

Alta California Regional Center
Board of Directors Meeting
Thursday, May 23, 2024
Minutes

Present: Jackie Armstrong, Garrett Broadbent, Johnny Deng, Tom Hopkins, Dan Lake, Amy Lampe, Kelly Pennington, Michelle Rewerts, Anwar Safvi

Absent (* excused): Carmen Aguilar*, EunMi Cho*, Steven Sanchez*

Staff: Lori Banales, Iqbal Ahmad, Jennifer Bloom, DeLayna Eskridge-Brown, Camelia Houston, Faye Tait, Lisa West

Facilitators: Amy Fulk

Visitors: Jaclyn Balanay, Taylor Berry, Maureen Fitzgerald, Melanie Gonzales, Peter Mendoza, Karen Mulvany, Tim Pierce

1. **Call to Order – Reading of ACRC’s Mission & Vision** – The Board of Directors met at 3:00 p.m. on Thursday, May 23, 2024. Ms. Rewerts read aloud ACRC’s Mission and Vision.
2. **Meeting Our Mission**
 - ◆ Karen Mulvany and her husband are grateful for the positive problem solving that occurred in early 2024. Their daughter lives in her own home with Supported Living Services (SLS) and a few years back, she needed additional services after contracting COVID. In early 2024, she contracted COVID again and Mechelle Johnson identified a service provider that had been used during COVID and took the time to see if this service was available to clients served in SLS, since her daughter’s SLS staff were not able to support her. “Heart of Humanity” was able to provide their daughter with support for five days. ACRC came up with a creative way to address this problem.
3. **Community Comments/Announcements**
 - ◆ Ms. Lampe won first place at a Bocce Ball Tournament.
 - ◆ Ms. Rewerts is assisting the Director of “Funny Money,” with props and in the lighting booth.
4. **Consent Agenda – By consensus, the following consent agenda items were approved: a) excused absences of EunMi Cho and Steven Sanchez; b) regular session Board meeting minutes of March 28, 2024; and c) Client Advisory Committee (CAC) [approve CAC Chair and Designated Rep to Board for 2024-25 FY] , Executive Committee [approve 2024-25 FY Board Meeting and Board Committee Meeting Schedules], Finance Committee and**

Provider Advisory Committee (PAC) minutes.

5. New Business

- ◆ *Approve Slate of Officers and ARCA Representatives for 2024-25 FY*
 - Mr. Lake shared that the Slate of Officers and the Association of Regional Center Agencies (ARCA) Representatives for the 2024-25 fiscal year (FY) is as follows:
 - President – Dan Lake
 - Vice President – Kelly Pennington
 - Secretary – Steven Sanchez
 - Treasurer – Anwar Safvi
 - ARCA Delegate – Kelly Pennington
 - Alternate ARCA Delegate – Dan Lake
 - ARCA-CAC Delegate – Amy Lampe
 - Alternate ARCA-CAC Delegate – Steven Sanchez

M/S/C (Armstrong) To approve the proposed Slate of Officers for the 2024-25 FY as presented.

- ◆ *Approval 2024 Performance Contract*
 - Ms. Bloom and Ms. Houston shared the integration of the feedback that was received from our stakeholders and community through May 8th. ACRC has a designated email address that is available year-round – performancecontractfeedback@altaregional.org.
 - They reviewed the newly planned activities, as noted in red font in the draft. (see attachment)
 - The Department of Developmental Services (DDS) has indicated that they will provide ACRC with the 2023 year-end data by August 31st. ACRC plans to hold a public meeting to review this information at the November Board meeting.
 - Ms. Banales noted that all of these measures are important and there are many other endeavors that help to bring us closer to the outcomes that we work towards throughout the year.

M/S/C (Hopkins) To approve the 2024 Performance Contract as presented.

- ◆ *Approval CPP Contract – Enhanced Behavioral Supports Home (EBSH)*
 - DDS has approved this project under ACRC’s Community Placement Plan (CPP). Brilliant Corners will locate, acquire, and renovate a property that will operate as an EBSH.

