentation to take along to the appointment and "Emergency Room (ER) Tips" to support a visit to the ER.</p> <p>New residential providers are informed of quality assurance expectations that include an annual review of individuals' records to ensure documentation of an annual physical exam and dental visit, follow-up appointments, treatments or instructions from regular visits, any issues related to a Special Incident Report, as well as wellness exams such as mammograms, prostate checks.</p> <p>The CPP Nurse Specialist provides assessments for individuals who are hospitalized, as well as on referral for individuals exhibiting behavioral or medical conditions in residential or day program environments.</p> <p>(The proposal to fund the originally planned contract with a nurse for development of curriculum for residential providers, service coordinators, individuals and families. was placed on hold due to Purchase of Service budgetary restraints.)</p>
3. Research sources of and provide access to contact information about health professionals available to persons served.	<p>Provider directories of physicians accepting Medi-Cal and other programs were posted on the TCRC website at <a href="http://www.tri-counties.org/programs-services/service-generic/index.htm">http://www.tri-counties.org/programs-services/service-generic/index.htm</a> since early 2009. Also posted on the same page are lists of dentists accepting Medi-Cal. Entries were reviewed for current information as of December, 09.</p>
4. Inform and educate resident physicians (Cottage Healthcare System, Ventura County Health System), nurses (Community Colleges), certified nursing assistants and medical assistants in local training programs, dental professionals and licensed psychiatric technicians training on the central coast about aspects of care for persons with developmental disabilities.	<p>Nine (9) presentations were conducted by TCRC staff to a total of 296 professionals in all three counties on these topics: developmental screening; autism screening; abuse prevention issues for dependent adults and seniors; current theories on the etiology and treatment of autism; mental health needs of persons with autism and other developmental disabilities; domestic violence and persons with autism; and law enforcement issues with persons with autism and other developmental disabilities. Dr. Graff presented to Marriage and Family Counselor interns about counseling techniques to utilize with persons with developmental disabilities related to anger management and sexual domestic abuse.</p>
<p>5. a. Train service providers, direct care providers (including IHSS, In-Home Support Services) individuals and family to ensure the effectiveness of medical appointments including preparation prior to appointment, plan for transportation and accountability for the follow-up plan of care services for persons with autism.</p> <p>b. Utilize Residential Service Orientation Training to provide information about facilitating medical appointment scheduling, preparation and follow-up. Utilize TCRC web site to provide links to experts who provide information and education about compliance with health care appointments.</p>	<p>Action removed from the Strategic and Performance Plan as approved by Strategic Planning Sub-Committee. Approved by TCADD in November, 2007.</p> <p>Information about facilitating medical appointment scheduling, preparation and follow-up is incorporated into Service Provider Orientation curriculum. See description Strategic Action #2.</p>



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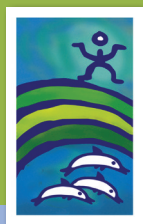
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Strategic Actions	Current Progress
<p>6. Inform practicing physicians and dentists through presentations by TCRC MD staff regarding the special medical needs of persons with developmental disabilities.</p>	<p>Dr. Graff presented to Ventura County pediatricians regarding improvement of the screening process of children for regional center services.</p> <p>Dr. Graff also presented two trainings to the Ventura County Sheriff's Office Crisis Intervention Team, including emergency medical technicians and paramedics, regarding the identification of persons with developmental disabilities, their patterns of victimization and the best way to interrogate or question a person with a developmental disability.</p> <p>Drs. Feldman, Graff and Nopar presented to the Ventura County Community Hospital Pediatrics Department about referral, screening and medical needs of infants and toddlers with developmental disabilities.</p> <p>Dr. Graff and Dr. Feldman presented at Walking the Path conference in April, 2009. Dr. Graff addressed grief and pathological grief in parents of children with disabilities and Dr. Feldman spoke about genetic disorders common to children in Early Start.</p>



## 3 Training

### What are the Training Strategic Issues?

- The opportunity exists to empower the people we serve through additional training.
- In order to better develop effective person-centered Individual Program Plans (IPPs), additional training is needed for the people served and the teams arranging for and providing services.
- Building accountability into training programs is important.



