


Harbor Regional Center Performance Plan 2022




Measures of Success: ●Maintain or show improved performance over prior year, and/or ●Equal to or better than statewide average.

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Statewide Public Policy Measures	Statewide Average	HRC Outcomes	Planned Activities
<p>Living in the Community</p> <p>“Reduce the percentage of regional center caseload in a Developmental Center.”</p> <p>Achieving Desired Outcome? YES</p> 	<p>2005 1.49%</p> <p>2010 0.83%</p> <p>2015 0.36%</p> <p>2020 0.08%</p> <p>2021 0.07%</p>	<p>2005 1.50% 141 clients</p> <p>2010 0.78% 77 clients</p> <p>2015 0.23% 28 clients</p> <p>2020 0.03% 5 clients</p> <p>2021 0.01% 2 clients</p>	<p>HRC Clients will continue to support individuals who have moved from the State Developmental Centers who are now living in the community.</p> <p>Coordinate services and supports in the community for individuals who have moved from the State Developmental Center.</p> <p>Seek DDS funding for continued development of needed specialized resources in the community.</p> <p>HRC will work closely with Porterville Developmental Center and the courts to prepare for the return to the community of individuals who have been court-ordered for treatment at PDC, and identify living options.</p>


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Statewide Public Policy Measures	Statewide Average	HRC Outcomes	Planned Activities
<p>Children Living With Families</p> <p>“Increase the percentage of minors living with families”: includes own family, foster family, and guardian.</p> <p>Achieving Desired Outcome? YES</p> 	<p>2005 97.65%</p> <p>2010 98.60%</p> <p>2015 99.15%</p> <p>2020 99.48%</p> <p>2021 99.53%</p>	<p>2005 98.75%</p> <p>2010 99.56%</p> <p>2015 99.80%</p> <p>2020 99.86%</p> <p>2021 99.85%</p>	<ul style="list-style-type: none"> ● Continue to provide outreach, information, and training to new and continuing families, to increase awareness and access to services, including: <ul style="list-style-type: none"> ○ HRC services available and how to access them ○ The role of the service coordinator in support of the client/family ○ Accessing community resources and services ○ Collaboration with local and state advocacy organizations to offer training for family empowerment and self-advocacy ○ Distribution of information via Family Resource Center, print and online publications, videos, website, newsletter, social media, and resource sharing events ● Support families to promote their family member’s development through mommy/daddy and me and positive parenting groups, language, behavioral and social skill development groups, etc. ● Provide mentor support for individuals/families needing assistance accessing services, including the those enrolled in Self-Determination Program ● Continue to offer and collaborate with family support groups and develop additional groups as needed


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<p>“Reduce percentage of minors living in licensed homes serving more than 6. children”</p>	<p>2005 0.22% 2010 0.04% 2015 0.06% 2020 0.04% 2021 0.03%</p>	<p>2005 0.04% 2010 0.00% 2015 0.00% 2020 0.00% 2021 0.00%</p>	<ul style="list-style-type: none"> Continue to provide in home support for children to live with families (their own, foster, or guardian), and avoid use of large licensed settings.
<p>Achieving Desired Outcome? YES</p>			
			


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<p>Adults Living in Home Settings</p> <p>“Increase the percentage of adults living in home settings: independent living, supported living, family home, and family home agency homes.”</p> <p>Achieving Desired Outcome? YES</p> 	<p>2005 70.03%</p> <p>2010 73.99%</p> <p>2015 78.04%</p> <p>2020 81.25%</p> <p>2021 82.20%</p>	<p>2005 72.34%</p> <p>2010 76.51%</p> <p>2015 80.92%</p> <p>2020 84.03%</p> <p>2020 84.97%</p> <p>2021 84.8%</p>	<p>Continue to promote and maintain options for adults to live in home environments with families, or in their own homes, with supports as needed. These may include but are not limited to:</p> <ul style="list-style-type: none"> • Independent living skills training • Supported living services • College Support • Job development and preparation • Supported employment • Adult day options, including alternative services models, tailored to a range of individual needs • Future planning support for adults with aging parents/caregivers. <p>Continue to provide support for transition-age clients and their families to prepare for adulthood</p> <p>Provide information for clients and families to better understand the relationship between earned income, SSI, MediCal, etc.</p> <p>Continue to work with community partners to advocate and support development of affordable housing options for adults.</p>


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Statewide Public Policy Measures	Statewide Average of clients in larger homes	HRC Outcomes clients in larger homes	Planned Activities
<p>Adults Living in Licensed Homes</p> <p>“Reduce the percentage of adults living in licensed homes serving more than 6 adults.”</p> <p>Achieving Desired Outcome? YES</p> 	<p>2005 5.76%</p> <p>2010 3.80%</p> <p>2015 2.78%</p> <p>2020 2.06%</p> <p>2021 1.84%</p>	<p>2005 4.46%</p> <p>2010 2.37%</p> <p>2015 1.50%</p> <p>2020 0.80%</p> <p>2021 0.69%</p>	<p>Continue to avoid use of large licensed settings and to support adults moving from larger settings, such as skilled nursing facilities, into more integrated/less restrictive living options.</p> <p>Increase access to living options through continued development of residential resources, as funds allow.</p>