M/S/C (Armstrong) To approve the Brilliant Corners start-up contract for \$750,000 as presented. (one abstention)

◆ *Finance Committee*

Issue 1: Monthly Financial Report

Discussion and Action: The Finance Committee met on May 13th and is recommending acceptance of the March 31, 2024 financial report.

Mr. Ahmad noted that ACRC is expected to live within our Operations (OPS) and Purchase of Services (POS) allocations. We received an extra allocation that included funding for tuition reimbursement and specialized services.

ACRC has 18 staff members that have utilized the tuition reimbursement benefit, where they can be reimbursed for up to \$10,000 per FY. We continue to promote this opportunity to our staff, as well as new hires. This pilot will end on June 30, 2025.

M/S/C (Rewerts) To accept the monthly financial report as submitted. (one abstention)

Issue 2: Approve Independent Audit Firm

Discussion and Action: The Finance Committee is recommending approval of Devant, CPAs as ACRC's independent auditor for the FY ending June 30, 2024.

M/S/C (Hopkins) To approve Devant, CPAs for the 2024 FY independent audit. (one abstention)

◆ *Committee Updates*

• CAC

- Mr. Hopkins shared that the CAC met on May 14th.
 - Ms. Banales shared that the Governor held a press conference about his plans to balance the state's budget. She also shared information about the "Don't Delay" rally at the State Capitol on Tuesday, May 21st.
 - The committee nominated the CAC Chair and designated representative to the Board for the next FY.
 - The group reviewed the Supported Decision-Making materials and the newly drafted Emergency Response Communication Cards.
 - CAC members shared updates from various advocacy meetings that they attend.

- PAC
 - Mr. Broadbent shared that the PAC met on May 9th and April 11th.
 - The group received a great introduction from Michael Mercado and Melinda Kimball from ACRC's Community Services Department. The PAC commends ACRC for their efforts in supporting the Deaf and Hard of Hearing community.
 - Service providers are closely following the efforts to reform PAGA – "Private Attorneys General Act."
 - The California Disability Services Association (CDSA) is supporting AB 2423 (Mathis). This bill will require DDS to review and update the rate models every two years, beginning July 1, 2025.
 - The group reviewed the requirements for Special Incident Reports (SIRs) for SLS providers. Since SLS is a 24/7 service, service providers are required to report special incidents, even if staff are not present at the time of the event.
 - ACRC is hosting Southside Unlimited's two-day "Unlock the Power of Person-Centered Thinking" Training on May 29th & 30th.
 - The PAC confirmed Lindsey Dyba as the PAC Chair and himself as the Co-Chair/designated representative to the Board for the 2024-25 FY.
 - The Vendor Relations Committee sent recommendations to Mr. Decker for consideration.
 - Have ACRC post the Client Services and Supports guide to the agency's website, alongside the Community Services and Support guide.
 - Periodically mention the location of the guides during Friday's "Coffee with Community Services."
 - Continue to host more in-person Vendor Fairs, both in Sacramento, as well as outlying areas.

◆ *President's Report*

- Mr. Lake expressed appreciation to Ms. Banales and Ms. West for coordinating the Board's Training today.
- Ms. Rewerts is terming off the Board on June 30, 2024. The Board is grateful for her contributions over the last seven years.

◆ *Executive Director's Report*

- The Assembly Budget Subcommittee #2 held a secondary hearing today and noted that the Governor's proposed budget is described as

choosing to “destabilize the developmental service provider community with a delay in the anticipated final step of rate reform, creating more barriers to needed services and supports for people with intellectual and developmental disabilities.”