### Desired Outcome: What does TCRC want to achieve?

- Training is provided in all appropriate venues to develop and implement person-centered principles that allow for stakeholders to be empowered and make meaningful choices.

### Outcome Measures: How will we know we are making progress?

Outcome Measures	2005 Baseline	2006 Final	2009 Desired Outcome	2009 End of Year	2009 State Average	Desired Direction	Target Met
a. Phased implementation of the current TCRC Training and Development Plan	N/A	Plan Development	Phase 3	Phase 3	N/A	N/A	Yes
b. Number of stakeholders (staff, service providers, persons served or family, TCADD Board) trained in person centered thinking	2006 Baseline	163	100	262	N/A	N/A	Yes
c. Number of PCT trainers and mentors	2006 Baseline	0	2 Mentors +2 trainers	3 Mentors +4 Trainers	N/A	N/A	Yes

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### Strategic Actions: Where are we now?

Strategic Actions	Current Progress
1. Phase in elements of TCRC Training and Development Plan (adopted in June, 2006), based on available resources, and update annually to evolve into a three year rolling plan.	<p>Phase 1 Project LEAD (Leadership Education and Development) was developed which included a competency alignment for the agency with introductory leadership courses available to all staff to support professional development and succession planning. Three (3) Mentors certified, one (1) PCT Trainer certified and ten (10) Trainer candidates.</p> <p>Phase 2 Weingart Grant secured and PCT Coordinator hired. One additional PCT Trainer certified and eight (8) trainer candidates.</p> <p>Phase 3 Learning Management System (LMS), or the TCRC Learning Center, was launched. Eight (8) on-line modules were loaded. Three (3) Mentors were certified, four(4) PCT Trainers certified, and three (3) PCT Trainers pending paperwork for certification. Seven (7) additional PCT Trainer candidates in process of becoming certified.</p> <p>In 2009, there were 262 persons trained in the Introduction to Person Centered Thinking.</p>



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### Strategic Actions

- Invest in and update technology to support the growth and diversity of projected training needs, including learning management systems with capacity for on-line learning.

### Current Progress

The TCRC Learning Center (LMS) was configured and piloted in 2009 and launched to staff in January, 2010. Three (3) staff members were trained on new software (Adobe Articulate) that will enhance the agency's internal capacity to develop on-line learning modules.

A webinar format was used to train new Service Coordinators for multiple modules. Training was provided to staff on utilizing new technologies for collaboration and project management including Webex conferencing and Teaming software.

The eight (8) on-line modules loaded in 2009 were:

- Overview of Department of Development Services (DDS), Regional Center System and TCRC
- Intake and Eligibility
- Lanterman Act, Title 17, Notice Of Action, Fair Hearing
- Medicaid Waiver
- Client Development Evaluation Report (CDER)
- Regional Center (RC) Notes
- Quality Assurance & Resource Development
- Funding Criteria





## 4 Housing

### What are the Housing Strategic Issues?

- Affordable and accessible housing is limited.

### Desired Outcome: What does TCRC want to achieve?

- TCRC has a long-range housing plan that identifies the resources and options required to meet the needs of persons with developmental disabilities for affordable and accessible housing in San Luis Obispo, Santa Barbara, and Ventura Counties.



### Outcome Measures: How will we know we are making progress?

Outcome Measures	2005 Baseline	2006 Final	2009 Desired Outcome	2009 End of Year	2009 State Average	Desired Direction	Target Met
a. Completion of an approved Five Year Housing Plan	Research Options in 2007	N/A	Implement 50%	Plan completed and implemented by TCCHC*	N/A	N/A	Yes
b. Percent of TCRC caseload in Developmental Centers (P)	0.78% (71)	0.70% (66)	0.45% (48)	0.50% (53)	0.91% (2,183)	▼	Yes
c. Percent of adults living in facilities serving >6 (P)	6.10%	5.70% (265)	5.91% (300)	5.11% (266)	4.10% (4,933)	▼	Yes
d. Percent of adults residing in home settings (P)	74.55%	75.78% (3,526)	75% (3,805)	77.21% (4,021)	73.20% (87,982)	▲	Yes

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### Strategic Actions: Where are we now?

