Ben Holt Adult Day Program is designed to assist individuals in reaching their highest level of independence through community integration and skill building activities. Many of the clients in the program are medically fragile and limited in their ability. As a result, they depend on staff and our services to meet their essential needs in such areas as personal care, feeding, communication, medication, client rights, advocacy, and helping them achieve their dreams and goals.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Actual Results</th>
<th>Comments/Influencing Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1:</strong> Benjamin Holt Day Program Services will provide trainings and opportunities for independence through improved communication skills in CAT Lab by assisting clients to reach their objective with an overall average from all 3 programs meeting a 95% completion rate.</td>
<td>95%</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 2:</strong> Benjamin Holt Day Program Services (AAC, ADC III, Senior Program), will provide opportunities for clients to enjoy a good quality of life through the promotion of physical health, strength, stamina and flexibility. A 93% achievement rate will be measured by those who choose to participate (percentage based off year end number of average clients served) and who are scheduled in Individual Conditioning Class.</td>
<td>91%</td>
<td>Goal Not Met. Clients were on extended medical leave and some clients declined to participate and complete their Individual Conditioning objectives.</td>
</tr>
<tr>
<td><strong>Objective 3:</strong> Benjamin Holt Day Program Services will achieve an overall stakeholder rating of 98% or higher.</td>
<td>98.55%</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 4:</strong></td>
<td></td>
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</tr>
<tr>
<td>4.1) Clients participating in AAC will be provided the opportunity to engage in off-site activities for an average of 15 hours a month. A 95% completion rate will be achieved.</td>
<td>4.1) 100%</td>
<td>4.1) Goal Met.</td>
</tr>
<tr>
<td>4.2) Clients participating in ADCIII will be provided the opportunity to engage in off-site activities for an average of 8 hours a month. A 95% completion rate will be achieved.</td>
<td>4.2) 100%</td>
<td>4.2) Goal Met.</td>
</tr>
<tr>
<td>4.3) Clients participating in Senior Program (SP) will be provided the opportunity to engage in off-site activities for an average of 9 hours a month. A 95% completion rate will be achieved.</td>
<td>4.3) 74%</td>
<td>4.3) Goal Not Met. Senior Program has medically fragile clients who missed program.</td>
</tr>
<tr>
<td>Objective</td>
<td>Description</td>
<td>Goal</td>
</tr>
<tr>
<td>-----------</td>
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<td><strong>Objective 5:</strong></td>
<td>Clients participating (average clients served) in all three programs (AAC, ADC III and Senior Program) will have the opportunity to take part in work related activities on and off site 4 times per month. A 95% completion rate or higher will be achieved.</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Objective 6:</strong></td>
<td>Program will achieve a 90% completion rate in relation to clients meeting their Individual Program Plan (IPP) objectives specific to day program and the goals in their Individual Service Plan (ISP).</td>
<td>SP) 88% AAC) 85% ADCIII) 85%</td>
</tr>
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<td><strong>Objective 7:</strong></td>
<td>Clients participating in AAC will be provided the opportunity to engage in classroom activities 2 times per month that address community based resources. A 95% completion rate will be achieved.</td>
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<td><strong>Objective 8:</strong></td>
<td>Clients participating (average clients served) in all three programs (AAC, ADC III and Senior Program) will have the opportunity to take part in work related activities on and off site 4 times per month. A 95% completion rate or higher will be achieved.</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Objective 9:</strong></td>
<td>Program will increase overall utilization of authorized POS units to 90% by June, 2016.</td>
<td>SP) 70.6% AAC) 84.5% ADCIII) 89.4%</td>
</tr>
</tbody>
</table>
## 2016-2017 Annual Report Objectives

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
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<td><strong>Objective 1:</strong> Benjamin Holt Day Program Services will provide trainings and opportunities for independence through improved communication skills in CAT Lab by assisting clients to reach their objective with an overall average from all 3 programs meeting a 95% completion rate.</td>
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<td>Percentage was decreased from 93% to 91%. Change is in bold and underlined.</td>
</tr>
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<td><strong>Objective 3:</strong> Benjamin Holt Day Program Services will achieve an overall stakeholder rating of 98% or higher.</td>
<td></td>
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| **Objective 4:** 4.1) Clients participating in AAC will be provided the opportunity to engage in off-site activities for an average of 15 hours a month. A 95% completion rate will be achieved.  
4.2) Clients participating in ADCIII will be provided the opportunity to engage in off-site activities for an average of 8 hours a month. A 95% completion rate will be achieved.  
4.3) Clients participating in Senior Program (SP) will be provided the opportunity to engage in off-site activities for an average of 6 hours a month. A 95% completion rate will be achieved. |  |
**Objective 5:** Clients participating (average clients served) in all three programs (AAC, ADC III and Senior Program) will have the opportunity to take part in work related activities on and off site 4 times per month. A 95% completion rate or higher will be achieved.

**Objective 6:**

6.1) Clients in AAC will achieve an average completion rate of 87% in relation to meeting their Individual Program Plan (IPP) objectives specific to day program and the goals in their Individual Service Plan (ISP).

6.2) Clients in ADC III will achieve an average completion rate of 87% in relation to meeting their Individual Program Plan (IPP) objectives specific to day program and the goals in their Individual Service Plan (ISP).

6.3) Clients in Senior Program (SP) will achieve an average completion rate of 90% in relation to meeting their Individual Program Plan (IPP) objectives specific to day program and the goals in their Individual Service Plan (ISP).

**Objective 7:** Clients participating in AAC will be provided the opportunity to engage in classroom activities 2 times per month that address community based resources. A 95% completion rate will be achieved.

**Objective 8:**

8.1) AAC will increase overall utilization of authorized POS units to 87% by June, 2017.

8.2) ADC III will increase overall utilization of authorized POS units to 90% by June, 2017.

8.3) Senior Program (SP) will increase overall utilization of authorized POS units to 72% by June, 2017.

Objectives 6.1, 6.2, and 6.3 were developed so each program has a completion rate in relation to clients meeting their Individual Program Plan objectives. Changes are in bold and underlined.

Objectives 8.1, 8.2, and 8.3 were developed so each program has an overall utilization of authorized POS units objective. Changes are in bold and underlined.
Summary
Ben Holt Day Program has a total combined enrollment of 51 clients. The program consists of 3 programs, including the Adult Activity Center, ADC III, and Senior Program. Clients volunteered at Light House Church sorting clothing and performing janitorial duties, at the Emergency Food Bank packaging boxes of food, and at the Harvest Home Animal Sanctuary feeding animals and cleaning. They participated in recreational activities, holiday parties, carnivals, and educational trips to the library, museums, and farms.

Survey Participant's Comments

VMRC
VM1 As a service coordinator, I very much like the assistance provided to my consumers by UCP. Thanks!
VM2 Everything is great, thank you.
VM3 My clients are well served @ this DPS.
VM4 As a service coordinator, I very much like the assistance provided to my consumers by UCP. Thanks!
VM5 As a service coordinator, I have always had good success with UCP programs.

CUSTOMER
CS1 Clean, helpful, understands needs of the people.

CARE HOME
CH1 Highly recommend UCP to the Special People to attend
CH2 Thank you!
CH3 Great Program for Alana.
CH4 Great communicator
CH5 Great Program
CH6 Highly recommend
**BENJAMIN HOLT ADULT DAY PROGRAMS**  
**Annual Report**  
**FY 2015-2016**

### Clients Demographics

Ben Holt Adult Day Program encompasses 3 programs:
- Adult Activity Center – AAC
- Adult Development Center - ADC III
- Senior Program – SP

**Total numbers served:**
- AAC - 8
- ADC III - 49
- SP - 11

Represents total clients served throughout year (tracked on Case Characteristic Report).

#### Total Numbers Enrolled:

<table>
<thead>
<tr>
<th>Number of males:</th>
<th>Number of females:</th>
<th>Total numbers:</th>
<th>Average age served:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAC – 4</td>
<td>AAC – 3</td>
<td>AAC – 7</td>
<td>AAC – 44</td>
</tr>
<tr>
<td>SP – 4</td>
<td>SP – 6</td>
<td>SP – 10</td>
<td>SP – 68</td>
</tr>
<tr>
<td><strong>Total – 32</strong></td>
<td><strong>Totals – 32</strong></td>
<td><strong>Totals – 64</strong></td>
<td><strong>Total Averages – 51</strong></td>
</tr>
</tbody>
</table>

**Ethnicity:**

- **Caucasian:**
  - AAC: 7 and 87.5%
  - ADC III: 30 and 61%
  - SP: 10 and 91%
  - **Total Number – 47**

- **Asian:**
  - AAC: 1 and 12.5%
  - ADC III: 1 and 2%
  - SP: 0 and 0%
  - **Total Number – 2**

- **African American:**
  - AAC: 0 and 0%
  - ADC III: 0 and 0%
  - SP: 0 and 0%
  - **Total Number – 0**

- **Native American:**
  - AAC: 0 and 0%
  - ADC III: 1 and 2%
  - SP: 0 and 0%
  - **Total Number – 1**

- **Hispanic:**
  - AAC: 0 and 0%
  - ADC III: 14 and 29%
  - SP: 1 and 9%
  - **Total Number – 15**

- **Other:**
  - AAC: 0 and 0%
  - ADC III: 3 and 6%
  - SP: 0 and 0%
  - **Total Number – 3**
Committee Reviewed: 2016-11-14
Board Reviewed & Approved: 2016-11-18

Residence: Lodi: AAC – 0 and 0%
             ADC III – 3 and 6%
             SP – 0 and 0%
             Total Number – 3

             Stockton: AAC – 7 and 87.5%
                        ADC III – 46 and 94%
                        SP – 11 and 100%
                        Total Number – 64

             Woodbridge: AAC – 1 and 12.5%
                        ADC III – 0 and 0%
                        SP – 0 and 0%
                        Total Number – 1

Service Performance Statistics

Total number referred:
AAC – 1
ADC III – 7
SP – 1
Total – 9

Number of new clients:
AAC – 1
ADC III – 3
SP – 2
Total - 6

Total number deemed ineligible:
AAC - 0
ADC III – 0
SP - 0
Total – 0

Number of cases closed:
AAC – 1
ADC III – 2
SP – 1
Total – 4

Results of Objective Efficiency Report:
AAC – 85%
ADC III – 85%
SP – 88%
Total (Average) – 86%

Percentage of Current IPP:
AAC – 100%
ADC III – 100%
SP – 100%

Percentage of Current ISP:
AAC – 100%
ADC III – 100%
SP – 100%

Total Units / Days of Service:
AAC – 1,691
ADC III – 10,208
SP – 1,952
Total – 13,851

*Results from Satisfaction Survey (%) 
AAC, ADC III, & SP – 98.55%
Percentage of SIR reporting submitted within required timeframe (%):
AAC – 100%
ADC III – 75*
SP – 100%

*Percentage of Clients needs encountered during service delivery (%):
(Clients conditions encountered as per case characteristic report).

<table>
<thead>
<tr>
<th></th>
<th>AAC</th>
<th>ADC III</th>
</tr>
</thead>
<tbody>
<tr>
<td>CP or like condition</td>
<td>50%</td>
<td>CP or like condition</td>
</tr>
<tr>
<td>Mental retardation</td>
<td>88%</td>
<td>Mental Retardation</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>50%</td>
<td>Epilepsy</td>
</tr>
<tr>
<td>Autism</td>
<td>13%</td>
<td>Autism</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
<td>Other</td>
</tr>
</tbody>
</table>

SP
CP or like condition: 55%
Mental Retardation: 82%
Epilepsy: 55%
Autism: 0%
Other: 9%

All data collected by POS, billing, logs, case notes, monthly reports, ISP and/or IPP and Satisfaction Survey.

Staff Performance Statistics

- Current in CPR/First Aid (%): 100%
- Mandated Abuse Training (%): 100%
- UCP Mandated Reporting (%): 100%
- SIR Training (%): 100%
- New Staff Orientation - first 2/weeks (%): 100%
- Current Staff w/ Criminal Clearance (%): 100%
- In-service Trainings - 5 hours (%): 100%
- New Employee Program Training (%): 100%

All data collected by training logs, minutes and/or Human Resources records.

Overall Summary

There are currently 9 openings for clients at Ben Holt, with 2 referrals pending in any of our programs. A referral log is kept for possible future admissions and tours that have been scheduled or given. We continue to look for additional volunteer activities. We are now volunteering at Light House Church sorting clothing and performing janitorial duties, at the Emergency Food Bank packaging boxes of food, and at the Harvest Home Animal Sanctuary feeding animals and cleaning. The most popular volunteer activity has been the UCP Canteen, which is staffed by clients and staff 3 days a week. We will continue to focus on opportunities that provide meaningful, purposeful activities for our clients both on and off site.
Enrollment

During this fiscal year, Ben Holt Day Programs had a total combined enrollment of 64 clients. AAC’s enrollment was 8 and provided services to an average daily attendance of 6.77 clients. From July 2015 to June 2016, AAC had 1 referral, added 1 new client, and had 1 case close. The AAC program provided 1,691 units of service. ADC III’s enrollment was 49 and provided services to an average daily attendance of 40.82 clients. ADC III received 7 referrals, added 3 new clients, and had 2 cases close. ADC III provided 10,208 units of service. Senior Program’s (SP) enrollment was 11 and provided services to an average daily attendance of 7.79 clients. SP received 1 referral, added 2 new clients, and closed 1 case. The SP program provided 1,952 units of service.

Staff

Currently, the number of staff is 24 with 3 positions to be filled. We also receive support with staffing from a staffing agency to meet the average client to staff ratio of 6:1 for AAC and 3:1 for ADC III and the Senior Program. During this fiscal year, we had staffing shortages and the inconsistencies in staffing affected follow through with clients on attendance and performance on their objectives.

In-service Trainings-(topics, trainer)

Restraint Training was conducted by Nonviolent Crisis Intervention Trainer, Tony Martinez. Program Manager, Richard DeMonte, conducted in-service trainings on Corporate Compliance, Utility Failures (drill & test), Transportation and Restraint Training for Drivers, Mandated Reporting and Special Incident Reports, Fire and Explosion (drill and test), Bomb Threat, Natural Disaster/Severe Weather, Ride Evaluation for Drivers, Cultural Competency/Diversity training, Program Implementation, Fire Safety and Suppression, Infection Control, Clients Health & Safety, Clients Sensitivity, Clients Rights and Lifting Safety, Charting and Recording, Software Policy, and Emergency Medical Response. First Aid/CPR was provided by Shana Belasco. Specialized training for clients with health care plans was provided by the care home nurses. G-tube training was provided by Leslie Gill BSN from San Joaquin General Hospital.

Special Events

Special events during the year included an in house Holiday event and Valentine’s Day Dance, the RAP Dance, and Holiday 8 summer movies. Also during this time, we went to the Hammer Ranch carnival and rummage sales. We provided educational trips to the Troke Library, Haggin Museum, and World of Wonder Museum and to the Del’Osso Farms in the fall. In the spring we started monthly picnics at Victory Park, weather permitting. Richard Aguilera, “The Music Man” came to play for the clients. Ben Holt held an open house/ribbon cutting ceremony for our new ADA compliant kitchen. This was dedicated to long time Program Manager Vera Combs. We had a board member film clients cooking in the kitchen for this ceremony. During this fiscal year
the Boy Scouts of America donated their time and energy making raised flower beds accessible to our clients in wheelchairs for our gardening class.