- Ms. Banales, Mr. Decker, and two Board members attended the “Mayday Mayday Don’t Delay” rally at the State Capitol on Tuesday, May 21st. Ms. Banales remains hopeful that the promise of entitlement will be upheld. Without a robust service system, some Individual Program Plan/Individual Family Service Plan (IPP/IFSP) goals are fractured with limited services.
- ACRC’s Client and Family Survey launched on January 1, 2024, and Ms. Banales stated that she would share quarterly data with the Board. She reminded everyone that the survey is tied to the IPP.
 - For the first quarter – January through March 2024:
 - 7,988 surveys were sent out; 993 were completed – 12% return rate, which is considered high for a standard survey.
 - Of the surveys returned, 686 respondents requested “no change” to their IPP or service delivery.
 - The largest request was to receive more information from the regional center.
 - 97% of the respondents were “satisfied” or “very satisfied” with their IPP and their Service Coordinator (SC).
 - Regarding the location for IPPs, 42% preferred virtual meetings, while 39% preferred the client’s or family home.
 - Respondents’ ethnicities were as follows (top 4): White = 38%, Spanish/Latin = 19%, African American = 11%, and 8% declined to specify. This follows closely with our current client representation which reflects: 41.5% White, 18.4% Spanish/Latin, 11.6% African American.
- Ms. Banales noted that the “ACRC Quarterly Dashboard Indicators for the Quarter Ending March 31, 2024” is included in the Board packet under Tab 11.
 - The number of applicants for Lanterman Intake (three years and older) has been trending upwards over the past few years. ACRC’s internal resources are not sufficient in getting people through the process within the mandated timeline. We are recruiting community clinicians and providing clinical training as an incentive to gain more vendors. Ms. Banales is also requiring Client Services Managers (CSMs) to complete a

- minimum of two social assessments monthly. We know that we need to do better, and we are working to do so.
- One of the top priorities of our agency is to recruit and retain staff. At the time of this report, ACRC's staff count was 726. Today, we are close to 750. We are also recruiting interns in an effort to attract individuals to our service system.
 - The SIR percentage has gone down. Two of Mr. Decker's Managers have refined our internal process to mitigate any delay from the reporting we are responsible for; this will assist in pushing us towards 100%. Ms. Banales expects that these numbers will be up next quarter.
- In July, it will be close to a year since ACRC transferred our transportation services to R&D Transportation. They provide oversight to service providers and have identified areas of service that clients need. R&D Transportation also reminds our residential service providers about DDS' Home and Community-Based Services (HCBS) grant opportunities that are available.
 - More information will be shared at the July Board meeting.
 - In April and May, ACRC staff:
 - Presented at Yolo County Town Hall Meetings in Esparto and Winters.
 - Presented and attended the Local Partnership Agreement (LPA) Summit at Sierra College.
 - Provided public testimony to AKT Development in Folsom and El Dorado Hills.
 - Provided public testimony at the Sacramento Housing Committee and City Council.
 - Are presenting at an Annual Conference for Housing Authorities, alongside DDS and California Affordable Housing Agency (CalAHA).
 - Attended the Special Olympics for Roseville City School District Youth Athletes Program.
 - The Board has requested updates on open and closed programs since the last Board meeting. The following are newly vended services:
 - Care Homes (11)
 - Geriatric Facility (2)
 - SLS (2)
 - Independent Living Services [ILS] (1)
 - Community Integration Training Program (1)
 - Therapy & Counseling Services (17)
 - Educational Services (1)
 - Sports Club (12)
 - Camping Services (2)

- Specialized Recreational Therapy (1)
- Creative Art Program (1)
- SD Support Services (2)
- Personal Assistance (1)
- Transportation (1)

Closed vendors:

- Care Homes (7)
 - ILS (1)
 - Therapy & Counseling Services (8)
 - Specialized Recreational Therapy (1)
 - Transportation (1)
- The UC Davis MIND Institute is holding their 2024 Summer Institute on Neurodevelopmental Disabilities on Friday, July 19th, from 8 a.m. to 4 p.m. at the Scottish Rite Masonic Center in Sacramento.

♦ *ARCA-CAC Rep. Report*

- The next meeting is scheduled for May 31st, from 11 a.m. to noon.
- They plan to hold an in-person meeting in July.

♦ *ARCA Delegate Report*

- The next meeting is scheduled for June 21st, in Sacramento.