Strategic Actions	Current Progress
1. Allocate contracted resources in support of Housing Coordinator(s) whose responsibilities include monitoring short term opportunities for housing resources in all three counties and coordinating educational outreach efforts related to housing.	09/10 Community Placement Plan (CPP) Operations Budget included allocation for a Housing Coordinator position for the Tri-Counties Community Housing Corporation (TCCHC). The funding for this position was not approved by DDS.  10/11 CPP Operations Budget included request for funding of Project Manager position for TCCHC. Response to request expected in early 2010.
2. Hire a consultant to research all current models for housing inventory development and educate Housing Advisory Taskforce.	Completed - Hired Kristine McCann for consultation about and development of a Five Year Housing Plan.
3. Identify strategic partners and build collaborative relationships in order to develop our vision and priorities for a long range housing plan.	Completed - Interviewed eight (8) housing authorities in the Tri-Counties area, identifying opportunities and establishing relationships for future partnerships. Sent direct mail informational letter to housing authorities, not-for-profit and for-profit developers regarding interest in collaboration to obtain Prop 1 c dollars.
4. Develop long range Five Year Housing Plan.	Completed - TCADD Board approved content of TCRC Five Year Housing Plan in November, 2007.
5. Complete feasibility study for method to establish an NPO (501(c)3) to receive funds and account for housing inventory.	Completed - Kristine McCann recommended development of a 501(c)3 non-profit corporation to guide and implement the Five Year Housing Plan.



## 5.1 Employment

### What are the Employment Strategic Issues?

- The community requires education related to accepting and seeing individuals as capable contributors.
- Access to employment through transportation must be considered.
- The State of California is funding additional opportunities and greater focus on this area.
- Choice and inclusiveness are important.



### Desired Outcome: What does TCRC want to achieve?

- Increased employment opportunities for persons with developmental disabilities exist.

### Outcome Measures: How will we know we are making progress?

Outcome Measures	2005 Baseline	2006 Final	2009 Desired Outcome	2009 End of Year	2009 State Average	Desired Direction	Target Met
a. Adults employed in supported and competitive employment (Total Adult Population as of 12/30/05 = 4,569)	1,006/4,569 (21.99%)	1,013/4,663 (21.72%)	1,275 (25%)	978/5,232 (18.69%)	N/A	▲	No
a.1 Competitive Employment Number and Percent of Adults (SANDIS 12/31/05)	106/4,569 (2.32%)	95/4,663 (2.04%)	153 (3%)	138/5,232 (2.64%)	N/A	▲	N/A
a.2 TCRC Supported Employment Number and Percent of Adults (POS Supported Employment Authorizations 12/31/05)	900/4,569 (19.69%)	918/4,663 (19.69%)	1,122 (22%)	840/5,232 (16.06%)	N/A	▲	N/A
b. Number of micro-enterprise businesses started through support of TCRC.	0	5 New	15 New	11 New	N/A	N/A	No

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### Strategic Actions: Where are we now?

Strategic Actions	Current Progress
1. Enhance service coordinator training to include employment-related information to TCRC persons served for the protection of benefits and tax implications.	Employment and Benefits Training was provided to thirty five (35) Adult and Transition Team Service Coordinators, TCRC Managers and Service Providers in Oxnard by Disability 101 April 21, 22, 23, 2009. An employment module for Service Coordinator Orientation is in development.  Income Links, Inc. provided training regarding service provider support of the development of micro-enterprise for twenty-one (21) participants in December, 2009.
2. Communicate the employment-related transportation needs of persons with developmental disabilities to Transportation Commissions and service providers in all three counties.	TCRC applied for a Job Access & Reverse Commute (JARC) Grant from the CA Dept of Transportation through the Santa Barbara County Association of Governments (SBCAG) in May, 2009. The funds of \$151,522 with matching funds of \$33,000 from R & D Transportation will support free bus passes for one year in Santa Barbara County for persons served, travel training and a call in center with bi-lingual support for information about generic resources. SBCAG submitted the grant applications to FTA in December, 2009 for approval; results of the award of the funds from the Federal Transportation Authority (FTA) via the CA Department of Transportation should be communicated in early 2010.