**Community Integration**

The goal for clients is to provide Community Integration opportunities 9-15 hours per month, depending on the program (AAC, ADC III and Senior Program). The average hours achieved in the community varies. AAC averaged 16 hours per month; ADC III averaged 9 hours per month; and the Senior Program averaged 6 hours per month.

**Vocational and Work-Related Activities**

Clients had opportunities to engage in a number of vocational tasks throughout the week. Vocational tasks included staffing the Canteen, putting place settings on tables and using the microwave. They also collected documentation, shred papers, and sorted and folded laundered items (e.g. clothing protectors), and washed busses. They volunteered to recycle cans, shop for supplies, donated to the family shelter, and helped at an animal rescue ranch. Clients and staff also planted and harvested a vegetable garden, and continued to produce the quarterly newsletter.

**Safety**

Safety continues to be a priority at Ben Holt Programs. During the last year there were 5 Special Incident Reports submitted. There was 1 UCP controllable event of an injury/accident. The following 4 incidents were UCP non-controllable: 2 incidents of suspected abuse and 2 other - medical emergencies.

Safety trainings were conducted after each incident to increase awareness and skills. In an effort to provide a safe environment for both staff and clients, the Program continues its ongoing safety program. This is accomplished through both on and off site training sessions and quarterly Health & Safety meetings. The onsite safety trainings include, but are not limited to, First Aid/CPR, lifting safety, fire suppression, disease prevention, Special Incident Reports, defensive driving, monthly building and grounds inspections, and monthly evacuation drills. All staff is current in First Aid/CPR. Competency based testing for emergency procedures were given annually during staff trainings to ensure that staff had a good understanding of the trainings. The trainings are documented in training logs, meeting minutes and filed in appropriate tracking binders and personnel files.

**Survey Results**

Throughout the year, the satisfaction survey is presented to all stakeholders at each client’s annual meeting. At fiscal year-end, surveys are also mailed to stakeholders who did not have the opportunity to complete them during the annual meeting. Survey results are compiled and a report is generated at fiscal year-end. The results of the survey are intended to provide vital information on how the program is perceived and if the program is
continuing to move forward in a positive direction in providing clients with the appropriate services desired to meet their individual needs and goals. Any complaints or concerns addressed in surveys are addressed immediately by Program Manager with oversight from the Director of Adult Programs and Services.

SUCCESS IN MEETING OBJECTIVES FISCAL YEAR 2015-2016

OBJECTIVES FOR FISCAL YEAR 2015-2016

The Program will continue to strive to meet the goals and objectives of the clients we serve.

Objective 1: Benjamin Holt Day Program Services will provide trainings and opportunities for independence through improved communication skills in CAT Lab by assisting clients to reach their objective with an overall average from all 3 programs meeting a 95% completion rate.

Rationale:
People exercise more control in their lives by being able to communicate such things as wants, needs, likes and dislikes. Communication is the cornerstone for any learning and it promotes self-esteem, socialization and relationship building.

Measurement:
Documentation is maintained in classroom folders on a class-by-class basis and then transferred to the ISP for clients who have attended class. All data will be collected daily and reported in annual management reports.

Actual Results:
All three programs are averaging 95%. All monitors have been replaced and a few computers have been updated. There is now internet access on 3 computers.

Objective 2: Benjamin Holt Day Program Services (AAC, ADC III, Senior Program), will provide opportunities for clients to enjoy a good quality of life through the promotion of physical health, strength, stamina and flexibility. A 93% achievement rate will be measured by those who choose to participate (percentage based off year en number of average clients served) and who are scheduled in Individual Conditioning Class.

Rationale:
Regular exercise, range of motion and strength training are a part of a healthy lifestyle for people. It is especially important for people with physical disabilities.

Measurement:
Documentation will be collected daily during Fine, Physical Arts and Recreation program activities and recorded in the classroom folders. All data collected will be reported in the client’s annual reports.

**Actual Results:**
The clients with Individual Conditioning (IC) needs averaged 91%. This goal was not met due to clients on extended medical leave and clients declining to participate and complete their IC objectives. Ben Holt received a grant from United Way and we purchased a new foot bike, yoga mats and a leg extension machine that the clients enjoy using. Clients also enjoyed participating in Range of Motion exercises, indoor/outdoor basketball games and weight lifting.

**Objective 3:**  *Benjamin Holt Day Program Services will achieve an overall stakeholder rating of 98% or higher.*

**Rationale:**
In order to best serve program clients, it is important to keep an open line of communication with Valley Mountain Regional Center, care homes, families and the clients. Input from all of these stakeholders enables the programs to provide outstanding services to the clients.

**Measurement:**
We will use data and comments from the stakeholder surveys to determine stakeholder satisfaction.

**Actual Results:**
Program received a 98.55% on the stakeholder survey.

**Objective 4:**
4.1) *Clients participating in AAC will be provided the opportunity to engage in off-site activities for an average of 15 hours a month. A 95% completion rate will be achieved.*

4.2) *Clients participating in ADCIII will be provided the opportunity to engage in off-site activities for an average of 8 hours a month. A 95% completion rate will be achieved.*

4.3) *Clients participating in Senior Program (SP) will be provided the opportunity to engage in off-site activities for an average of 9 hours a month. A 95% completion rate will be achieved.*

**Rationale:**
Community integration is provided to foster a greater sense of community awareness and knowledge of available community-based resources, as stated in the program design.

**Measurement:**
Monthly management activity reports will record total community integration hours to meet and/or exceed this objective. This will be tracked for each program, taking into account physical and medical fragility of ADC III and SP clients.
Actual Results:
4.1) AAC Clients went out an average of 16 hours per month at a 100% completion rate.
4.2) ADCIII Clients went out an average of 9 hours per month at a 100% completion rate.
4.3) SP Clients went out an average of 6 hours per month at a 74% completion rate. SP is a medically fragile program and several clients missed program.

Objective 5: Clients participating (average clients served) in all three programs (AAC, ADC III and Senior Program) will have the opportunity to take part in work related activities on and off site 4 times per month. A 95% completion rate or higher will be achieved.

Rationale:
People realize a greater sense of purpose and life determination when engaged in work/volunteer projects. Participation in these activities increases fundamental skills and gives people the opportunity to increase valued relationships with others in the community.

Measurement:
A work activity log is maintained on site. Daily CIP trip schedules reflect the number of clients who engage in meaningful activities off site. Daily attendance sheets show total number of clients in program each day. This number is divided into the total number of clients who engage in work tasks. Clients get credit for total units of daily work (tracked in work activity log) plus numbers of clients who volunteer in the community.

Actual Results:
Clients had an opportunity to participate in work-related activities an average of 6 times per month at a 100% completion rate. Clients participated in on and off site work activities, such as the Animal Sanctuary, Program Shopping, and the Canteen to name a few.

Objective 6: Program will achieve a 90% completion rate in relation to clients meeting their Individual Program Plan (IPP) objectives specific to day program and the goals in their Individual Service Plan (ISP).

Rationale:
Clients’ IPPs are developed by VMRC to ensure that clients’ needs are met and their rights respected. Day Programs have an obligation to meet objectives pertaining to day programs. Individual Service Plan goals are also created and designed to maximize clients’ functional and vocational skill potential in order to reach their highest level of independence in all aspects of their lives. The IPP and ISP are reviewed at each client’s annual meeting to ensure all needs are being met. The IPP and ISP may be changed throughout the year to meet client’s needs in an IDT meeting.

Measurement:
The outcome will be tracked through the Objective Efficiency Report.
Actual Results:
The Senior Program averaged an 88% completion rate, AAC achieved an 85% completion rate and ADCIII achieved an 85% completion rate. This goal was not met due to a change in tracking systems, clients out on extended medical leaves, clients not wanting to participate and clients who went to other classes which were not part of their objectives.

Objective 7: Clients participating in AAC will be provided the opportunity to engage in classroom activities 2 times per month that address community based resources. A 95% completion rate will be achieved.

Rationale:
Clients realize greater independence and empowerment when schooled in the variety and accessibility of resources within their community.

Measurement:
Documentation is maintained in classroom folders on a class-by-class basis and then transferred to the ISP for clients who have attended class. All data will be collected daily and reported in annual management reports.

Actual Results:
Program achieved a 100% completion rate. Program offered weekly Health and Sign Language classes. The Health class taught how to access community resources and Men’s and Women’s issues. The Sign Language class focused on key phrases and symbols used in the community and for basic communication skills and safety.

Objective 8: Clients participating (average clients served) in all three programs (AAC, ADC III and Senior Program) will have the opportunity to take part in work related activities on and off site 4 times per month. A 95% completion rate or higher will be achieved.

Rationale:
People realize a greater sense of purpose and life determination when engaged in work/volunteer projects. Participation in these activities increases fundamental skills and gives people the opportunity to increase valued relationships with others in the community.

Measurement:
A work activity log is maintained on site. Daily CIP trip schedules reflect the number of clients who engage in meaningful activities off site. Daily attendance sheets show total number of clients in program each day. This number is divided into the total number of clients who engage in work tasks. Clients get credit for total units of daily work (tracked in work activity log) plus numbers of clients who volunteer in the community.

Actual Results:
Clients participated in work-related activities an average of 6 times per month at a 100% completion rate. Clients participated in on and off site work activities, such as the Animal Sanctuary, Program Shopping, and the Canteen to name a few.

Objective 9: Program will increase overall utilization of authorized POS units to 90% by June, 2016.

Rationale:
Improving the overall percentage of authorized POS units will increase revenue.

Measurement:
Program Manager will track utilization of authorized POS units on a monthly spreadsheet.

Actual Results:
AAC achieved an average of 84.5%, ADCIII achieved 89.4% and the Senior Program achieved 70.6%. All programs combined achieved an average of 81.5%. These goals were not met due to clients being on extended medical leaves and families of clients not sending in their adult children. Calls were made to individual client’s care homes and families asking for a return date and the reason for the absences.

OBJECTIVES FOR FISCAL YEAR 2016-2017

The Program will continue to strive to meet the goals and objectives of the clients we serve.

Objective 1: Benjamin Holt Day Program Services will provide trainings and opportunities for independence through improved communication skills in CAT Lab by assisting clients to reach their objective with an overall average from all 3 programs meeting a 95% completion rate.

Rationale:
People exercise more control in their lives by being able to communicate such things as wants, needs, likes and dislikes. Communication is the cornerstone for any learning and it promotes self-esteem, socialization and relationship building.

Measurement:
Documentation is maintained in classroom folders on a class-by-class basis and then transferred to the ISP for clients who have attended class. All data will be collected daily and reported in annual management reports.

Action Plan:
To meet this objective, the program will continue to provide equipment used to enhance communication. The Computer Lab will continue to replace older computers with recycled newer ones as the need arises. Staff will receive training in the correct use of equipment. Staff
will assist clients to independently communicate or access computers; verbal, physical and hand
over hand assistance will be provided as needed.

**Objective 2:** Benjamin Holt Day Program Services (AAC, ADC III, Senior Program), will
provide opportunities for clients to enjoy a good quality of life through the promotion of
physical health, strength, stamina and flexibility. A 91\% achievement rate will be measured by
those who choose to participate (percentage based off year end number of average clients
served) and who are scheduled in Individual Conditioning Class.

**Rationale:**
Regular exercise, range of motion and strength training are a part of a healthy lifestyle for
people. It is especially important for people with physical disabilities.

**Measurement:**
Documentation will be collected daily during Fine, Physical Arts and Recreation program
activities and recorded in the classroom folders. All data collected will be reported in the client’s
Annual reports.

**Action Plan:**
Clients with Individual Conditioning (IC) needs will achieve a 91\% or higher participation rate.
Class will be structured to meet the individual needs of clients in Individual Conditioning (IC)
Class. Formal and informal leisure activities are implemented to maximize clients’ strengths.
Daily schedules reflect a variety of options incorporating physical activity. The additional needs
of partial and total care clients will be addressed in annual ISPs and implemented in IC plans as
needed.

**Objective 3:** Benjamin Holt Day Program Services will achieve an overall stakeholder rating
of 98\% or higher.

**Rationale:**
In order to best serve program clients, it is important to keep an open line of communication with
Valley Mountain Regional Center, care homes, families and the clients. Input from all of these
stakeholders enables the programs to provide outstanding services to the clients.

**Measurement:**
We will use data and comments from the stakeholder surveys to determine stakeholder
satisfaction.

**Action Plan:**
The Programs will achieve a 98\% or higher completion rate on overall stakeholder rating. The
programs will incorporate a variety of methods of communication with all stakeholders that
includes utilizing clients’ communication logs, establishing open dialogs during annual meetings
on what, if anything, the stakeholders have noticed that needs to or could be changed to ensure
quality care and enhancement of services.
**Objective 4:**

4.1) Clients participating in AAC will be provided the opportunity to engage in off-site activities for an average of 15 hours a month. A 95% completion rate will be achieved.

4.2) Clients participating in ADC III will be provided the opportunity to engage in off-site activities for an average of 8 hours a month. A 95% completion rate will be achieved.

4.3) Clients participating in Senior Program (SP) will be provided the opportunity to engage in off-site activities for an average of 6 hours a month. A 95% completion rate will be achieved.

**Rationale:**
Community integration is provided to foster a greater sense of community awareness and knowledge of available community-based resources, as stated in the program design.

**Measurement:**
Monthly management activity reports will record total community integration hours to meet and/or exceed this objective. This will be tracked for each program, taking into account physical and medical fragility of ADC III and SP clients.

**Action Plan:**
Programs will strive to meet the above completion rates. Each client will be offered the opportunity to participate in community integration activities. Clients will receive monthly activity calendars. Documentation will be kept in Community Integration Log for tracking purposes. This will include opportunities offered to clients who do not wish to participate or refuse to go.

**Objective 5:** Clients participating (average clients served) in all three programs (AAC, ADC III and Senior Program) will have the opportunity to take part in work related activities on and off site 4 times per month. A 95% completion rate or higher will be achieved.

**Rationale:**
People realize a greater sense of purpose and life determination when engaged in work/volunteer projects. Participation in these activities increases fundamental skills and gives people the opportunity to increase valued relationships with others in the community.

**Measurement:**
A work activity log is maintained on site. Daily CIP trip schedules reflect the number of clients who engage in meaningful activities off site. Daily attendance sheets show total number of clients in program each day. This number is divided into the total number of clients who engage in work tasks. Clients get credit for total units of daily work (tracked in work activity log) plus numbers of clients who volunteer in the community.

**Action Plan:**
Programs will achieve 95% completion rate. Daily activities will be structured both on and off-site in such a way as to provide opportunities for a variety of work skills and volunteerism with meaning and purpose.