6. **Closed Session** – At 4:25 p.m. the Board adjourned to closed session to discuss real estate and personnel issues.

7. **Announcement of Closed Meeting Discussion** - At 5:23 p.m. the Board reconvened in open session following a closed session in which real estate and personnel issues were discussed.

8. **Adjournment**

The meeting adjourned at 5:23 p.m.

Lisa West
Executive Secretary

cc: Lori Banales

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A. Measures Related to where Clients of ACRC Live			
No.	Public Policy Measures	ACRC Baseline June	State Average June 2022
1	Number and percent of minors living with families (includes living with own family, with foster family or with guardian) (higher is better)	13,188 clients or 99.63% of clients under age 18	99.60%
2	Number and percent of adults living in home settings (includes independent living, adult family home agency homes, and with parents or guardians) (combination of #3a, 3b, 3c, 3d)	12,063 clients or 85.06 % of clients 18 years and older	82.75%

Planned Activities

A1a. Continue to assess needs and provide family support services such as respite, daycare, crisis management, educational support, behavior management, DME, and parent education.

A1b. Distribute family guides: provided to families at IFSP/IPP. Posted on website in multiple languages.

A1c. Identify unmet needs via IFSP/IPP process, track data and develop resources based on these unmet needs.

A1d. Maximize community/generic resources for minors living in the family home by conducting workshops for families on (IHSS, EPSDT, CCS, Medi-Cal, private insurance, education, Mental Health, SSI, Cal Fresh).

A1e. Connect families with Family Resource Centers: Support groups, trainings, advocacy

A1f. Conduct Outreach activities and participate in meetings with community partners and public agencies to increase awareness of ACRC eligibility, services and supports: Geographically Managed Medi-Cal Plans, Child Welfare, Family Resource Centers, local County Office of Education Partners, parent and family advocacy groups, the Interagency Coordinating Council and more. **AB 2083 - Meet monthly with the system of care partners across our 10 counties to educate and collaborate regarding dually-served youth. Collaborate with SCUSD and members of their Career Technology Education Advisory Board. - (Education Focus). Participate and promote the MIND Institute transition to adulthood clinic. Meet quarterly with MMC partners, as liaisons to enhance care coordination for our mutually served clients/members.**

A1g. Promote benefits of the Self Determination Program to the community by conducting informational sessions in at least 3 different languages other than English.

A2a. Utilize person centered approach to identify goals related to adult's preference of living/home setting.

A2b. See Planned Activity A1g

A2c. Identify unmet needs through IPP/PCP to track data and develop resources.

A2d. Implement Coordinated Future Planning Initiative. Train Service Coordinators regarding continuum of living options. Collaborate with stakeholders, clients, family members, advocates and service providers to develop training materials for service coordinators regarding engaging with clients and families about caregiver succession planning, accessing affordable housing, and offering opportunities for all different types of residential options including independent living and supportive living. Aggregate data on aged caregivers and caregiver succession, that can be used for targeted resource development including access to affordable housing, additional care homes, family home agency expansion and increased supported living services providers.

A2e. Train service coordinators on Advance Care Planning and End of Life discussions with clients and family members.

A2f. Implement initiative on supported decision making as a viable option to ensure client input and wishes are honored.

A2g. Enhance Dental Services by incorporating a Dental Coordinator into our wait times for appointments.