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Public Policy Measures: Employment	Planned Activities
<ul style="list-style-type: none"> • Number and percentage of individuals ages 16-64 with earned income. • Average annual wages for individuals ages 16-64. • Annual earnings of individuals ages 16-64 compared to all people with disabilities in California. • Number of adults who entered in competitive integrated employment following participation in a Paid Internship Program. • Percentage of adults who entered in competitive integrated employment following participation in a Paid Internship Program. • Average hourly or salaried wages and hours worked per week for adults who participated in a Paid Internship Program during the prior fiscal year. • Average wages and hours worked for adults engaged in competitive integrated employment on behalf of whom incentive payments have been made. • Total number of 30-day, 6-month and 12-month incentive payments made for the fiscal year. • Percentage of adults who reported having competitive integrated employment as a goal in their IPP. 	<p>HRC will support adults who want to work, to prepare for, find and maintain employment.</p> <ul style="list-style-type: none"> • Share information regarding our Employment First policy with our clients and families • Discuss employment options with clients and families starting early, but no later than when they reach transition age and adulthood • Offer Employment Orientations to inform clients and families about employment services • Offer training to prepare clients for employment • Work in partnership with school districts, community colleges, and the Department of Rehabilitation to promote opportunities for volunteerism, work training, internships, and competitive employment • Work in partnership with supported employment service providers to develop employment opportunities, and support individuals' success on the job, including: <ul style="list-style-type: none"> ○ paid internships that can lead to competitive employment, and ○ provider incentives for competitive integrated employment • Work with adult day activity service providers to offer alternative services for individualized work and volunteer opportunities and experiences 

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Statewide Public Policy Measures	Planned Activities
<p>Reducing Disparity in Purchase of Service Expenditures</p> <p>Progress to be measured by:</p> <p>“Indicator showing the relationship between annual authorized services and expenditures by individual’s residence type and ethnicity.”</p> <p>“Percent of total annual purchase of service authorizations and expenditures by individual’s ethnicity and age</p> <ul style="list-style-type: none"> • Birth to age two, inclusive • Age three to twenty-one, inclusive • Twenty-two and older” 	<p>HRC clients and families will have access to information and services regardless of age, diagnosis, ethnicity, or language.</p> <ul style="list-style-type: none"> • Provide community outreach so that the ethnic, language and cultural demographics of our client population reflect that of the general population in our service area. • Recruit and maintain a culturally diverse staff and service providers whose ethnicity, language and cultural background reflect that of our client population. • Provide staff training to increase cultural sensitivity and reduce implicit bias • Continue to provide support, information, and training to new and continuing families, to increase awareness and access, including: <ul style="list-style-type: none"> ○ HRC Services available and how to access them ○ The role of the service coordinator in support of the client/family ○ Accessing community resources and services such as education. • Provide mentor support for individuals/families needing assistance accessing services, including the those enrolled in Self-Determination Program • Collaborate with advocacy organizations such as the State Council and Disability Rights CA for information, training & empowerment • Distribute information via Family Resource Center, publications, videos, website, newsletter, social media, and resource sharing events

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Compliance Measures

	HRC Baseline	Planned Activities
Unqualified independent audit with no material findings	Yes	Continue generally accepted accounting principles Maintain good business practices Maintain compliance with state contract and Medicaid Waiver requirements
Substantial compliance with DDS fiscal audit	Yes	
Operates within Operations budget	Yes	
Certified to participate in Home & Community-Based Waiver	Yes	
Compliance with vendor audit requirements	Yes	
Individuals with updated CDERs and ESRs (Client Development Evaluation Report or Early Start Report)	96.4%	Continue timely completion/updates of the CDER/ESR.
Intake/Assessment and IFSP timelines (ages 0-2) (Early Start Report)	95%	Provide timely intake/assessment for infants and toddlers ages birth through 2 years.
Intake/assessment timelines for individuals ages 3 and above	98.5%	Provide timely intake/assessment for children and adults ages 3 and above
IPP (Individual Person Centered Plan) development, ages 3 and above, (Welfare and Institutions Code requirements)	99.85%	Provide timely completion of individual person-centered plans (IPP) for clients receiving services under the Lanterman Act.
IFSP development, for infants/toddlers ages 0-2, (Title 17 requirements)	86.4%	Provide timely completion of intake/assessment and Individual/Family Service planning for infants and toddlers birth - 2 years of age.

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