**Objective 6:**

6.1) **Clients in AAC will achieve an average completion rate of 87% in relation to meeting their Individual Program Plan (IPP) objectives specific to day program and the goals in their Individual Service Plan (ISP).**

6.2) **Clients in ADCIII will achieve an average completion rate of 87% in relation to meeting their Individual Program Plan (IPP) objectives specific to day program and the goals in their Individual Service Plan (ISP).**

6.3) **Clients in Senior Program (SP) will achieve an average completion rate of 90% in relation to meeting their Individual Program Plan (IPP) objectives specific to day program and the goals in their Individual Service Plan (ISP).**

**Rationale:**

Clients’ IPPs are developed by VMRC to ensure that clients’ needs are met and their rights respected. Day Programs have an obligation to meet objectives pertaining to day programs. Individual Service Plan goals are also created and designed to maximize clients’ functional and vocational skill potential in order to reach their highest level of independence in all aspects of their lives. The IPP and ISP are reviewed at each client’s annual meeting to ensure all needs are being met. The IPP and ISP may be changed throughout the year to meet client’s needs in an IDT meeting.

**Measurement:**

The outcome will be tracked through the Objective Efficiency Report.

**Action Plan:**

Program will achieve an 87% completion rate in AAC and ADCIII and a 90% completion rate in SP based on Objective Efficiency Report outcome.

**Objective 7:** **Clients participating in AAC will be provided the opportunity to engage in classroom activities 2 times per month that address community based resources. A 95% completion rate will be achieved.**

**Rationale:**

Clients realize greater independence and empowerment when schooled in the variety and accessibility of resources within their community.

**Measurement:**

Committee Reviewed: 2016-11-14
Board Reviewed & Approved: 2016-11-18
Documentation is maintained in classroom folders on a class-by-class basis and then transferred to the ISP for clients who have attended class. All data will be collected daily and reported in annual management reports.

**Action Plan:**
The Health class and the Sign Language class curriculum will address community resources 1 time per month per class.

**Objective 8:**
8.1) **AAC will increase overall utilization of authorized POS units to 87% by June, 2017.**

8.2) **ADCIII will increase overall utilization of authorized POS units to 90% by June, 2017.**

8.3) **Senior Program (SP) will increase overall utilization of authorized POS units to 72% by June, 2017.**

**Rationale:**
Improving the overall percentage of authorized POS units will increase revenue.

**Measurement:**
Program Manager will track utilization of authorized POS units on a monthly spreadsheet.

**Action Plan:**
Program will achieve an overall increase in utilization of authorized POS units to 87% in AAC, 90% in ADCIII, and 72% in Senior Program by June 2017 by making daily calls to clients who are absent from program. Program Manager or Program Assistant will log the phone calls on the Client Absence Roster. Program Manager or Program Assistant will identify the reason for a client’s absence and garner any feedback related to the program. Absenteeism issues related to program will be resolved in order to ensure that clients are satisfied with the services that they are receiving.
Applied Abilities Program is designed to maximize the functional and vocational skills potential of our clients in order for them to reach their highest level of independence in all aspects of their lives.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Actual Results</th>
<th>Comments/Influencing Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1:</strong> Clients will develop the skills and gain knowledge to assist them in becoming more integrated in the community. Clients will be exposed to and learn how to access generic resources and resources specific to individuals with disabilities available in their community as indicated by an annual program-wide completion rate of 90% or higher on objectives relating to community integration.</td>
<td>92.25%</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 2:</strong> Clients will gain an increased awareness of employment related opportunities, skills, and behaviors as indicated by an annual program-wide completion rate of 90% on client objectives relating to employment.</td>
<td>94.5%</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 3:</strong> Clients will enhance their functional academic skills in order to further their integration into their community as indicated by an annual program-wide completion rate of 90% or higher on client objectives relating to functional academics.</td>
<td>95.8%</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 4:</strong> Clients will develop their knowledge of and skills in self-advocacy and have opportunities to learn what self-advocacy is and what resources are available as indicated by an annual program-wide completion rate of 90%.</td>
<td>92%</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 5:</strong> Clients will develop skills in using technology (generic and assistive) to enhance their ability to access their computer as indicated by an annual program-wide completion rate of 90% or higher on client objectives relating to assistive technology.</td>
<td>N/A</td>
<td>Goal Not Met. No clients had ISP goals related to using technology.</td>
</tr>
<tr>
<td><strong>Objective 6:</strong> 80% of clients with annual behavioral ISP goals will demonstrate decrease in behavioral deficits by 50% or higher.</td>
<td>N/A</td>
<td>Goal Not Met. No clients had ISP goals related to behavior management.</td>
</tr>
<tr>
<td><strong>Objective 7:</strong> AAP will achieve an overall stakeholder rating of 95% or higher.</td>
<td>99%</td>
<td>Goal Met.</td>
</tr>
</tbody>
</table>
### Objective 8: Program will achieve a 92% completion rate in relation to clients meeting their Individual Program Plan (IPP) objectives specific to day program and the goals in their Individual Service Plan (ISP).

<table>
<thead>
<tr>
<th>Objective 8:</th>
<th>95%</th>
<th>Goal Met.</th>
</tr>
</thead>
</table>

### Objective 9: Program will increase overall utilization of authorized POS units to 90% by June, 2016.

<table>
<thead>
<tr>
<th>Objective 9:</th>
<th>77.2%</th>
<th>Goal Not Met. Several clients took personal time off to spend with family members or took lengthy vacations out of the country. There was also a decrease in attendance during winter months due to illness.</th>
</tr>
</thead>
</table>

### 2016-2017 Annual Report Objectives

#### Objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1:</strong></td>
<td>Clients will develop the skills and gain knowledge to assist them in becoming more integrated in the community. Clients will be exposed to and learn how to access generic resources and resources specific to individuals with disabilities available in their community as indicated by an annual program-wide completion rate of 90% or higher on objectives relating to community integration.</td>
</tr>
<tr>
<td><strong>Objective 2:</strong></td>
<td>Clients will gain an increased awareness of employment related opportunities, skills, and behaviors as indicated by an annual program-wide completion rate of 90% on client objectives relating to employment.</td>
</tr>
<tr>
<td><strong>Objective 3:</strong></td>
<td>Clients will enhance their functional academic skills in order to further their integration into their community as indicated by an annual program-wide completion rate of 90% or higher on client objectives relating to functional academics.</td>
</tr>
<tr>
<td><strong>Objective 4:</strong></td>
<td>Clients will develop their knowledge of and skills in self-advocacy and have opportunities to learn what self-advocacy is and what resources are available as indicated by an annual program-wide completion rate of 90%.</td>
</tr>
<tr>
<td><strong>Objective 5:</strong></td>
<td>Clients will develop skills in using technology (generic and assistive) to enhance their ability to access their computer as indicated by an annual program-wide completion rate of 90% or higher on client objectives relating to assistive technology.</td>
</tr>
</tbody>
</table>

Committee Reviewed: 2016-11-14
Board Reviewed Approved: 2016-11-18
Objective 6: 80% of clients with annual behavioral ISP goals will demonstrate decrease in behavioral deficits by 50% or higher.

Objective 7: AAP will achieve an overall stakeholder rating of 95% or higher.

Objective 8: Program will achieve a 92% completion rate in relation to clients meeting their Individual Program Plan (IPP) objectives specific to day program and the goals in their Individual Service Plan (ISP).

Objective 9: Program will increase overall utilization of authorized POS units to 80% by June, 2017. Percentage decreased from 90% to 80%. Change is underlined and in bold.

Summary
Applied Abilities Program has 15 clients enrolled in the Behavior Management Program. Clients participated in the following classes: workability, computer competency, conversation skills, functional math, cooking, visual arts, social skills, community exploration, healthy relationships, self-advocacy, anger management, mobility training, physical fitness, health management, sign language, and rhythmic arts. Clients also engaged in volunteer activities, including cleaning Grace Christian Church, sorting food at Tracy Interfaith Ministries Food Bank, and baking and delivering dog treats for Animal Rescue of Tracy. They also recycled cans and bottles, washed vans, and maintained canister donations at local stores.

Survey Participant's Comments
VMRC
VM1 Focus on detail when it comes to ISP objectives to report accurate data, in order to better assist the consumer. Thank you.
VM2 As a service coordinator, I very much like the assistance provided to my consumer by UCP. Thanks!

CUSTOMER
CS1 I would like to thank everyone at UCP for all their help and support…Everyone treats me with respect and they are very kind. I always look forward to my days at UCP and I like how much I learn everyday.
Applied Abilities Program - Behavior Management Program (BMP) - HV0398
Annual Report
FY 2015-2016
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Applied Abilities Program
Behavior Management Program (BMP)
Annual Report

FY 2015-2016

Client Demographics

<table>
<thead>
<tr>
<th>Total numbers served: 18</th>
<th>Average ages served: 35</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of males: 11</td>
<td>Total numbers served: 18</td>
</tr>
<tr>
<td>Number of females: 7</td>
<td>Average ages served: 35</td>
</tr>
</tbody>
</table>

Represents total clients served throughout year (tracked on Case Characteristic Report).

<table>
<thead>
<tr>
<th>Total Clients Enrolled: 15</th>
<th>Total New Clients Enrolled: 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of males: 9</td>
<td>Number of males: 3</td>
</tr>
<tr>
<td>Number of females: 6</td>
<td>Number of females: 2</td>
</tr>
</tbody>
</table>

Ethnicity:  
Caucasian – 7 and 39%  
Asian – 0 and 0%  
African American – 3 and 16.5%  
Native American – 0 and 0%  
Hispanic – 5 and 28%  
Other – 3 and 16.5%  

Total: 18  
Total Percentage: 100%

Residence:  
Tracy – 14 and 78%  
Stockton – 0 and 0%  
Manteca – 1 and 5%  
Mountain House – 3 and 17%  
Ripon – 0 and 0%  

Total: 18  
Total Percentage: 100%

Service Performance Statistics

Number Referred: 5  
Total Units/Daily of Service: 2740  
Number Deemed Ineligible: 0  
Total Days of Service Provided: 250  
Number of Cases closed: 2  
Percentage of Current IPP (%): 100% *Results from Objective Efficiency Report (%): 95%  
Percentage of Current ISP (%): 100% *Results from Satisfaction Survey (%): 98.82%  
Percentage of SIR Reporting submitted within required timeframe: 100%

*Percentage of Clients needs encountered during service delivery:  
Cerebral Palsy or like condition: 22%  
Mental Retardation: 28%  
Epilepsy: 11%
Autism: 22%
Other: 17%

All data collected by POS, Billing, Logs, case notes, Monthly Reports, ISP's and/or IPP, Satisfaction Survey results.

**Staff Performance Statistics**

- Current in CPR/First Aid (%): 100%
- SIR Training (VMRC/In-Service): 100%
- Mandated Abuse Reporting (%): 100%
- Current Staff with Criminal Clearance (%): 100%
- UCP Mandated Training (%): 100%
- New Employee Program Training (%): 100%
- In-service Training -5 hours (%): 100%
- New Staff Orientation - first 2wks (%): 100%

All data collected by training logs, minutes and/or Human Resource records.

**Overall Summary**

During fiscal year 2015-2016, the program focused on meeting clients’ daily objectives and integrating in the community. Our clients participated in the following classes: workability, computer competency, conversation skills, functional math, cooking, visual arts, social skills, community exploration, healthy relationships, self-advocacy, anger management, mobility training, physical fitness, health management, sign language, and rhythmic arts. Clients had the opportunity to lead classes. They also engaged in volunteer activities, visiting Astoria Assisted Living facility to socialize with residents, sorting food at Tracy Interfaith Ministries Food Bank, and baking and delivering dog treats for Animal Rescue of Tracy. They also recycled cans and bottles, washed vans, and maintained the canister donations at local stores. Self-Advocacy group was developed and a store was developed to generate income for the self-advocacy group to promote clients gaining workability skills.

The following summary will address multiple topics including enrollment, staff, special events, community integration, safety, survey results and the evaluation of outcomes.

**Enrollment**

During this fiscal year, the Behavior Management Program provided service to an average of 14.83 clients. As of June 30, 2016, enrollment is 15.

**Staff**

Currently, the number of staff members is 15 meeting the average staff to client ratio of 1:3.

**In-service Trainings (topics, trainer)**
In-service training topics included Behavioral Training, which was conducted by Behavior Analyst Consultant, Candice Bright. G-Tube Feeding Training was conducted by Care Home Provider and Registered Nurse, Timothy Hill. Program Manager Angela Amaral conducted in-service trainings on client safety procedures for emergency scenarios; building evacuation and disaster planning; program implementation; personal vehicle; corporate compliance; fire safety and suppression; client health and safety; clients’ rights; medical emergency; behavior management; mandated reporting; Special Incident Report; client sensitivity; agency policies and procedures; and documentation.

**Special Events**

They visited the Serpentarium, Micke Grove Zoo, Special Access Day at Del’Osso Farms, Ports Education Day, Haggin Museum, San Joaquin Fair, Modesto Planetarium, Hilmar Cheese Factory, and Bass Pro Shop.

**Community Integration**

During this fiscal year, the program accrued a total of 3036 community access hours, which included community outings by van, bus, and walks in the surrounding community. The community outings provided our clients with opportunities to explore the surrounding environs in Tracy, access library resources, engage in physical fitness activities, practice money management, develop safety awareness, and volunteer at community agencies.

**Vocational and Work-Related Activities**

During this fiscal year, clients participated in vocational and work-related activities, which included sorting food at Tracy Interfaith Ministries Food Bank, baking and delivering dog treats for Animal Rescue of Tracy, recycling bottles and cans, washing program vans, doing laundry, operating the student store and managing a canister program for donations to support program activities.

**Safety**

During this fiscal year, there was 1 Special Incident Report related to a medical emergency due to a client having a seizure, falling out of their chair, and hitting their head on the floor. On a monthly basis, the program provided safety training, including emergency evacuation procedures, building evacuation and disaster planning, fire safety and suppression, client health and safety, special incident report, and medical emergency. The UCP Transportation Supervisor provided drivers with driver safety training. Staff took competency based tests to ensure that they had a thorough understanding of UCP health and safety policies and procedures. The Program Manager attended quarterly Health & Safety meetings and shared pertinent training materials and information during staff meetings.

**Survey Results**
Throughout the year, the stakeholder survey is presented to all stakeholders at each client’s annual meeting. At fiscal year-end, surveys are also mailed to stakeholders who did not have the opportunity to complete one during the annual meeting. Survey results are compiled and a report is generated at fiscal year-end. The results of the survey are intended to provide vital information on how the program is perceived and if the program is continuing to move forward in a positive direction in providing clients with the appropriate services desired to meet their individual needs and goals. Any complaints or concerns in surveys are immediately addressed by the Program Manager with oversight from the Director of Adult Programs and Services.

SUCCESS IN MEETING OBJECTIVES FISCAL YEAR 2015-2016

Objective 1: Clients will develop the skills and gain knowledge to assist them in becoming more integrated in the community. Clients will be exposed to and learn how to access generic resources and resources specific to individuals with disabilities available in their community as indicated by an annual program-wide completion rate of 90% or higher on objectives relating to community integration.

Rationale:
Clients have the opportunity to learn safety awareness skills while utilizing community resources, including educational opportunities, recreational resources, banking establishments, eating establishments, retail establishments, and self-advocacy programs that will enhance their knowledge and ability to independently access community resources, utilize public transportation, learn and display appropriate behavior in social settings (both in program and in the community), read the monthly Community Outing calendar and bring the necessary money for outings, purchase items at stores, and volunteer at community agencies.

Measurement:
All documentation will be recorded in the client’s annual report, Community Outing Log, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

Actual Results:
Program achieved a 92.25% completion rate by providing weekly community outing opportunities that support this objective.