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				<p>A2h. Complete a strategic housing development plan in partnership with service providers and community members.</p> <p>A2i. ACRC Housing Specialist will engage with at least one municipality regarding implementation of their Housing Element with the goal of creating an agreement to assist local residents with developmental disabilities in accessing affordable housing.</p> <p>A2j. Distribute Transition and Adult Services Guides: Provide information and resources to transition age and adult clients regarding living options at the IPP. Posted on website in multiple languages.</p> <p>A2k. See Planned Activity - A1g. - Community Outreach Activities. Meet quarterly with MMC partners, as liaisons to enhance care coordination for our mutually served clients/members.</p>
2a	Number and percent of adults living in home settings (focus on supported living) (higher is better)	631 clients or 4.45% of clients over age 18	5.02%	<p>A2a1. See Planned Activity - A2d - Coordinated Future Planning Initiative</p> <p>A2a2. Develop affordable housing options (included in CRDP-Community Resource Development Plan).</p> <p>A3a. Assess needs to provide services and supports to maintain the client in their family home.</p>
3	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)	1 client or 0.01% of clients under age 18	0.03%	<p>A3b. Develop specialized residential resources to support regional center clients with intensive behavior support needs either at risk of, or exiting out of, an institutional setting</p> <p>A3c. Collaborate with community partner agencies (AB2083: Child Welfare, Mental Health, Education, Probation) to develop multiagency service and supports plans).</p> <p>A4a. See Planned Activities - A2a - A2g</p>
4	Number and percent of adults living in facilities serving greater than 6 people (includes 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 better)	220 clients or 1.55% of clients 18 years and older	1.71%	<p>A4b. Transition appropriate SNF clients to ARFPHN's with DDS approval.</p> <p>A4c. ACRC RNs provide monthly assessment and collaboration with DDS RN for individuals who reside in ARFPHNs. ACRC Behavior Analysts provide support for individuals who have behavioral needs who also reside in ARFPHNs.</p>

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B. Compliance Measures		Planned Activities	
No.	Measure	ACRC CY 2022	
1	Unqualified independent audit with no material findings	Met	B1a. Apply and maintain good business practices and generally accepted accounting principles.
2	Substantial compliance with DDS fiscal audit	Met	B2a. Apply and maintain good business practices and generally accepted accounting principles.
3	Operates within OPS budget	Met	B3a. Continue operations budget planning, ongoing utilization review and system-wide monitoring.
4	Certified to participate in Waiver	Met	B4a. Maintain compliance with Medicaid Waiver requirements. Incl. ongoing training with SCs as to requirements.
5	Compliance with Vendor Audit Requirements per the ACRC/DDS contract, Article III, Section 10	Not Met - ACRC completed all audits on time but were submitted to DDS past the deadline.	B5a. Maintain compliance with contract.
6	CDER/ESR Currency	98.83%	B6a. Continue to monitor timely completion of CDER/ESR. Incl. ongoing training with SCs and CSMs re: requirements.
7	Intake/assessment and IFSP timelines (ages 0-2)	Met	B7a. Develop and implement a service referral system.
8	Intake/assessment and timelines for clients ages 3 and above	91.62%	B8a. Monitor intake referral trends to ensure adequate staff resources and clinical supports B8b. Growth positions added to Intake and third unit created. B8c. Increased internal and external supports to assist the Intake department. B8d. With the median rate of pay being waived, increase the number of psychologist vendor contracts and appointment slots to support timely completion of the Intake/Assessment process. B8e. Outreach to clinical psychologists in ten county catchment area. Emergency vendored clinical psychologists. B8f. Provide ADOSS-2 Booster Training to support clinical expertise in ASD.
9	IPP Development (WIC requirements)	93.60%	B9a. Continue to comply with all requirements of the Welfare and Institutions Code for timely completion of individual program plans for clients receiving services under the Lanterman Act. B9b. Monitor IPP timeliness monthly across units/divisions.
10	IFSP Development (Title 17 requirements)	82.70%	B10a. Continue to comply with all requirements of the Title 17 for timely completion of individual family service plans for infants and toddlers receiving Early Intervention services. Monitor IFSP timeliness monthly across units.

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C. Measures Related to Employment			
No.	Measure	Statewide CY 2022	ACRC CY 2022
1	Number and percentage of consumers, ages 16-64 with earned income	27,180 13.88%	2,604 17.23%
2	Average annual wages for consumers ages 16-64.	\$11,888	\$11,927
3	Annual earnings of consumers ages 16-64 compared to all people with disabilities in CA.	\$30,783	

Planned Activities

C1a. Work with vendors and prospective vendors to support the development of paid internship programs and competitive integrated employment based on outcomes of needs assessments.