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Strategic Actions	Current Progress
3. Establish an Employment Taskforce to research and evaluate progressive models of employment in order to develop recommendations for systems and protocols.	<p>The Employment Taskforce recommended 1) TCRC and providers of supported employment collaborate to develop a “best practice training program” for providers, 2) orientation for Service Coordinators includes information about the impact of employment on benefits, 3) transportation be considered in the program design of supported employment providers, 4) alternative employment be secured prior to closure of Work Activity Programs, and 5) an increase in volunteer programs that may lead to paid employment.</p> <p>The Employment Taskforce concentrated on training for staff and transportation issues during the first half of 2009. In Ventura County, TCRC staff collaborated with R&amp;D Transportation, Inc. to develop a system for persons to receive bus passes to get to work via public transportation.</p>
4. Establish systems to communicate and implement the results of the person centered IPP in interactions among and with the provider, person, job developer and school systems for all ages.	<p>Work has begun in San Luis Obispo (SLO) and Ventura Counties in collaboration with the Special Education Local Plan Area (SELPA) around the transition of individuals from high school to adult services.</p> <p>In SLO County members of the County Office of Education (SLOCOE) participated in a two (2) day Introduction to Person Centered Thinking, in an overview of Person Centered Thinking (PCT) and in a Person Centered Thinking Review process. As a result, SLOCOE and Tri-Counties Regional Center in SLO committed to meeting with students and their families, as a team, to support the student prior to graduation into adult services to develop one plan with the use of the Person Centered Thinking tools. The goal is for all students planning for transition and their families to participate.</p> <p>In Ventura County, a Person Centered Thinking Review process has been piloted. Person Centered Thinking Review training was provided to two (2) Ventura County schools. TCRC staff presented an update on PCT Review efforts to Ventura school administrators in September, 2009.</p>
5. Increase number of contracts supporting the implementation of micro-enterprise opportunities.	<p>Eleven (11) new micro-enterprises were developed in 2009. At end of the year, nine (9) were considered active. Ventures included photography, piano instruction, dog grooming, carpet cleaning, computer instruction, and a resource and advocacy center. Income Links Incorporated began to implement its contract with TCRC to streamline the development process and provide training to stakeholders.</p>
6. Develop baseline information regarding employment of transition-age young adults.	<p>The baseline was established and the data have been delivered.</p>



## 5.2 Life Activities

### What are the Life Activities Strategic Issues?

- Not enough choice, integration or opportunities in the community.

### Desired Outcome: What does TCRC want to achieve?

- New models of individualized, integrated day services, incorporating person-centered principles, are available in all three counties.



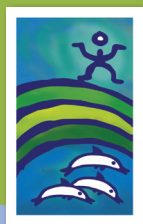
### Outcome Measures: How will we know we are making progress?

Outcome Measures	2005 Baseline	2006 Final	2009 Desired Outcome	2009 End of Year	2009 State Average	Desired Direction	Target Met
a. Adaptor model pilot	N/A	N/A	Met	N/A	N/A	N/A	Yes
b. Participate in SB 1270 stakeholder work group to develop recommendations to Governor and Legislature regarding alternative day services and employment options	--	N/A	Yes	Yes	N/A	N/A	Yes
c. TCRC to participate in statewide Self-Directed Services Waiver implementation	--	N/A	Yes	Yes	N/A	N/A	Yes

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### Strategic Actions: Where are we now?

Strategic Actions	Current Progress
1. Alternatives to Day Services Committee (ADS Cte) will finalize the definitions of models for individualized day services and the process for education of all stakeholders.	The models for individualized day services were defined as person centered activities solely based in the community, support for education around physical fitness in YMCA programs, and hybrid community-based and center-based programs.
2. TCRC to monitor success of pilots according to implementation of person-centered Individual Program Plans (IPPs).	New development funds were on hold for this type of project as of March, 2009.



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## 6 Autism

### What are the Autism Strategic Issues?

- Autism is a life-long circumstance.
- There are increasing numbers of diagnosed cases.
- There is a need for support for older children as well as early intervention services.



### Desired Outcome: What does TCRC want to achieve?

- Innovative and age-appropriate services reflecting best clinical practices are available to meet the needs of persons with autism and their families.