Objective 2: Clients will gain an increased awareness of employment related opportunities, skills, and behaviors as indicated by an annual program-wide completion rate of 90% on client objectives relating to employment.

Rationale:
Clients have the opportunity to learn about different types of employment, work ethics, how employment integrates with other services they receive, how to fill out a job application and develop a resume, and supported employment resources.

**Measurement:**
All documentation will be recorded in the client’s annual report, Community Outing Log, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

**Actual Results:**
Program reached a 94.5% completion rate by providing monthly opportunities to support this objective. Clients have the opportunity to take a workability class. They also have the opportunity to volunteer at a food bank and church and to bake and deliver dog treats to an animal rescue organization.

**Objective 3: Clients will enhance their functional academic skills in order to further their integration into their community as indicated by an annual program-wide completion rate of 90% or higher on client objectives relating to functional academics.**

**Rationale:**
Clients will have the opportunity to learn basic sign language to promote communication skills, geography to promote navigational skills, and functional math to promote their ability to manage their money and make purchases. They will also have the opportunity to develop their reading and time telling skills.

**Measurement:**
All documentation will be recorded in the client’s annual report, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

**Actual Results:**
Program achieved a 95.8% completion rate by providing classes in sign language, weather (which involves map reading), and functional math.

**Objective 4: Clients will develop their knowledge of and skills in self-advocacy and have opportunities to learn what self-advocacy is and what resources are available as indicated by an annual program-wide completion rate of 90%.**

**Rationale:**
Participation in self-advocacy classes fosters an understanding of clients’ personal rights, how legislation impacts the Lanterman Act and the services they receive, and eases clients’ transition into the community. Clients will also teach classes, which may range from cooking to physical fitness to arts and crafts.

**Measurement:**
All documentation will be recorded in the client’s annual report, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

**Actual Results:**
Program achieved a 92% completion rate by providing weekly opportunities that support this objective.

**Objective 5:** *Clients will develop skills in using technology (generic and assistive) to enhance their ability to access their computer as indicated by an annual program-wide completion rate of 90% or higher on client objectives relating to assistive technology.*

**Rationale:**
Clients will have the opportunity to utilize the computer and Internet to conduct research, communicate with others, practice typing skills, and prepare documents.

**Measurement:**
All documentation will be recorded in the client’s annual report, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

**Actual Results:**
No clients in the Behavior Management Program had a computer goal.

**Objective 6:** *80% of clients with annual behavioral ISP goals will demonstrate decrease in behavioral deficits by 50% or higher.*

**Rationale:**
Clients with behavioral goals will have the opportunity to learn effective ways to manage their behavioral issues through individualized behavioral management plans.

**Measurement:**
All documentation will be recorded in the client’s annual report, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

**Actual Results:**
No clients in the Behavior Management Program had a behavioral management plan. Behavioral issues were effectively resolved within the program using Nonviolent Crisis Intervention training by staff.

**Objective 7:** *AAP will achieve an overall stakeholder rating of 95% or higher.*

**Rationale:**
AAP Program Manager and staff maintain open lines of communication between the program and all involved stakeholders. Stakeholder survey feedback is important to the continual quality of service delivery and program enhancement.
**Measurement:**
This will be measured through the feedback from stakeholder surveys.

**Actual Results:**
Program achieved a 99% completion rate that was based on outcomes of the Stakeholder Surveys. Program gave surveys at quarterly and/or annual meetings. Surveys were mailed at year end to stakeholders who did not have the opportunity to attend an annual or complete a survey.

**Objective 8:** *Program will achieve a 92% completion rate in relation to clients meeting their Individual Program Plan (IPP) objectives specific to day program and the goals in their Individual Service Plan (ISP).*

**Rationale:**
Client IPPs are developed by VMRC to ensure that clients’ needs are met and their client rights respected. Day Programs have an obligation to meet objectives pertaining to day programs. Individual Service Plan goals are also created and designed to maximize clients’ functional and vocational skill potential in order to reach their highest level of independence in all aspects of their lives. The IPP and ISP are reviewed at each client’s annual meeting to ensure all needs are being met. IPP/ISP may be changed throughout the year to meet client needs. Both documents are updated accordingly.

**Measurement:**
The outcome will be tracked through the Objective Efficiency Report.

**Actual Results:**
Program achieved a 95% completion rate based on Objective Efficiency Report outcome.

**Objective 9:** *Program will increase overall utilization of authorized POS units to 90% by June, 2016.*

**Rationale:**
Improving the overall percentage of authorized POS units will increase revenue.

**Measurement:**
Program Manager will track utilization of authorized POS units on a monthly spreadsheet.

**Actual Results:**
Program achieved a decrease in utilization of authorized POS units to 77.2% as of June 2016. Over the last year there have been several clients that have taken personal time off to spend with family members or taken lengthy vacations out of the country. Applied Abilities Program also saw a decrease in daily attendance during winter months due to illness.

**OBJECTIVE FOR FISCAL YEAR 2016-2017**
The Program will continue to strive to meet the goals and objectives of the clients we serve.

**Objective 1:** Clients will develop the skills and gain knowledge to assist them in becoming more integrated in the community. Clients will be exposed to and learn how to access generic resources and resources specific to individuals with disabilities available in their community as indicated by an annual program-wide completion rate of 90% or higher on objectives relating to community integration.

**Rationale:**
Clients have the opportunity to learn safety awareness skills while utilizing community resources, including educational opportunities, recreational resources, banking establishments, eating establishments, retail establishments, and self-advocacy programs that will enhance their knowledge and ability to independently access community resources, utilize public transportation, learn and display appropriate behavior in social settings (both in program and in the community), read the monthly Community Outing calendar and bring the necessary money for outings, purchase items at stores, and volunteer at community agencies.

**Measurement:**
All documentation will be recorded in the client’s annual report, Community Outing Log, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

**Action Plan:**
Program will achieve a 90% or higher completion rate by providing weekly community outing opportunities that support this objective.

**Objective 2:** Clients will gain an increased awareness of employment related opportunities, skills, and behaviors as indicated by an annual program-wide completion rate of 90% on client objectives relating to employment.

**Rationale:**
Clients have the opportunity to learn about different types of employment, work ethics, how employment integrates with other services they receive, how to fill out a job application and develop a resume, and supported employment resources.

**Measurement:**
All documentation will be recorded in the client’s annual report, Community Outing Log, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

**Action Plan:**
Program will reach a 90% or higher completion rate by providing monthly opportunities to support this objective. Clients have the opportunity to take a workability class. They also have the opportunity to volunteer at a food bank and church and to bake and deliver dog treats to an animal rescue organization.
Objective 3: Clients will enhance their functional academic skills in order to further their integration into their community as indicated by an annual program-wide completion rate of 90% or higher on client objectives relating to functional academics.

Rationale:
Clients will have the opportunity to learn basic sign language to promote communication skills, geography to promote navigational skills, and functional math to promote their ability to manage their money and make purchases. They will also have the opportunity to develop their reading and time telling skills.

Measurement:
All documentation will be recorded in the client’s annual report, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

Action Plan:
Program will achieve a 90% or higher completion rate by providing classes in sign language, weather (which involves map reading), and functional math.

Objective 4: Clients will develop their knowledge of and skills in self-advocacy and have opportunities to learn what self-advocacy is and what resources are available as indicated by an annual program-wide completion rate of 90%.

Rationale:
Participation in self-advocacy classes fosters an understanding of clients’ personal rights, how legislation impacts the Lanterman Act and the services they receive, and eases clients’ transition into the community. Clients will also teach classes, which may range from cooking to physical fitness to arts and crafts.

Measurement:
All documentation will be recorded in the client’s annual report, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

Action Plan:
Program will achieve a 90% or higher completion rate by providing weekly opportunities that support this objective.

Objective 5: Clients will develop skills in using technology (generic and assistive) to enhance their ability to access their computer as indicated by an annual program-wide completion rate of 90% or higher on client objectives relating to assistive technology.

Rationale:
Clients will have the opportunity to utilize the computer and Internet to conduct research, communicate with others, practice typing skills, and prepare documents.
Measurement:
All documentation will be recorded in the client’s annual report, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

Action Plan:
Program will achieve a 90% or higher completion rate by providing weekly opportunities that support this objective. Computer competency class is offered on a weekly basis with daily opportunities to utilize the computers and Internet.

Objective 6: 80% of clients with annual behavioral ISP goals will demonstrate decrease in behavioral deficits by 50% or higher.

Rationale:
Clients with behavioral goals will have the opportunity to learn effective ways to manage their behavioral issues through individualized behavioral management plans.

Measurement:
All documentation will be recorded in the client’s annual report, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

Action Plan:
Program will reach a 50% or higher completion rate of clients effectively managing their behaviors based on their annual behavioral ISP goals.

Objective 7: AAP will achieve an overall stakeholder rating of 95% or higher.

Rationale:
AAP Program Manager and staff maintain open lines of communication between the program and all involved stakeholders. Stakeholder survey feedback is important to the continual quality of service delivery and program enhancement.

Measurement:
This will be measured through the feedback from stakeholder surveys.

Action Plan:
Program will achieve a 95% or higher overall stakeholder completion rate based on outcomes of the Stakeholder Surveys. Program will give surveys at quarterly and/or annual meetings. Survey will also be mailed at year end to stakeholders who did not have the opportunity to attend an annual or complete a survey.

Objective 8: Program will achieve a 92% completion rate in relation to clients meeting their Individual Program Plan (IPP) objectives specific to day program and the goals in their Individual Service Plan (ISP).
**Rationale:**
Client IPPs are developed by VMRC to ensure that clients’ needs are met and their client rights respected. Day Programs have an obligation to meet objectives pertaining to day programs. Individual Service Plan goals are also created and designed to maximize clients’ functional and vocational skill potential in order to reach their highest level of independence in all aspects of their lives. The IPP and ISP are reviewed at each client’s annual meeting to ensure all needs are being met. IPP/ISP may be changed throughout the year to meet client needs. Both documents are updated accordingly.

**Measurement:**
The outcome will be tracked through the Objective Efficiency Report.

**Action Plan:**
Program will achieve a 92% completion rate based on Objective Efficiency Report outcome.

**Objective 9:** Program will increase overall utilization of authorized POS units to 80% by June, 2017.

**Rationale:**
Improving the overall percentage of authorized POS units will increase revenue.

**Measurement:**
Program Manager will track utilization of authorized POS units on a monthly spreadsheet.

**Action Plan:**
Program will achieve an overall increase in utilization of authorized POS units to 80% by June 2017 by making daily calls to clients who are absent from program. Program Manager or Program Assistant will log the phone calls on the Client Absence Roster. Program Manager or Program Assistant will identify the reason for a client’s absence and garner any feedback related to the program. Absenteeism issues related to program will be resolved in order to ensure that clients are satisfied with the services that they are receiving.
Applied Abilities Program is designed to maximize the functional and vocational skills potential of our clients in order for them to reach their highest level of independence in all aspects of their lives.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Actual Results</th>
<th>Comments/Influencing Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1:</strong> Clients will develop the skills and gain knowledge to assist them in becoming more integrated in the community. Clients will be exposed to and learn how to access generic resources and resources specific to individuals with disabilities available in their community as indicated by an annual program-wide completion rate of 90% or higher on objectives relating to community integration.</td>
<td>96.5%</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 2:</strong> Clients will gain an increased awareness of employment related opportunities, skills, and behaviors as indicated by an annual program-wide completion rate of 90% on client objectives relating to employment.</td>
<td>96.9%</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 3:</strong> Clients will enhance their functional academic skills in order to further their integration into their community as indicated by an annual program-wide completion rate of 90% or higher on client objectives relating to functional academics.</td>
<td>93.5%</td>
<td>Goal Met.</td>
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<td><strong>Objective 4:</strong> Clients will develop their knowledge of and skills in self-advocacy and have opportunities to learn what self-advocacy is and what resources are available as indicated by an annual program-wide completion rate of 90%.</td>
<td>98.7%</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 5:</strong> Clients will develop skills in using technology (generic and assistive) to enhance their ability to access their computer as indicated by an annual program-wide completion rate of 90% or higher on client objectives relating to assistive technology.</td>
<td>95.6%</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 6:</strong> Program will achieve an overall stakeholder rating of 95% or higher.</td>
<td>98.8%</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 7:</strong> Program will achieve a 92% completion rate in relation to clients meeting their Individual Program Plan (IPP) objectives specific to day program and the goals in their Individual Service Plan (ISP)</td>
<td>96%</td>
<td>Goal Met.</td>
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</tbody>
</table>
### Objective 8: Program will increase overall utilization of authorized POS units to 90% by June, 2016.

<table>
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<tr>
<th>Goal</th>
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</tr>
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<tbody>
<tr>
<td>83.4%</td>
<td>Goal Not Met. Several clients took personal time off to spend with family members or took lengthy vacations out of the country. There was a decrease in daily attendance during winter months due to illness.</td>
</tr>
</tbody>
</table>

### 2016-2017 Annual Report Objectives

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Committee Reviewed: 2016-11-14
Board Reviewed Approved: 2016-11-18
Objective 7: Program will achieve a 92% completion rate in relation to clients meeting their Individual Program Plan (IPP) objectives specific to day program and the goals in their Individual Service Plan (ISP).

Objective 8: Program will increase overall utilization of authorized POS units to 85% by June, 2017.

Summary
Applied Abilities Program has 35 clients enrolled in the Community Integration Program. Clients participated in the following classes: workability, computer competency, conversation skills, functional math, cooking, visual arts, social skills, community exploration, healthy relationships, self-advocacy, anger management, mobility training, physical fitness, health management, sign language, and rhythmic arts. Clients also engaged in volunteer activities, including cleaning Grace Christian Church, sorting food at Tracy Interfaith Ministries Food Bank, and baking and delivering dog treats for Animal Rescue of Tracy. They also recycled cans and bottles, washed vans, and maintained canister donations at local stores.

Survey Participant's Comments
VMRC
VM1 Focus on detail when it comes to ISP objectives to report accurate data, in order to better assist the consumer. Thank you.
VM2 As a service coordinator, I very much like the assistance provided to my consumer by UCP. Thanks!

CUSTOMERS
CS1 I would like to thank everyone at UCP for all their help and support…Everyone treats me with respect and they are very kind. I always look forward to my days at UCP and I like how much I learn everyday.
Client Demographics

Number of males: 19
Number of females: 22

Total numbers served: 41
Average ages served: 32

Represents total clients served throughout year (tracked on Case Characteristic Report).

Total Clients Enrolled: 35
Number of males: 17
Number of females: 18

Total New Clients Enrolled: 15
Number of males: 10
Number of females: 5

Ethnicity: Caucasian – 20 and 48.77%
African American – 4 and 9.76%
Hispanic – 10 and 24.39%

Asian – 3 and 7.32%
Native American – 1 and 2.44%
Other – 3 and 7.32%

Total: 41
Total Percentage: 100%

Residence: Tracy – 36 and 88%
Manteca – 0 and 0%
Ripon – 2 and 5%

Stockton – 0 and 0%
Mountain House – 2 and 5%
Lathrop – 1 and 2%

Total: 41
Total Percentage: 100%

Service Performance Statistics

Number Referred: 8
Number Deemed Ineligible: 0
Number of Cases closed: 5
Percentage of Current IPP (%): 100%
Percentage of Current ISP (%): 100%
Percentage of SIR Reporting submitted within required timeframe: 100%

*Results from Objective Efficiency Report (%): 96%
*Results from Satisfaction Survey (%): 98.82%

Percentage of Clients needs encountered during service delivery:

Cerebral Palsy or like condition: 15%
Mental Retardation: 27%
Epilepsy: 10%
Autism: 12%
Other: 37%

All data collected by POS, Billing, Logs, case notes, Monthly Reports, ISP's and/or IPP, Satisfaction Survey results.