C1b. Provides ongoing training (2x annually) to staff on PIP, CIE and the difference between ACRC employment services and DOR. The Employment Specialist will coordinate with the LEAs for these programs.

C1c. Coordinate with LEA's regarding these programs.

C1d. Participate in outreach events to provide information regarding the CIE/PIP. Present to Northern Business Advisory Council to discuss and promote internship program and its benefits to the employer as a direct path to CIE.

C1e. ACRC will engage in a social media/public relations campaign to highlight client employment in an effort to increase visibility and success of clients in the workplace, along with the benefits to employers.

C1f. ACRC will partner with one or more community colleges to develop a collaboration that leads to early identification and support for CIE interests, enhanced opportunities to make informed employment choices, opportunities for post-secondary education and career advancement.

C1g. Collaborate with Department of Rehabilitation and Department of Developmental Services on a project to promote CIE for clients in state government positions

C1h. Host microenterprise faire at ACRC for clients to showcase their micro businesses, arts and crafts.

C2a. See Planned Activities - C1a - C1h

C2b. Facilitate discussions, during vendor forums, on employment resources, **vendor successes**, and activities to assist more clients in employment services. **C2b. We collaborate with SCUSD and members of their Career Technology Education Advisory Board - (employment focus)**

C2c. Work with vendors on developing Tailored Day Services to promote individualized services as it relates to employment and education. ACRC employment specialist also encourages existing day programs, supported employment and work activity programs to implement a plan to increase CIE for clients.

C3a. See Planned Activities - C1a - C2b.

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Paid Internship Program (Data Source: Paid Internship Survey)			
No.	Measure	State Average FY 21-22	Planned Activities
4	Number of adults who entered competitive, integrated employment following participation in a Paid Internship Program	1527	<p>C4a. Continue to train service coordinators and providers on the programs and services for clients in the areas of employment.</p> <p>C4b. Work with the community and vendors to seek new sources of employment.</p> <p>C4c. Connect with at least one Chamber of Commerce or business organization in each of ACRC's counties to promote employment opportunities among our population. (Sierra and Alpine may be part of a regional business organization).</p> <p>C4d. Work with at least one staffing agency who has connections to employers, to share information about the PIP and how employers can take advantage of this program. Collaborate with them to set up PIPs</p> <p>C4e. Participate in outreach events, such as Business Advisory Council (BAC), job fairs and transitions fairs to promote CIE as well as bring awareness to the community at large about employment for people with ID/DD.</p> <p>C4f. Work closely with Service Coordinators and providers to ensure the process for PIP and CIE runs smoothly, POS are submitted in a timely manner to prevent interruption in services. All new and updated information is communicated promptly and effectively via email or during vendor forums.</p>
5	Percentage of adults who entered competitive, integrated employment following participation in a Paid Internship Program	12%	C5a. See Planned Activities - C4a - C4f
6	Average wages and hours worked for adults who engage in competitive, integrated employment, on behalf of whom incentive payments have been made	\$15.63 22 hours	<p>C6a. Report data on Competitive Integrated Employment and Paid Internships to the Department of Developmental Services and to the community. ACRC employment specialist works closely with Accounting and providers to ensure data collection is accurate and reflects true count of data.</p> <p>C6b. Collaborate with State regarding LEAP Program. Disseminate the information.</p> <p>C6c. Host an employment fair.</p> <p>C6d. Promote the benefits of adding PIP payments to existing service provider vendorizations to encourage more utilization of PIP.</p> <p>C6e. Attend local transition fairs to promote the PIP and employment services and provide presentations to students, families and school staff as requested.</p> <p>C6f. use for networking purposes to increase collaboration for competitive integrated employment placements.</p> <p>C6g. See Planned Activity - C1a</p>

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7	Average hourly or salaried wages and hours worked per week for adults who participated in a Paid Internship Program during the prior fiscal year	\$15.08 15 hours	\$14.79 17 hours	See Planned Activities - C6a - C6f
8	Total number of incentive payments made for the fiscal year for the following amounts: \$3,000/12 months \$2,500/6 months \$2,000/30-day Percentage of adults who reported having competitive integrated employment as a goal in their IPP.	25 42 55 35%	27 57 103 N/A	See Planned Activities - C6a - C6f See Planned Activities - C6a - C6f See Planned Activities - C6a - C6f See Planned Activities - C6a - C6f
*Regional centers receive an 'N/A' designation within the table if fewer than 20 people responded to the survey item.				