### Outcome Measures: How will we know we are making progress?

Outcome Measures	2005 Baseline	2006 Final	2009 Desired Outcome	2009 End of Year	2009 State Average	Desired Direction	Target Met
a. Survey Question (Autism survey) regarding families report of TCRC providing information about services and supports available to them to meet the needs of their child with autism.	N/A	N/A	Baseline Data Collected	Baseline Data Collected	N/A	N/A	Yes
b. New services in conjunction with Autism Taskforce recommendations that are linked with evidence-based practice.	N/A	N/A	+3	+1	N/A	N/A	No (See SA #3)
c. Implementation of agency related Autism Taskforce and state-wide recommendations.	N/A	N/A	+2	+2	N/A	N/A	Yes

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### Strategic Actions: Where are we now?

Strategic Actions	Current Progress
1. Orient parents about types of services and TCRC contracted Service Providers.	A panel of experts including a TCRC psychologist, school personnel (speech pathologist, administrator, occupational therapist, nurse, psychologist) discussed their roles in services for children with autism. Representatives from SELPA, AB 9, and Family Resource Centers also participated. Presentations occurred in Ventura County (Simi, March, 2009 and Oxnard, October, 2009) and Santa Barbara County (May, 2009).
2. Provide ongoing (periodic) updates for staff from clinical and resource development teams regarding TCRC policy, current trends and treatment modalities.	<p>Training for service coordination teams on evidence based practices and new autism related services was presented in all offices by October, 2009.</p> <p>Staff received summary of The National Autism Center's National Standards Report which was published in September, 2009; the information is available on-line on the TCRC web site.</p> <p>Content for brochure providing information to families about access to insurance was developed.</p> <p>The Director of Clinical Services regularly distributed all staff e-mails about research findings regarding the etiology and treatment of autism.</p>
3. Develop necessary resources with a focus on early intervention, school-age and transition-age young adults according to Regional Center's standards of practice to support Autism Taskforce Recommendations.	Due to major changes to provider reimbursement, (establishment of Median rates and an additional state mandated 3% reimbursement decrease), Resource Development (RD) utilized the services of existing providers. Applied Behavioral Analysis (ABA) services hours increased by twenty-six percent (26%).



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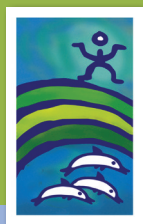
Life Activities

Autism

Advocacy

*... continued*

Strategic Actions	Current Progress
4. Utilizing results of State of California research information and best practice guidelines, define intervention standards by age group in collaboration with Autism Taskforce.	<p>TCRC staff attended an autism conference presented locally by nationally recognized Applied Behavior Analysis experts to learn about state-of-the art best practice guidelines for interventions, including standards by age group. TCRC's Autism Coordinator participated in a Southern California group to draft proposed standards in anticipation of new service policy requirements for regional centers. Some standards will be mandated by new state regulations.</p> <p>It was determined that Planning Teams would use information from the National Standards Report and the Best Practice Guidelines from the Department of Developmental Services (DDS) when available to guide decisions but not to adopt a rigid system. As information is received, TCRC will evaluate the utilization of therapeutic services according to the evidence of efficacy and apply to individual circumstances with person centered practices.</p>
5. Develop and implement focused, specialized survey regarding services for persons with autism (See Focus Area 1, Action #5).	Administered in 2008.



# Strategic & Performance Plan 2007–2009

## End of Year Report 2009

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## 7 Advocacy

### What are the Advocacy Strategic Issues?

- More persons are needed to advocate on behalf of persons with developmental disabilities.
- More persons require education about becoming an effective advocate.
- The promotion of action on relevant issues is needed.
- Every strategic goal should have an advocacy element.



### Desired Outcome: What does TCRC want to achieve?

- Key stakeholders convey information about issues relevant to the quality of life for persons with developmental disabilities through relationships established with influential community leaders and decision makers.