**Staff Performance Statistics**

- Current in CPR/First Aid (%): 100%
- SIR Training (VMRC/In-Service): 100%
- Mandated Abuse Reporting (%): 100%
- Current Staff with Criminal Clearance (%): 100%
- UCP Mandated Training (%): 100%
- New Employee Program Training (%): 100%
- In-service Training -5 hours (%): 100%
- New staff Orientation - first 2wks (%): 100%

All data collected by training logs, minutes and/or Human Resource records.

**Overall Summary**

During fiscal year 2015-2016, the program focused on meeting clients’ daily objectives and integrating in the community. Our clients participated in the following classes: workability, computer competency, conversation skills, functional math, cooking, visual arts, social skills, community exploration, healthy relationships, self-advocacy, anger management, mobility training, physical fitness, health management, sign language, and rhythmic arts. Clients had the opportunity to lead classes. They also engaged in volunteer activities, visiting Astoria Assisted Living facility to socialize with residents, sorting food at Tracy Interfaith Ministries Food Bank, and baking and delivering dog treats for Animal Rescue of Tracy. They also recycled cans and bottles, washed vans, and maintained the canister donations at local stores. Self-Advocacy group was developed and a store was developed to generate income for the self-advocacy group and to promote clients’ workability skills.

**Enrollment**

During this fiscal year, the Community Integration Training Program provided service to an average of 33.92 clients. As of June 30, 2016, enrollment is 35.

**Staff**

Currently, the number of staff members is 15 meeting the average staff to client ratio of 1:3.

**In-service Trainings (topics, trainer)**

In-service training topics included Behavioral Training, which was conducted by Behavior Analyst Consultant, Candice Bright. G-Tube Feeding Training was conducted by Care Home Provider and Registered Nurse, Timothy Hill. Program Manager Angela Amaral conducted in-service trainings on client safety procedures for emergency scenarios; building evacuation and disaster planning; program implementation; personal vehicle; corporate compliance; fire safety
and suppression; client health and safety; clients’ rights; medical emergency; behavior management; mandated reporting; Special Incident Report; client sensitivity; agency policies and procedures; and documentation.

**Special Events**

They visited the Serpentarium, Micke Grove Zoo, Special Access Day at Del’Osso Farms, Ports Education Day, Haggin Museum, San Joaquin Fair, Modesto Planetarium, Hilmar Cheese Factory, and Bass Pro Shop.

**Community Integration**

During this fiscal year, the program accrued a total of 12,801 community access hours, which included community outings by van, bus, and walks in the surrounding community. The community outings provided our clients with opportunities to explore the surrounding environs in Tracy, access library resources, engage in physical fitness activities, practice money management, develop safety awareness, and volunteer at community agencies.

**Vocational and Work-Related Activities**

During this fiscal year, clients participated in vocational and work-related activities, which included sorting food at Tracy Interfaith Ministries Food Bank, baking and delivering dog treats for Animal Rescue of Tracy, recycling bottles and cans, washing program vans, doing laundry, operating the student store and managing a canister program for donations to support program activities.

**Safety**

During this fiscal year, there were a total of 5 Special Incident Reports. One Special Incident Report related to suspected abuse by a relative, while 2 Special Incident Reports were related to a client leaving the building without being directed to leave. Additional Special incident Reports were filed for missing person and medication error. On a monthly basis, the program provided safety training, including emergency evacuation procedures, building evacuation and disaster planning, fire safety and suppression, client health and safety, special incident report, and medical emergency. The UCP Transportation Supervisor provided drivers with driver safety training. Staff took competency based tests to ensure that they had a thorough understanding of UCP health and safety policies and procedures. The Program Manager attended quarterly Health & Safety meetings and shared pertinent training materials and information during staff meetings.

**Survey Results**

Throughout the year, the stakeholder survey is presented to all stakeholders at each client’s annual meeting. At fiscal year-end, surveys are also mailed to stakeholders who did not have the opportunity to complete one during the annual meeting. Survey results are
SUCCESS IN MEETING OBJECTIVES FISCAL YEAR 2015-2016

OBJECTIVE FOR FISCAL YEAR 2015-2016

The Program will continue to strive to meet the goals and objectives of the clients we serve.

Objective 1: Clients will develop the skills and gain knowledge to assist them in becoming more integrated in the community. Clients will be exposed to and learn how to access generic resources and resources specific to individuals with disabilities available in their community as indicated by an annual program-wide completion rate of 90% or higher on objectives relating to community integration.

Rationale:
Clients have the opportunity to learn safety awareness skills while utilizing community resources, including educational opportunities, recreational resources, banking establishments, eating establishments, retail establishments, and self-advocacy programs that will enhance their knowledge and ability to independently access community resources, utilize public transportation, learn and display appropriate behavior in social settings (both in program and in the community), read the monthly Community Outing calendar and bring the necessary money for outings, purchase items at stores, and volunteer at community agencies.

Measurement:
All documentation will be recorded in the client’s annual report, Community Outing Log, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

Actual Results:
Program achieved a 96.5% completion rate by providing weekly community outing opportunities that support this objective.

Objective 2: Clients will gain an increased awareness of employment related opportunities, skills, and behaviors as indicated by an annual program-wide completion rate of 90% on client objectives relating to employment.

Rationale:
Clients have the opportunity to learn about different types of employment, work ethics, how employment integrates with other services they receive, how to fill out a job application and develop a resume, and supported employment resources.
Measurement:
All documentation will be recorded in the client’s annual report, Community Outing Log, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

Actual Results:
Program reached a 96.9% completion rate by providing monthly opportunities to support this objective. Clients have the opportunity to take a workability class. They also had the opportunity to volunteer at a food bank and church and to bake and deliver dog treats to an animal rescue organization.

Objective 3: Clients will enhance their functional academic skills in order to further their integration into their community as indicated by an annual program-wide completion rate of 90% or higher on client objectives relating to functional academics.

Rationale:
Clients will have the opportunity to learn basic sign language to promote communication skills, geography to promote navigational skills, and functional math to promote their ability to manage their money and make purchases. They will also have the opportunity to develop their reading and time telling skills.

Measurement:
All documentation will be recorded in the client’s annual report, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

Actual Results:
Program achieved a 93.5% completion rate by providing classes in sign language, weather (which involves map reading), and functional math.

Objective 4: Clients will develop their knowledge of and skills in self-advocacy and have opportunities to learn what self-advocacy is and what resources are available as indicated by an annual program-wide completion rate of 90%.

Rationale:
Participation in self-advocacy classes fosters an understanding of clients’ personal rights, how legislation impacts the Lanterman Act and the services they receive, and eases clients’ transition into the community. Clients will also teach classes, which may range from cooking to physical fitness to arts and crafts.

Measurement:
All documentation will be recorded in the client’s annual report, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

Actual Results:
Program achieved a 98.7% completion rate by providing weekly opportunities that support this objective.

**Objective 5:** *Clients will develop skills in using technology (generic and assistive) to enhance their ability to access their computer as indicated by an annual program-wide completion rate of 90% or higher on client objectives relating to assistive technology.*

**Rationale:**
Clients will have the opportunity to utilize the computer and Internet to conduct research, communicate with others, practice typing skills, and prepare documents.

**Measurement:**
All documentation will be recorded in the client’s annual report, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

**Actual Results:**
Program achieved a 95.6% completion rate by providing weekly opportunities that support this objective. Computer competency class is offered on a weekly basis with daily opportunities to utilize the computers and Internet.

**Objective 6:** *Program will achieve an overall stakeholder rating of 95% or higher.*

**Rationale:**
AAP Program Manager and staff continue to make sure that there is an open line of communication between the program and all involved stakeholders. Stakeholder survey feedback is important to the continual quality of service delivery and program enhancement.

**Measurement:**
This will be measured through the feedback from stakeholder surveys.

**Actual Results:**
Program achieved a 98.8% overall stakeholder completion rate based on outcomes of the Stakeholder Surveys. Program gave surveys at quarterly and/or annual meetings. Surveys were also mailed at year end to stakeholders who did not have the opportunity to attend an annual or complete a survey.

**Objective 7:** *Program will achieve a 92% completion rate in relation to clients meeting their Individual Program Plan (IPP) objectives specific to day program and the goals in their Individual Service Plan (ISP)*

**Rationale:**
Client IPPs are developed by VMRC to ensure that clients’ needs are met and their client rights respected. Day Programs have an obligation to meet objectives pertaining to day programs. Individual Service Plan goals are also created and designed to maximize clients’ functional and
vocational skill potential in order to reach their highest level of independence in all aspects of their lives. The IPP and ISP are reviewed at each client’s annual meeting to ensure all needs are being met. IPP/ISP may be changed throughout the year to meet client needs. Both documents are updated accordingly.

**Measurement:**
The outcome will be tracked through the Objective Efficiency Report.

**Actual Results:**
Program achieved a 96% completion rate based on Objective Efficiency Report outcome.

**Objective 8:** Program will increase overall utilization of authorized POS units to 90% by June, 2016.

**Rationale:**
Improving the overall percentage of authorized POS units will increase revenue.

**Measurement:**
Program Manager will track utilization of authorized POS units on a monthly spreadsheet.

**Actual Results:**
Program achieved a utilization of authorized POS units of 83.4% as of June 2016. Over the last year there have been several clients that have taken personal time off to spend with family members or have taken lengthy vacations out of the country. Applied Abilities Program also saw a decrease in daily attendance during winter months due to illness.

**OBJECTIVE FOR FISCAL YEAR 2016-2017**
The Program will continue to strive to meet the goals and objectives of the clients we serve.

**Objective 1:** Clients will develop the skills and gain knowledge to assist them in becoming more integrated in the community. Clients will be exposed to and learn how to access generic resources and resources specific to individuals with disabilities available in their community as indicated by an annual program-wide completion rate of 90% or higher on objectives relating to community integration.

**Rationale:**
Clients have the opportunity to learn safety awareness skills while utilizing community resources, including educational opportunities, recreational resources, banking establishments, eating establishments, retail establishments, and self-advocacy programs that will enhance their knowledge and ability to independently access community resources, utilize public transportation, learn and display appropriate behavior in social settings (both in program and in
the community), read the monthly Community Outing calendar and bring the necessary money for outings, purchase items at stores, and volunteer at community agencies.

Measurement:
All documentation will be recorded in the client’s annual report, Community Outing Log, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

Action Plan:
Program will achieve a 90% or higher completion rate by providing weekly community outing opportunities that support this objective.

Objective 2: Clients will gain an increased awareness of employment related opportunities, skills, and behaviors as indicated by an annual program-wide completion rate of 90% on client objectives relating to employment.

Rationale:
Clients have the opportunity to learn about different types of employment, work ethics, how employment integrates with other services they receive, how to fill out a job application and develop a resume, and supported employment resources.

Measurement:
All documentation will be recorded in the client’s annual report, Community Outing Log, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

Action Plan:
Program will reach a 90% or higher completion rate by providing monthly opportunities to support this objective. Clients have the opportunity to take a workability class. They also have the opportunity to volunteer at a food bank and church and to bake and deliver dog treats to an animal rescue organization.

Objective 3: Clients will enhance their functional academic skills in order to further their integration into their community as indicated by an annual program-wide completion rate of 90% or higher on client objectives relating to functional academics.

Rationale:
Clients will have the opportunity to learn basic sign language to promote communication skills, geography to promote navigational skills, and functional math to promote their ability to manage their money and make purchases. They will also have the opportunity to develop their reading and time telling skills.

Measurement:
All documentation will be recorded in the client’s annual report, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.
Action Plan:
Program will achieve a 90% or higher completion rate by providing classes in sign language, weather (which involves map reading), and functional math.

**Objective 4:** Clients will develop their knowledge of and skills in self-advocacy and have opportunities to learn what self-advocacy is and what resources are available as indicated by an annual program-wide completion rate of 90%.

**Rationale:**
Participation in self-advocacy classes fosters an understanding of clients’ personal rights, how legislation impacts the Lanterman Act and the services they receive, and eases clients’ transition into the community. Clients will also teach classes, which may range from cooking to physical fitness to arts and crafts.

**Measurement:**
All documentation will be recorded in the client’s annual report, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

**Action Plan:**
Program will achieve a 90% or higher completion rate by providing weekly opportunities that support this objective.

**Objective 5:** Clients will develop skills in using technology (generic and assistive) to enhance their ability to access their computer as indicated by an annual program-wide completion rate of 90% or higher on client objectives relating to assistive technology.

**Rationale:**
Clients will have the opportunity to utilize the computer and Internet to conduct research, communicate with others, practice typing skills, and prepare documents.

**Measurement:**
All documentation will be recorded in the client’s annual report, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

**Action Plan:**
Program will achieve a 90% or higher completion rate by providing weekly opportunities that support this objective. Computer competency class is offered on a weekly basis with daily opportunities to utilize the computers and Internet.

**Objective 6:** Program will achieve an overall stakeholder rating of 95% or higher.

**Rationale:**
AAP Program Manager and staff continue to make sure that there is an open line of communication between the program and all involved stakeholders. Stakeholder survey feedback is important to the continual quality of service delivery and program enhancement.

**Measurement:**
This will be measured through the feedback from stakeholder surveys.

**Action Plan:**
Program will achieve a 95% or higher overall stakeholder completion rate based on outcomes of the Stakeholder Surveys. Program will give surveys at quarterly and/or annual meetings. Survey will also be mailed at year end to stakeholders who did not have the opportunity to attend an annual or complete a survey.

**Objective 7:** *Program will achieve a 92% completion rate in relation to clients meeting their Individual Program Plan (IPP) objectives specific to day program and the goals in their Individual Service Plan (ISP).*

**Rationale:**
Client IPPs are developed by VMRC to ensure that clients’ needs are met and their client rights respected. Day Programs have an obligation to meet objectives pertaining to day programs. Individual Service Plan goals are also created and designed to maximize clients’ functional and vocational skill potential in order to reach their highest level of independence in all aspects of their lives. The IPP and ISP are reviewed at each client’s annual meeting to ensure all needs are being met. IPP/ISP may be changed throughout the year to meet client needs. Both documents are updated accordingly.

**Measurement:**
The outcome will be tracked through the Objective Efficiency Report.

**Action Plan:**
Program will achieve a 92% completion rate based on Objective Efficiency Report outcome.

**Objective 8:** *Program will increase overall utilization of authorized POS units to 85% by June, 2017.*

**Rationale:**
Improving the overall percentage of authorized POS units will increase revenue.

**Measurement:**
Program Manager will track utilization of authorized POS units on a monthly spreadsheet.

**Action Plan:**
Program will achieve an overall increase in utilization of authorized POS units to 85% by June 2017 by making daily calls to clients who are absent from program. Program Manager or
Program Assistant will log the phone calls on the Client Absence Roster. Program Manager or Program Assistant will identify the reason for a client’s absence and garner any feedback related to the program. Absenteeism issues related to program will be resolved in order to ensure that clients are satisfied with the services that they are receiving.
Manteca Adult Day Program is designed to assist individuals in reaching their highest level of independence through community integration and skill building activities. Many of the clients are medically fragile and are limited in their ability. They depend on staff and our services to meet their essential needs in such areas as personal care, feeding, communication, medication, clients rights, advocacy, and helping them achieve their dreams and goals.