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D. Measures related to reducing disparities and improving equity in purchase of services expenditures		
No.	Measure	Planned Activities
		<p>Baseline</p> <p>D1a. Conduct outreach/informational sessions about developmental delays and services options to Early Start population.</p> <p>D1b. Partner with agencies that serve ethnicity-specific populations to conduct outreach and provide information about Early Start services.</p> <p>D1c. Administer a DDS grant that pilots stipends for Early Start Providers to expand their service delivery time to nights and weekends and to hire culturally and linguistically diverse staff that actively provide service hours. The grant also funds outreach activities to local universities, community colleges, and through job fairs to attract students to choose internships and eventually careers providing Early Start services and supports.</p> <p>D1d. Train ES and Intake teams about Tribal governance and engagement. Vendor the UC Davis LEND program to conduct screenings and provide speech services at St. John's Shelter.</p>
1	Percent of total annual purchase of service expenditures by individual's ethnicity and age: Birth to age two inclusive	See Attachment A
	Percent of total annual purchase of service expenditures by individual's ethnicity and age: Age three to twenty-one, inclusive	See Attachment A
	Percent of total annual purchase of service expenditures by individual's ethnicity and age: Age twenty-two and older	See Attachment A
		<p>D1e. Promote service options for adult clients in communities of color by conducting informational sessions, to include the Self Determination Program and participant directed services.</p> <p>D1f. Target clients with low to no POS by providing enhanced case management services for the following ethnicities: Hmong, Hispanic, African American, Punjabi, and Russian.</p> <p>D1g. Conduct at least one workshop and information sessions to families and clients on available services for adults. Information sessions will be held at local community centers and presented by a peer from within the community.</p> <p>D1h. Provide information sessions in Spanish as noted in the sections above that relate to adult client care.</p> <p>D1i. See Planned Activities - D1h - D1i.</p> <p>D1j. Target clients with low to no POS by providing enhanced case management services for the following ethnicities: Hmong, Hispanic, African American, Punjabi, and Russian</p>

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<p>Number and Percent of individuals receiving only case management service by age and ethnicity: Birth to age two, inclusive</p>	<p>See Attachment B</p>	<p>D2a. Conduct needs assessment survey inclusive of client ethnicity. D2b. Conduct outreach/informational sessions about developmental delays and service options for the Early Start Program. D2c. Tribal Engagement and unhoused population</p>
<p>Number and Percent of individuals receiving only case management service by age and ethnicity: Age three to 21, inclusive</p>	<p>See Attachment B</p>	<p>D2d. See Planned Activity - D2a D2e. Promote benefits of the Self Determination Program and Participant Directed Services options for adult clients in communities of color in at least 3 different languages. D2f. See Planned Activity - D11 D2g. Implement 1:40 Caseloads D2h. See Planned Activity - D2a</p>
<p>Number and Percent of individuals receiving only case management service by age and ethnicity: Twenty-two and older</p>	<p>See Attachment B</p>	<p>D2i. Identification of individual clients within ethnic populations with significantly higher than average (>4%) percentage of no POS and targeted outreach to assess client needs. D2j. Promote benefits of the Self Determination Program and Participant Directed Services options by providing informational sessions for communities of color in at least 3 different languages. D2k. See Planned Activity - D11 D2l. See Planned Activity - D2g</p>

Attachment A
Alta Regional Center
Percent of Total Annual Purchase of Service Expenditures
by Individuals Ethnicity or Race
Fiscal Year 2021-2022