### Outcome Measures: How will we know we are making progress?

Outcome Measures	2005 Baseline	2006 Final	2009 Desired Outcome	2009 End of Year	2009 State Average	Desired Direction	Target Met
a. Participate in at least one state level event annually regarding personal advocacy activities.	N/A	N/A	Yes	Yes	N/A	N/A	Yes
b. Participate in a minimum of two 1:1 and two group communications with decision makers in the CA state legislature	Not tracked	N/A	Yes	Yes	N/A	N/A	Yes
c. Develop a parent advocacy group for Spanish-speaking families.	N/A	N/A	Maintain	No	N/A	N/A	No

Note: (P) = DDS Performance Contract Measure. Goal for (P) measure is met when current TCRC # 1) meets or exceeds state average; 2) is better than TCRC baseline; 3) meets DDS Standard. ▲ Indicates that a higher value is better and ▼ indicates a lower value is better.

### Strategic Actions: Where are we now?

Strategic Actions	Current Progress
1. Build individual capacity through formal and informal training opportunities, with follow-up support for individuals, families, TCRC staff and service providers to promote advocacy skills and individual rights.	The Peer Advocate Specialists (PAS) work with community and program-based advocacy groups to ensure that they are aware of current issues and able to act if they choose.
2. a. Access existing community Speakers Bureaus utilizing TCRC staff to educate regarding grass roots advocacy in the communities of all three counties.  b. As of November, 2007: Development of parent advocacy groups for Spanish speaking families.	a. Action item removed from Strategic and Performance Plan. Approved by TCADD in November, 2007.  b. In early 2010, a professional with understanding of the needs of monolingual Spanish speaking families will create a network of contacts in Santa Barbara and San Luis Obispo Counties to identify the community locations where families choose to gather. Topics for support groups in these counties will be developed; an awareness building campaign will be implemented via Spanish speaking radio to advertise the development of Spanish speaking support groups. Within six months of establishing these groups, leadership will be determined for these groups from family members.
3. Sponsor issue oriented events linked with a legislative calendar to generate advocacy actions.	Leadership transferred to TCADD Government and Community Relations Committee; approved by TCADD in November, 2007.
4. Calendar key contacts for presentation to legislators.	From July 28, 2009 to the end of the calendar year, TCRC's primary involvement with legislative actions and contacts was linked with implementation of the Trailer Bill Language. Interpretation of and following the new laws took precedence over input to particular legislators. TCRC's Executive Director led the ARCA Executive Director group and established a system of regular communication, including the Director of Developmental Services (DDS), around the implementation of the laws. Questions around implementation were regularly posed to DDS in this forum, as well.





## Strategic & Performance Plan 2007–2009 End of Year Report 2009

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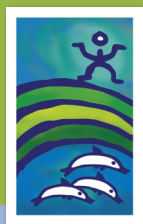
Autism

Advocacy

... continued

Strategic Actions	Current Progress
5. Participate in one public forum annually.	TCRC implemented a collaborative person-centered approach to the implementation of the Trailer Bill Language. Twelve (12) stakeholder work groups were formed in order to receive input around the primary categories of changes in the regional center system. The results of the input was public in TCADD Committees as well as through the Vendor Advisory Committee.
6. Develop talking points with TCADD Board Government and Community Relations Committee for standard message of the agency to the community at large.	Staff collaborated with members of the Government and Community Relations Committee to develop a power point presentation for presentation to community service groups.





## Compliance

**Compliance Measures:** How will we know we are making progress?

- Audits, Budget, Client Development Evaluation Report (CDER)/Early Start Report (ESR) and Intake.

**Desired Outcome:** What does TCRC want to achieve?

- Compliance with outcomes expected from DDS.