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<td><strong>Objective 1.1:</strong> 97% of our clients are medically and physically stable. Each of these clients will have the opportunity for an average of 10 hours each month to develop social interaction, community awareness and independence while in the community 90% of the time.</td>
<td>1.1) 100%</td>
<td>1.1) Goal Met.</td>
</tr>
<tr>
<td></td>
<td>1.2) 100%</td>
<td>1.2) Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 1.2:</strong> 3% of our clients are medically and physically fragile. Each of these clients will have the opportunity for an average of 3 hours each month to develop social interaction, community awareness and independence while in the community 90% of the time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Objective 2:</strong> The program will achieve an overall stakeholder rating of 95% or higher.</td>
<td>99.92%</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 3:</strong> Our clients will have the opportunity to engage in meaningful, purposeful and vocational activities both on and off site 3 days per week. The program will strive to reach a 98% completion rate.</td>
<td>100%</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 4:</strong> Program will achieve a 96% completion rate in relation to clients meeting their Individual Program Plan (IPP) objectives specific to day program and the goals in their Individual Service Plan (ISP).</td>
<td>97%</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 5:</strong> Program will increase overall utilization of authorized POS units to 90% by June, 2016.</td>
<td>92.62%</td>
<td>Goal Met.</td>
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### 2016-2017 Annual Report Objectives

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<td><strong>Objective 1.1:</strong> 83% of our clients are medically and physically stable. Each of these clients will have the opportunity for an average of 10 hours each month to develop social interaction, community awareness and independence while in the community 90% of the time.</td>
<td>Changes are in bold and underlined.</td>
</tr>
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<td><strong>Objective 1.2:</strong> 17% of our clients are medically and physically fragile. Each of these clients will have the opportunity for an average of 3 hours each month to develop social interaction, community awareness, and independence while in the community 90% of the time.</td>
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Summary
Manteca provided services to an average of 29.5 clients. Throughout the year, clients participated in vocational and work related activities, which included bagging and passing out food at the Stockton Food Bank, sorting donated items at the Hope Chest, cleaning the interior and exterior of two churches, and cooking and delivering treats for dogs and cats to local animal shelters. They also made beaded jewelry and tie blankets for the senior care homes and a local day care.

Survey Participant's Comments
VMRC
VM1 Consumer enjoys day program. She feels involved in her activities & helps around the program with her peers & staff.
VM2 Consumer has all needs met & enjoys program. Program open to family input & willing to implement new goals tasks.
VM3 As a service coordinator, I very much like the assistance provided to my consumers by UCP. Thanks!
VM4 Leonard appears to be happy in the program. Parent reported she is pleased with his vocational/educational program. Parent likes that it's close to home in case of an emergency parent is there in minutes. Parent has good communication with staff at program.

FAMILY
FM1 I appreciate the fact that if there are any issues I need to address I am promptly notified.
FM2 We & Victor are very happy with the program. The staff really seems to care for Victor. When I visit him in program he has a smile on his face. Thanks to all the staff.
FM3 Richard looks forward every day to program. He usually knows what he gets to do or where he gets to go everyday from reading his calendar. When he leaves in the morning he tells me he will get a star today in his communication book. He takes pride when he earns a star.
FM4 Love Staff Thanks so much!
FM5 Staff is great glad she has been here for so long. Thanks for your support with Hope.
MANTECA ADC I
Annual Report
Fiscal Year 2015-2016

Client Demographics
Number of males: 15
Number of females: 18
Total numbers served: 33
Average ages served: 42

Represents total clients served throughout year (tracked on Case Characteristic Report)

Total New Clients Enrolled: 3
Number of males: 2
Number of females: 1

Ethnicity:
- Caucasian – 21 or 64%
- African American – 2 or 6%
- Hispanic – 4 or 12%
- Asian – 3 or 9%
- Native American – 1 or 3%
- Other – 2 or 6%

Total: 33
Percentage: 100%

Residence:
- Manteca – 19 or 58%
- Lathrop – 1 or 3%
- Ripon – 3 or 9%
- Stockton – 7 or 21%
- Tracy – 3 or 9%

Total: 33
Percentage: 100%

Service Performance Statistics
Number Referred: 6
Number Deemed Ineligible: 1
Number of Cases closed: 3
Number of Current IPP: 30
Number of Current ISP: 30

Total Units of Service: 6472
Total Days of Service Provided: 250
Results from Objective Efficiency Report (%): 97%
Results from Satisfaction Survey (%): 99.92%

Percentage of SIR Reporting submitted within required timeframe: 100%

Percentage of Consumers needs encountered during service delivery:
- Cerebral Palsy or like condition - 55%
- Mental Retardation – 73%
- Epilepsy - 36%
- Autism – 6%
- Other Developmental Disabilities – 18%
All data collected by POS, Billing, Logs, case notes, Monthly Reports, ISP's and/or IPP, Satisfaction Survey results.

<table>
<thead>
<tr>
<th>Staff Performance Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current in CPR/First Aid (%)</td>
</tr>
<tr>
<td>Mandated Abuse Reporting (%)</td>
</tr>
<tr>
<td>UCP Mandated Training (%)</td>
</tr>
<tr>
<td>In-service Training -5 hours (%)</td>
</tr>
<tr>
<td>New staff Orientation - first 2wks (%)</td>
</tr>
</tbody>
</table>

All data collected by training logs, minutes and/or Human Resource records.

**Overall Summary**

During fiscal year 2015-2016, the program focused on meeting clients’ daily objectives that ranged from increasing independent living and self-care skills to reducing rates of self-abuse and aggression towards others. Our clients participated in volunteer activities, which included bagging and passing out food at the Stockton Food Bank, sorting donated items at the Hope Chest, cleaning the interior and exterior of two churches, cooking and delivering goods to senior care homes, and cooking and delivering treats for dogs and cats to local animal shelters. In program, our clients were involved in arts and crafts activities, cooking, computers, and exercise and games to improve their motor, social and literacy skills. They also participated in Gardening class, Cultural class, and Super Hero class. In May, we had our annual car show and invited the community and other Day Programs. We had raffle prizes, games, and face painting. Clients seemed to enjoy it and this will continue to be an annual event. In November, we held a Thanksgiving luncheon for clients. For Christmas, we purchased 3 gifts for each client and put those in their individual stockings. In March, we had an Easter egg hunt and clients enjoyed the festivities as well as the games, food, and prizes.

The following summary will address multiple topics including enrollment, staff, special events, community integration, vocational and work related activities, safety, and survey results.

**Enrollment**

During the fiscal year, the program provided services to an average of 29.5 clients. One client moved to Stanislaus County in the middle of July. One client was transferred to the Hammer Ranch program in August due to the location of his home. We had 1 client pass away this year.

**Staff**

During the fiscal year, we had 12 staff to meet the staff to client ratio of 1:3.

**In-Service Trainings (topics, trainers)**

Restraint Training was conducted by Nonviolent Crisis Intervention Trainer, Tony Martinez. Interim Program Manager, Melissa Rocha and Program Manager, Frankie Orona, conducted in-service trainings on Corporate Compliance, Utility Failures (drill & test), Transportation and Restraint Training for Drivers, Mandated Reporting and Special Incident Reports, Fires and
Explosion (drill and test), Bomb Threat, Natural Disaster/Severe Weather, Ride Evaluation for Drivers, Program Implementation, Fire Safety and Suppression, Infection Control, Client Health & Safety, Client Sensitivity, Client Rights, Natural Disaster/Earthquake (drill & test), Agency Policy and Procedures, Documentation, and Emergency Response (drill & test). First Aid/CPR training was provided by Shana Belasco.

**Special Events**
Throughout the year, the program had a car show in May. We invited the community and other Day Programs. We had raffle prizes, games, and face painting. We had a Thanksgiving luncheon, Christmas party where clients received stocking stuffers and an Easter party. The holiday themed parties included food prepared for clients, fun filled games, and arts and crafts activities. For the 4th of July, we barbequed hot dogs and served the clients lunch, played games, and did face painting. On community outings, clients had the opportunity to attend dances at various places. They also attended two of the St. Anthony’s Catholic Church Luncheons and participated in Special Access Day at Del’Osso Farm. The clients participated in outings to the Oakdale Cheese Plant and Ghirardelli Chocolate Factory. Our clients also participated in BBQs at different programs within the organization.

**Community Integration**
During this fiscal year, the program accrued a total of 8,335.60 community access hours, which included community outings by bus and walks in the surrounding community. The community outings provided our clients with opportunities to volunteer at local businesses and to work to improve their functional skills in the community. They were able to work on money management, socialization, and safety awareness skills. Some of our clients were unable to participate in community access as much as others due to them being medically fragile and susceptible to illness. Families and care providers requested that the more susceptible clients forego community outings on extremely hot and cold days due to their health issues.

**Vocational and Work Related Activities**
During this fiscal year, clients participated in vocational and work related activities, which included bagging and passing out food at the Stockton Food Bank, sorting donated items at the Hope Chest, cleaning the interior and exterior of two churches, cooking and delivering goods to senior care homes, and cooking and delivering treats for dogs and cats to local animal shelters. They also made beaded jewelry and tie blankets for the senior care homes and a local day care and delivered them during the Christmas season. Our clients decorated mini flower pots and made flower pens to donate to a local senior living center.

**Safety**
Safety continues to be a priority for the program. During this fiscal year, there were 4 reported incidents. One was suspected abuse, not at program. Two were medical emergencies (1 was UCP controllable) and one was the death of a client. On a monthly basis, the program provided ongoing safety training in an effort to promote a safe and healthy environment for clients and staff. Trainings included Mandated Reporting procedures, emergency evacuation drills and CPR and First Aid. Drivers received driver safety training from UCP’s Transportation Manager.
Staff took competency based tests to ensure that they had a thorough understanding of UCP health and safety policies and procedures. The Program Manager and Program Assistant attended quarterly Health & Safety meetings and presented pertinent training materials and information at staff meetings.

Survey Result
Throughout the year, the satisfaction survey is presented to all stakeholders at each client’s annual meeting. At fiscal year-end, surveys are also mailed to stakeholders who did not have the opportunity to complete them during the annual meeting. Survey results are compiled and a report is generated at fiscal year-end. The results of the survey are intended to provide vital information on how the program is perceived and if the program is continuing to move forward in a positive direction in providing clients with the appropriate services desired to meet their individual needs and goals. Any complaints or concerns addressed in surveys are addressed immediately by Program Manager with oversight from the Director of Adult Programs and Services.

SUCCESS IN MEETING OBJECTIVES FISCAL YEAR 2015-2016

OBJECTIVE FOR FISCAL YEAR 2015-2016

Objective 1.1: 97% of our clients are medically and physically stable. Each of these clients will have the opportunity for an average of 10 hours each month to develop social interaction, community awareness and independence while in the community 90% of the time.

Rationale:
Providing clients with community outings stimulates awareness of and involvement in their surroundings and provides opportunities for learning and social expansion which are all beneficial in promoting independence.

Measurement:
The number of hours scheduled and spent in the community will be documented and collected in the community integration binder. All data will be entered monthly on the Community Access Report.

Actual Results:
The program completed the allotted average of 10 hours each month 100% of the time for our clients who are medically and physically stable. Clients completed an average of 24.02 hours each month.

Objective 1.2: 3% of our clients are medically and physically fragile. Each of these clients will have the opportunity for an average of 3 hours each month to develop social interaction, community awareness, and independence while in the community 90% of the time.
Rationale:
Providing clients with community outings stimulates awareness of and involvement in their surroundings and provides opportunities for learning and social expansion which are all beneficial in promoting independence.

Measurement:
The number of hours scheduled and spent in the community will be documented and collected in the community integration binder. All data will be entered monthly on the Community Access Report.

Actual Results:
The program completed the allotted average of 3 hours each month 100% of the time for our clients who are medically and physically fragile and who have difficulty participating in community outings due to health issues. Our clients completed an average of 5.43 hours each month.

Objective 2: The program will achieve an overall stakeholder rating of 95% or higher.

Rationale:
In order to best serve program clients it is important to keep an open line of communication with all stakeholders, including Valley Mountain Regional Center, care homes, families, and clients. Input from these stakeholders enables the program to provide outstanding services to the clients. The program will incorporate a variety of methods of communication with all stakeholders. We will utilize clients’ communication logs, phone calls, quarterly and annual meetings to keep an open dialog.

Measurement:
We will use stakeholder surveys to determine stakeholder satisfaction.

Actual Results:
Our program’s satisfaction rating reached 99.92%.

Objective 3: Our clients will have the opportunity to engage in meaningful, purposeful and vocational activities both on and off site 3 days per week. The program will strive to reach a 98% completion rate.

Rationale:
The program considers meaningful, purposeful and vocational activities to be of primary importance. People realize a greater sense of purpose and life determination when engaged in volunteer projects and vocational related activities. Participation in these activities increases functional, fundamental, and self-advocacy skills and gives people an opportunity to increase valued relationships with others in our community.
Measurement:
Daily activities will be structured in such a way as to provide pre-vocational and vocational opportunities to cultivate a variety of work skills, such as making jewelry; crocheted items; tie blankets; collecting Canister Program donations and sorting coins; handling money by making purchases in the community; navigating in the community safely; recycling cans; cooking and gardening. Community trips will reflect the purpose of the activity either in the form of volunteer work or to increase skill level. Documentation will be included in the monthly management report, CIP Calendar and hours logged to reach CIP goal.

Actual Results:
The program provided opportunities for clients to gain work skills and to go on community trips at a minimum of 3 days per week. Our program completed 100% of these activities.

Objective 4: **Program will achieve a 96% completion rate in relation to clients meeting their Individual Program Plan (IPP) objectives specific to day program and the goals in their Individual Service Plan (ISP).**

Rationale:
Client IPPs are developed by VMRC to ensure that clients’ needs are met and their client rights respected. Day Programs have an obligation to meet objectives pertaining to day programs. Individual Service Plan goals are also created and designed to maximize clients’ functional and vocational skill potential in order to reach their highest level of independence in all aspects of their lives. IPP and ISP are reviewed at each client’s annual meeting to ensure all needs are being met. IPP/ISP may be changed throughout the year to meet client needs. Both documents are updated accordingly.

Measurement:
The outcome will be tracked through the Objective Efficiency Report.

Actual Results:
Program achieved a 97% completion rate based on Objective Efficiency Report outcome.

Objective 5: **Program will increase overall utilization of authorized POS units to 90% by June, 2016.**

Rationale:
Improving the overall percentage of authorized POS units will increase revenue.

Measurement:
Program Manager will track utilization of authorized POS units on a monthly spreadsheet.