For Birth to age 2 years, inclusive				
Ethnicity				
Percent of				
American Indian or Alaska Native	21	0.4%	\$59,859	0.4%
Asian	530	10.4%	\$1,779,655	11.6%
Black/African American	453	8.9%	\$1,100,560	7.2%
Hispanic	1105	21.7%	\$3,964,029	25.9%
Native Hawaiian or Other Pacific Islander	30	0.6%	\$106,342	0.7%
Other Ethnicity or Race or Multi-Cultural	1377	27.0%	\$3,439,463	22.5%
White	1582	31.0%	\$4,861,627	31.8%
Totals	5098		\$15,311,534	
For age 3 years to 21 years, inclusive				
Ethnicity				
American Indian or Alaska Native	44	0.4%	\$ 335100	0.6%
Asian	1318	11.8%	\$ 5672738	9.7%
Black/African American	1194	10.7%	\$ 7659500	13.1%
Hispanic	2363	21.1%	\$ 9249922	15.9%
Native Hawaiian or Other Pacific Islander	60	0.5%	\$ 308092	0.5%
Other Ethnicity or Race or Multi-Cultural	2059	18.4%	\$ 11328362	19.4%
White	4172	37.2%	\$ 23768410	40.8%
Totals	11210		\$ 58 32	
For age 22 years and older				
Ethnicity				
American Indian or Alaska Native	58	0.6%	\$ 3037137	0.7%
Asian	746	7.1%	\$ 23245372	5.7%
Black/African American	1496	14.2%	\$ 49520327	12.2%
Hispanic	1373	13.1%	\$ 37451544	9.2%
Native Hawaiian or Other Pacific Islander	35	0.3%	\$ 596211	0.1%
Other Ethnicity or Race or Multi-Cultural	874	8.3%	\$ 26388104	6.5%
White	5936	56.4%	\$ 266878284	65.6%
Totals	10518		\$ 407 1	

The expenditure data reported may not include payments made by the regional center to a service provider under

a Contract. Typical services paid to a service provider under a Contract include, but are not limited to,

Transportation Services, Transportation Assistant Services, and Supported Employment Program (SEP) Group Services.

Attachment B**Alta Regional Center****Consumers with No Purchase of Services by Ethnicity or Race****Fiscal Year 2021-2022**

For Birth to age 2 years, inclusive				
Percent with No Purchased Services				
American Indian or Alaska Native	21	19	2	9.5%
Asian	530	500	30	5.7%
Black/African American	453	412	41	9.1%
Hispanic	1105	1072	33	3.0%
Native Hawaiian or Other Pacific Islander	30	28	2	6.7%
Other Ethnicity or Race or Multi-Cultural	1377	1251	126	9.2%
White	1582	1506	76	4.8%
Totals	5098	4788	310	6.1%
For age 3 years to 21 years, inclusive				
Ethnicity				
American Indian or Alaska Native	44	34	10	22.7%
Asian	1318	1057	261	19.8%
Black/African American	1194	982	212	17.8%
Hispanic	2363	1997	366	15.5%
Native Hawaiian or Other Pacific Islander	60	49	11	18.3%
Other Ethnicity or Race or Multi-Cultural	2059	1640	419	20.3%
White	4172	3255	917	22.0%
Totals	11210	9014	2196	19.6%
For age 22 years and older				
Ethnicity				
American Indian or Alaska Native	58	55	3	5.2%
Asian	746	685	61	8.2%
Black/African American	1496	1367	129	8.6%
Hispanic	1373	1241	132	9.6%
Native Hawaiian or Other Pacific Islander	35	32	3	8.6%
Other Ethnicity or Race or Multi-Cultural	874	800	74	8.5%
White	5936	5536	400	6.7%
Totals	10518	9716	802	7.6%

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a Contract. Typical services paid to a service provider under a Contract include, but are not limited to,

Transportation Services, Transportation Assistant Services, and Supported Employment Program (SEP) Group Services.