**Outcome Measures:** How will we know we are making progress?

Outcome Measures		2005 Baseline	2006 Final	2009 Desired Outcome	2009 End of Year	2009 State Average	Desired Direction	Target Met
a.	Unqualified independent audit with no material finding(s) (P)	Yes	Yes	Yes	Yes	N/A	N/A	Yes
b.	Substantial compliance with DDS fiscal audit (conducted within the prior 12 months) (P)	Yes	N/A	Yes	Yes (FY 05/06) (FY 06/07)	N/A	N/A	Yes
c.	Accuracy of POS fiscal projections (P)	Yes	Yes	Yes	Yes	N/A	N/A	Yes
d.	Operates within OPS budget (P)	Yes	Yes	Yes	Yes	N/A	N/A	Yes
e.	Certified to participate in the Medicaid Home and Community-Based Services (HCBS) Waiver (P)	Yes	Yes	Yes	Yes	N/A	N/A	Yes
f.	Compliance with Vendor Audit Requirements per contract, Article III, Section 10 (within prior 12 months) (P)	Yes	Yes	Yes	Yes	N/A	N/A	Yes
g.	Client Development Evaluation Report (CDER)/ Early Start Report (ESR) currency	98.76%	98.78%	N/A	Discontinued as a measure	N/A	▲	N/A
h.	Intake Status (P)			N/A				Yes
	<142 days	97.74%	100.0%		99.13%	97.85%	▲	
	143-240 days	0.75%	0.00%		0.00%	1.89%	▼	
	over 240 days	1.50%	0.00%		0.87%	0.26%	▼	
i.	Individual Program Plan (IPP) Development	99.02% (2004)	98.10% (2006)	N/A	99.41% (2008)	N/A	N/A	N/A
j.	Individualized Family Services Plan (IFSP) Development	97.28% (2005)	Data N/A From DDS	N/A	84.90% (2008)	N/A	N/A	N/A

Note: (P) = DDS Performance Contract Measure. Goal for (P) measure is met when current TCRC # 1) meets or exceeds state average; 2) is better than TCRC baseline; 3) meets DDS Standard. ▲ Indicates that a higher value is better and ▼ indicates a lower value is better.

**Strategic Actions:** Where are we now?

Strategic Actions	Current Progress
1. Develop corrective action plan from prior CPA audit and implement. (DOFA)	Final audit report for FY 08/09 and financial statements to be presented to TCADD Board in March, 2010. Meeting with TCADD Audit Committee and CPA in January, 2010. No material findings were reported. Three (3) new required board policies were created and approved.
2. Review CPA and DDS audit findings from past 5 years and ensure recommendations are being followed. (DOFA)	Final Report received May, 2009, no significant findings. TCADD Audit Committee met with TCRC CFO, Controller and DDS Auditors in June, 2009.



## Strategic & Performance Plan 2007–2009

### End of Year Report 2009

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Strategic Actions	Current Progress
3. Submit monthly POS projections to DDS in accordance with instructions and current data. (DOFA)	The most recent projection for FY 08/09, run November, 2009, shows a midpoint variance of 1.7% in projected expenditures compared to the original SOAR projection. The projections were submitted monthly and in accordance with procedures, as requested by DDS.
4. Monthly monitoring. Continue cost savings measures. Contribute to PERS at year end to maintain employer rate and contribute to post-retirement health trust. (DOFA)	\$1 mil was contributed to PERS by June 30, 2009. Cost savings plans have been implemented and have achieved savings to date in FY 09/10.
5. Complete audits from prior fiscal year. Establish and implement audit plan for current fiscal year. Periodic meetings with auditors to monitor performance against plan and adjust as needed. (DOFA)	Nine (9) audits were performed in FY 08/09, nine (9) were required by DDS. Two (2) staffing ratio audits, three (3) P&I audits and four (4) billing audits, one (1) of which was also an Early Start audit, were completed. Programs audited included residential, behavior management and one (1) Early Start, as required. FY 09/10 audit plan is being implemented.
6. Federal Programs team sends reports of coming due CDER/ESR to the Service Coordinators (SCs). SCs complete these as IPP or IFSP meetings are held. Managers monitor compliance. (SS)	Federal Programs continues. Reports continue to be sent to all Services and Supports staff reflecting CDER/ESR reports that are overdue or due within the next 30 days. Currency of CDER/ES has been suspended by DDS as a Performance Contract indicator through 2010 to implement the revised CDER.
7. A tracking system is used in each office to “cue” SCs and clinicians regarding intake timelines. (SS)	Clinical support staff continue to monitor intake time lines through a report in SANDIS. This report reflects the number of days each case has left in the intake status; staff work with the intake coordinator in their area to ensure time lines are met. In addition, a report reflecting all cases that have been intake (Status 0) is automatically generated through SANDIS and monitored by Federal Programs weekly. This report is forwarded to Early Start SCs and their managers. A review of intake coordinators’ time lines is also completed and forwarded to them, if needed, to follow-up on cases.