Actual Results:
Program achieved an overall increase in utilization of authorized POS units to 92.62% by June 2016 by making daily calls to clients who were absent from program. Program Manager or
Program Assistant logged the phone calls on the Client Absence Roster. Program Manager or Program Assistant identified the reason for a client’s absence and garnered any feedback related to the program. Absenteeism issues related to program were resolved in order to ensure that clients were satisfied with the services that they were receiving.

**OBJECTIVE FOR FISCAL YEAR 2016-2017**

The Program will continue to strive to meet the goals and objectives of the clients we serve.

**Objective 1.1:** 83% of our clients are medically and physically stable. Each of these clients will have the opportunity for an average of 10 hours each month to develop social interaction, community awareness and independence while in the community 90% of the time.

**Rationale:**
Providing clients with community outings stimulates awareness of and involvement in their surroundings and provides opportunities for learning and social expansion which are all beneficial in promoting independence.

**Measurement:**
The number of hours scheduled and spent in the community will be documented and collected in the community integration binder. All data will be entered monthly on the Community Access Report.

**Action Plan:**
The program will complete the allotted average of 10 hours each month for our clients who are medically and physically stable 90% of the time.

**Objective 1.2:** 17% of our clients are medically and physically fragile. Each of these clients will have the opportunity for an average of 3 hours each month to develop social interaction, community awareness, and independence while in the community 90% of the time.

**Rationale:**
Providing clients with community outings stimulates awareness of and involvement in their surroundings and provides opportunities for learning and social expansion which are all beneficial in promoting independence.

**Measurement:**
The number of hours scheduled and spent in the community will be documented and collected in the community integration binder. All data will be entered monthly on the Community Access Report.

**Action Plan:**
The program will complete the allotted average of 3 hours each month 90% of the time for our
clients who are medically and physically fragile and who have difficulty participating in community outings due to health issues.

**Objective 2:** *The program will achieve an overall stakeholder rating of 95% or higher.*

**Rationale:**
In order to best serve program clients it is important to keep an open line of communication with all stakeholders, including Valley Mountain Regional Center, care homes, families, and clients. Input from these stakeholders enables the program to provide outstanding services to the clients. The program will incorporate a variety of methods of communication with all stakeholders. We will utilize clients’ communication logs, phone calls, quarterly and annual meetings to keep an open dialog.

**Measurement:**
We will use stakeholder surveys to determine stakeholder satisfaction.

**Action Plan:**
The program will strive to reach a 95% overall satisfaction rating based on outcomes of Stakeholder Surveys. If the overall satisfaction rating is not met, program manager will contact stakeholders to determine how we can improve our service delivery to meet their needs.

**Objective 3:** *Our clients will have the opportunity to engage in meaningful, purposeful and vocational activities both on and off site 3 days per week. The program will strive to reach a 98% completion rate.*

**Rationale:**
The program considers meaningful, purposeful and vocational activities to be of primary importance. People realize a greater sense of purpose and life determination when engaged in volunteer projects and vocational related activities. Participation in these activities increases functional, fundamental, and self-advocacy skills and gives people an opportunity to increase valued relationships with others in our community.

**Measurement:**
Daily activities will be structured in such a way as to provide pre-vocational and vocational opportunities to cultivate a variety of work skills, such as making jewelry; crocheted items; tie blankets; collecting Canister Program donations and sorting coins; handling money by making purchases in the community; navigating in the community safely; recycling cans; cooking and gardening. Community trips will reflect the purpose of the activity either in the form of volunteer work or to increase skill level. Documentation will be included in the monthly management report, CIP Calendar and hours logged to reach CIP goal.

**Action Plan:**
The program will strive to provide opportunities for clients to gain work skills and to go on community trips at a minimum of 3 days per week.
Objective 4: Program will achieve a 96% completion rate in relation to clients meeting their Individual Program Plan (IPP) objectives specific to day program and the goals in their Individual Service Plan (ISP).

Rationale:
Client IPPs are developed by VMRC to ensure that clients’ needs are met and their client rights respected. Day Programs have an obligation to meet objectives pertaining to day programs. Individual Service Plan goals are also created and designed to maximize clients’ functional and vocational skill potential in order to reach their highest level of independence in all aspects of their lives. IPP and ISP are reviewed at each client’s annual meeting to ensure all needs are being met. IPP/ISP may be changed throughout the year to meet client needs. Both documents are updated accordingly.

Measurement:
The outcome will be tracked through the Objective Efficiency Report.

Action Plan:
Program will achieve a 96% completion rate based on Objective Efficiency Report outcome.

Objective 5: Program will increase overall utilization of authorized POS units to 90% by June, 2017.

Rationale:
Improving the overall percentage of authorized POS units will increase revenue.

Measurement:
Program Manager will track utilization of authorized POS units on a monthly spreadsheet.

Action Plan:
Program will achieve an overall increase in utilization of authorized POS units to 90% by June 2017 by making daily calls to clients who are absent from program. Program Manager or Program Assistant will log the phone calls on the Client Absence Roster. Program Manager or Program Assistant will identify the reason for a client’s absence and garner any feedback related to the program. Absenteeism issues related to program will be resolved in order to ensure that clients are satisfied with the services that they are receiving.
Hammer Ranch Adult Day Program is designed to assist individuals in reaching their highest level of independence through community integration and skill building activities. Many of the clients are medically fragile and limited in their ability. They depend on staff and our services to meet their essential needs in such areas as personal care, feeding, communication, medication, client rights, advocacy and helping them achieve their dreams and goals.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Actual Results</th>
<th>Comments/Influencing Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1:</strong> Hammer Ranch ADC II will achieve an overall stakeholder rating of 95% or higher.</td>
<td>97.54%</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 2:</strong> Hammer Ranch ADC II will provide individual and group based instruction allowing clients to reach their objective with 80% completion rate or higher.</td>
<td>74%</td>
<td>Goal Not Met. Some of the clients were not in attendance or refused to participate in their objectives.</td>
</tr>
<tr>
<td><strong>Objective 3.1:</strong> Seventy two (72%) percent of clients we serve are physically stable. Each of these clients will have the opportunity for an average of eight (8) hours each month to develop social interaction, community awareness and independence while in the community 90% of the time.</td>
<td>3.1) 98% 3.2) 100%</td>
<td>3.1) Goal Not Met. Clients went into the community an average of 7.84 hours per month. Some of the physically stable clients were not in attendance at program or refused to go out into the community. In addition, some community outings were cancelled due to the weather. 3.2) Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 3.2:</strong> Twenty eight (28%) percent of those we serve are medically and physically fragile. Each of these clients will have the opportunity for an average of three (3) hours each month to develop social interaction, community awareness, and independence while in the community 90% of the time.</td>
<td></td>
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<tr>
<td><strong>Objective 4:</strong> Our clients will have the opportunity to engage in a variety of activities that promote meaning and purpose and have a positive effect on clients’ lives. Such activities include vocational and work related activities, social and physical activities for development. Activities will be held both on and off site 8 times per month. The program will achieve an 85% completion rate.</td>
<td>75%</td>
<td>Goal Not Met. Some of the clients were not in attendance or refused to work in the community or within the program.</td>
</tr>
<tr>
<td><strong>Objective 5:</strong> The Program will provide opportunities for clients with communication objectives to access and utilize assistive technology to build independence and improve communication skills 4 times per month in the Computer Assistive Technology (CAT) Lab, and other classes within the building and community integration program. The program will achieve a 90% completion rate.</td>
<td>86%</td>
<td>Goal Not Met. Clients were not in attendance or they refused to work with the devices.</td>
</tr>
</tbody>
</table>
### Objective 6: Program will increase overall utilization of authorized POS units to 90% by June, 2016.

|  | 94.55% | Goal Met. |

### 2016-2017 Annual Report Objectives

<table>
<thead>
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<th>Objectives</th>
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<td></td>
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<td><strong>Objective 2:</strong> Hammer Ranch ADC II will provide individual and group based instruction allowing clients to reach their objective with an average of 80% completion rate or higher.</td>
<td></td>
</tr>
<tr>
<td><strong>Objective 3.1:</strong> Sixty nine (69%) percent of clients we serve are physically stable. Each of these clients will have the opportunity for an average of eight (8) hours each month to develop social interaction, community awareness and independence while in the community 90% of the time.</td>
<td></td>
</tr>
<tr>
<td><strong>Objective 3.2:</strong> Thirty one (31%) percent of those we serve are medically and physically fragile. Each of these clients will have the opportunity for an average of three (3) hours each month to develop social interaction, community awareness, and independence while in the community 90% of the time.</td>
<td></td>
</tr>
<tr>
<td><strong>Objective 4:</strong> Our clients will have the opportunity to engage in a variety of activities that promote meaning and purpose and have a positive effect on clients’ lives. Such activities include vocational and work related activities, social and physical activities for development. Activities will be held both on and off site an average of 8 times per month. The program will achieve an 85% completion rate.</td>
<td></td>
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Objective 5: The Program will provide opportunities for clients with communication objectives to access and utilize assistive technology to build independence and improve communication skills 4 times per month in the Computer Assistive Technology (CAT) Lab, and other classes within the building and community integration program. The program will achieve a 90% completion rate.

Objective 6: Program will increase overall utilization of authorized POS units to 90% by June, 2017.

Summary
This past year, Hammer Ranch provided services to a total of 73 clients. Clients volunteered at several nonprofit organizations and went on community outings in Stockton and Manteca. They started a rummage event during the months of April through September, which raised monies for items and/or events for the clients. Hammer Ranch received $500 of a $1500 grant from United Way for Heath-Improving People's Health. They used the grant monies to purchase exercise equipment.

Survey Participant's Comments
VMRC
VM1 Great Program!!
VM2 UCP Hammer Ranch - Thumbs Up!
VM3 My consumer has only attended program at UCP for 2 1/2 weeks. Mary Bailey accommodated my request to hold the 30-day review meeting a little early, in combination with 30-day, residential placement review. Initial evaluation was done & goals developed. A thorough tour of the facility was given. Question #3 was too early only attend 2 1/2 weeks, #5 not observed #7 need more time/observation.
VM4 As a service coordinator, I very much like the assistance provided to my consumers by UCP. Thanks!
VM5 Mary is always very flexible & pleasant to work with she does an excellent job!

FAMILY
FM1 Thank you for all your hard work!
FM2 The Program is great, so happy with it.
FM3 This is a new TREAT for us and my sister Beatrice Silva. I have been there to see her several times. She seems very comfortable there. I am very happy with this program. Thank you!!! Frances Roman
FM4 I am very pleased of everything that is being done for Matthew.
FM5 Intercity action is volunteering to visit, purpose for companionship and prayer.
FM6 The director and staff of this facility is absolutely fantastic. Such wonderful improvements have been made over the last couple of years. We have an annual B'day for Mary Jane at (UCP-HR) and the cooperation and enthusiasm of the employees & clients I heartwarming. Thank you all so much Ahles
FM7 Even though I nit pick with the program I am only wanting the best for Tony. I love this program very much.
FM8 Please be aware of the tupper wear not to put it in the microwave the lids. Thanks. Please send her sitting down right in the wheelchair sometimes she comes very crooked.

CARE HOME
CH1 Very good day program. DP meets consumer's needs.
CH2 Appropriate day program for Deanna.
CH3 Continue the good work.
CH4 Good!
CH5 Program & home maintains good contact of any issues. Program remains appropriate.
CH6 Good communication between day program and home.
CH7 Good program for David.
CH8 Great Communicator
CH9 Good program for Jonathan. Keep up the great work.
Client Demographics

Number of males: 41
Number of females: 32
Total number served: 73
Average age served: 45

Represents total clients served throughout the report period (tracked on Case Characteristic Report).

Total Clients Enrolled:
Average Number of Clients Enrolled: 63.58
Total New Clients Enrolled: 9
Number of males: 41
Number of females: 32
Number of males: 5
Number of females: 4

Ethnicity:
Caucasian –37 and 51%
African American – 8 and 11%
Hispanic –15 and 21%
Asian – 2 and 3%
Native American – 1 and 0%
Other –10 and 14%
Total Number: 73
Total Percentage: 100%

Residence:
Manteca – 2 and 0%
Stockton –59 and 80%
Lodi – 11 and 20%
Tracy - 1 and 0%
Total Number: 73
Total Percentage: 100%

Service Performance Statistics

Number Referred: 16
Number Deemed Ineligible: 0
Number of Cases closed: 5
Percentage of Current IPP: 100%
Percentage of Current ISP: 100%
Percentage of SIR Reporting submitted within required timeframe: 100%

Total Units of Service: 14091
Total Days of Service Provided: 250
Results from Objective Efficiency Report: 74%
*Results from Satisfaction Survey: 97.54%

Percentage of client needs encountered during service delivery (%): 98%
(Conditions encountered as per case characteristic report)
Cerebral Palsy or like condition- 60%
Mental Retardation - 25%
Epilepsy –10%
Autism - 0%
Other Developmental Disabilities – 10%

All data collected by POS, Billing, Logs, case notes, Monthly Reports, ISPs and/or IPP, Satisfaction Survey results.
Staff Performance

<table>
<thead>
<tr>
<th>Performance Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current in CPR/First Aid</td>
<td>100%</td>
</tr>
<tr>
<td>SIR Training (VMRC/In-Service)</td>
<td>100%</td>
</tr>
<tr>
<td>Mandated Abuse Reporting</td>
<td>100%</td>
</tr>
<tr>
<td>Current Staff with Criminal Clearance</td>
<td>100%</td>
</tr>
<tr>
<td>UCP Mandated Training (%)</td>
<td>100%</td>
</tr>
<tr>
<td>New Employee Program Training (%)</td>
<td>100%</td>
</tr>
<tr>
<td>In-service Training -5 hours (%)</td>
<td>100%</td>
</tr>
<tr>
<td>New Staff Orientation - first 2wks (%)</td>
<td>100%</td>
</tr>
</tbody>
</table>

All data collected by training logs, minutes and/or Human Resource records.

Overall Summary

During the fiscal year, Hammer Ranch ADC II continued to make strides towards providing a more creative, educational and positive learning experience for our clients. We are committed to providing opportunities that will increase meaningful, purposeful activities that allow our clients to get involved and partner with various agencies, city and county entities by volunteering their time to give back to their community.

Hammer Ranch volunteered at several nonprofit organizations that included two Shelter Thrift Stores, St. Mary’s Interfaith Dining Hall, and Habitat for Humanity, Stockton Food Bank, New Hope Family Shelter, WIC Services, Oak Grove Nature Center, Cherokee Senior Homes, Electronic Recycling, Delta Humane Society, Pets and Pals, and Harvest Home Animal Shelter. Clients have driven projects that include working with the local animal shelters to determine needs, clothing drives (during the holiday season) for the Gospel Rescue Mission, and making and delivering cupcakes to the New Hope Shelter and Delta Humane Society. Clients made dog biscuits and are distributing them to local animal shelters. Our program partnered with UOP and collected and dropped off over 150 coats this year. Program participants collected canned foods and were able to give back to the community, which instilled pride in their service to help others. We had a great time during our holiday party this season; clients were able to enjoy a holiday dinner with ham, green beans, dessert and hot chocolate, holiday movies, and a holiday art project. All clients were able to receive some type of Christmas hat (antlers, Santa, etc.). The staff and clients all contributed to our annual summer party with a Western as this year’s theme. We had food and games, and family and friends were invited. Program participated in a Softball Clinics with the Recreational Sports Club of San Joaquin (RSC) in conjunction with the High School All Star Baseball and Softball Classic. They will be providing a Summer Softball Clinic for persons with disabilities in San Joaquin County. Clients and staff decided to have a pie eating contest instead of having a Halloween party this year. They competed in their own category and the winner from each category went up against each other to get the ultimate winner. Clients also attended a Halloween party at the Ben Holt site.

Out in the community the clients enjoyed going to Senior Awareness at Mickie's Grove. We were able to send 5 buses of clients to the event where they listened to music, enjoyed a car show, ate good food and visited with old friends. Clients went to Manteca Strike Zone
for some bowling. Clients went to Manteca UCP for their annual car show. The clients also went to the Stockton Ports games on 2 separate days.

Clients and staff have started having a rummage event during the months of April-September. The goal is to use the donated items to earn monies from the event for items and/or events that clients want to purchase or enjoy. They have really enjoyed this new event that they started. They purchased several party items that all clients use for special events.

Hammer Ranch worked on a grant for our program. We received $500 of a $1500 grant from United Way for Health- Improving Peoples Health. The remaining went to UCP’s Adult Activity Center and CFS. With our portion of the grant we were able to purchase a ping pong table, a ball locker, stretch band, wrist weights and exercise balls.

**Enrollment**

During the 2015-2016 fiscal year we provided services to a total of 73 clients. Hammer Ranch enrolled a total of 9 new clients. A total of 5 client cases were closed because 3 clients passed away due to health issues, 1 client relocated out of county, and 1 client was removed due to APS and family removal. Program continues its effort to enroll clients to meet its capacity of 87 clients.

**Staff**

Currently the number of staff is 25 staff and 2 Senior Companions meeting the average staff to client ratio of 1:3.

**In-Service Trainings (topics, trainers)**

Program Manager, Mary Bailey, conducted in-service trainings on Corporate Compliance, Utility Failures (drill & test), Transportation and Restraint Training for Drivers, Mandated Reporting and Special Incident Reports, Fires and Explosion (drill and test), Bomb Threat, Natural Disaster/Severe Weather, Ride Evaluation for Drivers, Cultural Competency/Diversity training, Program Implementation, Infection Control, Client Health & Safety, Client Sensitivity, Client Rights and Lifting Safety. Nonviolent Crisis Intervention Training was conducted by Tony Martinez. First Aid/CPR training was conducted by Shana Belasco. Fire and Safety Suppression was conducted by Butch Young Fire and Mary Bailey.

Staff attended the following trainings at VMRC:

**SIR Training**

**Special Events**
Clients had a great time for the holidays. They all had honey ham, mashed potatoes, green beans, pie and cake. All clients received some type of Christmas hat. They played games and watched Christmas movies. Clients also went to the big Del’Osso Farms pumpkin patch for Special Access day. We were able to send 2 buses to shuttle 18 clients to the event. They all had a blast and enjoyed the live music, free pumpkins, food and fun. The clients participated in a reading program. They were able to earn tickets to a Ports baseball game by reading 3 books.

Hammer Ranch enjoyed many special activities that included monthly birthday celebrations for clients and staff holiday parties as well as dances and activities provided by outside resources. Our clients enjoyed the Christmas party we had with the stockings filled with treats. Clients also enjoyed summer events that we put on this year. The theme for the summer’s event was a Western theme. Our clients had a great time at the western and so did the other programs that attended. VMRC Service Coordinators enjoyed the western party. All clients’ family and friends enjoyed the fun.

**Community Integration**

During this fiscal year, a total of 5452.90 hours were spent in the community. All community outings were designed to meet the needs of the clients. The program scheduled community outings to help expand clients’ socialization and money management skills, promote health and safety awareness, and to foster volunteer opportunities. Clients volunteered at Hammer Ranch, the Downtown Shelter Thrift Store, North East Community Center, New Hope Family Shelter, Cherokee Retirement Homes, Habitat for Humanity, Emergency Food Bank, St. Mary’s Dining Hall, Oak Grove Nature Center, Can and Battery Recycling, On-Site Electronic Recycling, Tri Valley Recycling, Delta Health Care (WIC), Lovelace, Live Oak Cemetery, Angel Cruz Park Recreational Center, Kennedy Community Center, Friends of the Library, Delta Humane Society, Pets and Pals, Harvest Home Animal Sanctuary Pals, Wags to Riches Boutique and Anderson Park Clean Up. The program will be reaching out to more volunteer sites next fiscal year, including Helping Hands and Coats for Kids, and continue to encourage more interaction and involvement in the community. The clients went to the Senior Awareness on 5/28/2016 at Micke Grove.

**Vocational and Work Related Activities**

During the fiscal year, clients participated in vocational and work-related activities at a number of community organizations. Work related activities included sweeping and dusting, hanging clothes, bagging groceries, sorting donated items and baking goodies and delivering them to retirement homes and animal shelters. Within the program, clients shred documents, operate a cash register, take inventory, stock and sort buttons for Shelter Thrift Store, and rip newspapers for Shelter Thrift Store to wrap the breakables at the store. They helped during the lunch period to prepare for lunch, and cleaned up. By running a reception desk and our UCP Pak and Go store clients learned phone etiquette and client service skills. The program will continue its efforts to develop new activities for clients to build work-related skills.
The relocation of the general store within the facility has worked out great. Clients are given the opportunity to learn how to work with a cash register, bag groceries, stock shelves, take inventory and greet clients when they arrive. Clients were engaged in activities to build vocational skills during the week, which enabled them to earn UCP money that could be used at the store. The program created a Workability Wall for a select number of clients to check their vocational activities every morning and complete their tasks during the day. The client payroll department has moved to the reception desk where clients can learn how to read timesheets, calculate hours, count money and provide paychecks to clients at the end of the work week.

**Safety**

Safety continues to be a priority at Hammer Ranch. Drivers at Hammer Ranch had no accidents. The program had no staff injuries. There were 9 Special Incident Reports (SIR) that occurred for a medical emergency. No incidents were UCP controllable. 4 of the SIRs were deaths at home and/or hospital, 2 were Suspected Abuse/Exploitation, 1 was a Medication Error, and 2 were Medical Emergencies. Mandated on-site monthly trainings and specialized trainings are attended by staff. Trainings include but are not limited to emergency response, mandated reporting, driver’s safety, and monthly evacuation drills. Employees are current in First Aid and CPR. Competency based tests are given to staff for medication administration and Emergency Response Procedures that include fire and explosion, utilities failures, civil disturbance, medical emergencies, natural disaster/severe weather and bomb threat. The tests ensure that staff has a thorough understanding of the trainings. Drivers received drivers training from UCP Transportation Manager/Transportation Supervisor. Managers also attend a quarterly UCP Health and Safety meeting and take pertinent training materials and information back to staff.

**Survey Results**

Throughout the year, the satisfaction survey is presented to all stakeholders at each client’s annual meeting. At fiscal year-end, surveys are also mailed to stakeholders who did not have the opportunity to complete them during the annual meeting. Survey results are compiled and a report is generated at fiscal year-end. The results of the survey are intended to provide vital information on how the program is perceived and if the program is continuing to move forward in a positive direction in providing clients with the appropriate services desired to meet their individual needs and goals. Any complaints or concerns addressed in surveys are addressed immediately by the Program Manager with oversight from the Director of Adult Programs and Services.

**SUCCESS IN MEETING OBJECTIVES FISCAL YEAR 2015-2016**

**Objective 1:** *Hammer Ranch ADC II will achieve an overall stakeholder rating of 95 % or higher.*
Rationale:
In an effort to provide our clients with the highest standard of service it is important to keep all lines of communication open with all stakeholders. Data from stakeholder surveys will provide the program with the opportunity to achieve this goal.

Measurement:
Data from stakeholder surveys will be used to determine overall stakeholder satisfaction.

Actual Results:
The program achieved an overall stakeholder rating of 97.54%. The feedback from the surveys provided vital information needed to understand how the program is being perceived and if there are any concerns. By giving the survey at the annual meetings it allowed for immediate follow up so action could be taken to address any concerns or low scoring surveys with appropriate management.

Objective 2: **Hammer Ranch ADC II will provide individual and group based instruction allowing clients to reach their objective with 80% completion rate or higher.**

Rationale:
All stakeholders are offered the opportunity to take part in the development of each client’s service plan. This provides a check and balance system. The Interdisciplinary Team assists in identifying objectives for the client that will enrich his or her life and be at an appropriate challenge level.

Measurement:
Instructors and Instructional Assistants will chart the clients’ daily progress on their objectives and place the data in their binders. Data will be reviewed weekly to ensure that the progress is being recorded. Data from each of the clients’ objectives will then be tallied and transferred to the clients’ annual Individual Service Plans (ISP) for review. The objectives may change as needed to meet the clients’ need. Data from the annual meetings will be reflected in the Annual Objective Efficiency Report, Semi Annual and Annual Report.

Actual Results:
The average of client objectives for the year was 74%. This was just below the projected percentage due to client attendance and refusal to participate in some of their objectives. Based on the information received some of the objectives were modified to suit the clients’ current abilities.

Objective 3.1: **Seventy two (72%) percent of clients we serve are physically stable. Each of these clients will have the opportunity for an average of eight (8) hours each month to develop social interaction, community awareness and independence while in the community 90% of the time.**

Rationale:
Providing clients the opportunity to enjoy community outings not only stimulates awareness of and involvement in their surroundings, it provides learning opportunities and social expansion that is beneficial in promoting independence.

**Measurement:**
The number of hours scheduled and spent in the community will be documented and collected in the community integration binder. A monthly calendar will be made to chart the activities and the clients who participate. All data will be entered monthly into the Community Access Report.

**Actual Results:**
The program achieved 98% completion rate on this objective. The average number of times physically stable clients went in the community was 7.84 hours per month. This was just below the projected hours per month for stable clients due to client attendance and refusal to go out in the community or due to the weather.

**Objective 3.2:** Twenty eight (28%) percent of those we serve are medically and physically fragile. Each of these clients will have the opportunity for an average of three (3) hours each month to develop social interaction, community awareness, and independence while in the community 90% of the time.

**Rationale:**
Providing clients the opportunity to enjoy community outings not only stimulates awareness of and involvement in their surroundings, it provides learning opportunities and social expansion that is beneficial in promoting independence.

**Measurement:**
The number of hours scheduled and spent in the community will be documented and collected in the community integration binder. A monthly calendar will be made to chart the activities and the clients who participate. All data will be entered monthly into the Community Access Report.

**Actual Results:**
The program achieved 100% completion rate on this objective. Medically and physically fragile clients went in the community an average of 3.07 hours per month.

**Objective 4:** Our clients will have the opportunity to engage in a variety of activities that promote meaning and purpose and have a positive effect on clients’ lives. Such activities include vocational and work related activities, social and physical activities for development. Activities will be held both on and off site 8 times per month. The program will achieve an 85% completion rate.

**Rationale:**
Program considers meaningful, purposeful activities to be the primary importance and focus. The program understands that people realize a greater sense of purpose and life determination when engaged in work/volunteer projects. Participation in these activities
increases fundamental and functional skill development and gives people the opportunity to increase valued relationships with others in the community.

**Measurement:**
Documentation will be tracked in community trip/work activity logs. Vocational activities are tracked on the work activity logs.

**Actual Results:**
75% of the clients were able to complete this goal. This was below the projected percentage of clients working at least 8 times per month due to client attendance and refusal to work in the community or within the program.

**Objective 5:** The Program will provide opportunities for clients with communication objectives to access and utilize assistive technology to build independence and improve communication skills 4 times per month in the Computer Assistive Technology (CAT) Lab, and other classes within the building and community integration program. The program will achieve a 90% completion rate.

**Rationale:**
People exercise more control in their lives by being able to communicate such things as wants, needs, likes and dislikes. Communication is the cornerstone for any learning as well as for promoting self-esteem, socialization and relationship building.

**Measurement:**
Documentation is maintained on the daily documentation sheet in all program classes and on community outings when assistive technology is used. The data is then transferred to the quarterly ISP for clients who have attended class. All data will be reported on semi-annual and annual management reports.

**Actual Results:**
The program achieved an 86% completion rate. This goal was not met due to client attendance and refusal to work with the devices. For a few days, the program delayed ordering batteries for the devices. The solution will be to ensure we have enough back-up batteries to work all the devices.

**Objective 6:** Program will increase overall utilization of authorized POS units to 90% by June, 2016.

**Rationale:**
Improving the overall percentage of authorized POS units will increase revenue.

**Measurement:**
Program Manager will track utilization of authorized POS units on a monthly spreadsheet.

**Actual Results:**
Program achieved an overall increase in utilization of authorized POS units to 94.55% by June 2016 by making daily calls to clients who were absent from program.

**OBJECTIVE FOR NEW FISCAL YEAR 2016-2017**

**Objective 1:** *Hammer Ranch ADC II will achieve an overall stakeholder rating of 95% or higher.*

**Rationale:**
In an effort to provide our clients with the highest standard of service it is important to keep all lines of communication open with all stakeholders. Data from stakeholder surveys will provide the program with the opportunity to achieve this goal.

**Measurement:**
Data from stakeholder surveys will be used to determine overall stakeholder satisfaction.

**Action Plan:**
A 95% or higher completion rate will be achieved by 6/30/2017. Surveys will be made available to all stakeholders during clients’ annual meetings. For stakeholders who do not have the opportunity to reply, surveys will be mailed/e-mailed. The feedback from the surveys provides vital information needed to understand how the program is being perceived and if there are any concerns. By giving the survey at the annual meetings it allows for immediate follow up so action may to be taken to address any concerns or low scoring surveys with appropriate management.

**Objective 2:** *Hammer Ranch ADC II will provide individual and group based instruction allowing clients to reach their objective with an average of 80% completion rate or higher.*

**Rationale:**
All stakeholders are offered the opportunity to take part in the development of each client’s service plan. This provides a check and balance system. The Interdisciplinary Team assists in identifying objectives for the client that will enrich his or her life and be at an appropriate challenge level.

**Measurement:**
Instructors and Instructional Assistants will chart the clients’ daily progress on their objectives in daily documentation. Data will be reviewed weekly to ensure that the progress is being recorded. Data from each of the clients’ objectives will then be tallied and transferred to the clients’ annual Individual Service Plans (ISP) for review. The objectives may change as needed to meet the clients’ need. Data from the annual meetings will be reflected in the Annual Objective Efficiency Report, Semi Annual and Annual Report.

**Action Plan:**
Program will achieve an 80% completion rate based on Objective Efficiency Report outcome. Program will review objective results quarterly to determine if any change is necessary for clients to meet their objective goals. The feedback from the IDT meeting will determine if the objective is appropriate for the client and needs to be revised during the year.

**Objective 3.1: Sixty nine (69%) percent of clients we serve are physically stable. Each of these clients will have the opportunity for an average of eight (8) hours each month to develop social interaction, community awareness and independence while in the community 90% of the time.**

**Rationale:**
Providing clients the opportunity to enjoy community outings not only stimulates awareness of and involvement in their surroundings, it provides learning opportunities and social expansion that is beneficial in promoting independence.

**Measurement:**
The number of hours scheduled and spent in the community will be documented and collected in the community integration binder. A monthly calendar will be made to chart the activities and the clients who participate. All data will be entered monthly into the Community Access Report.

**Action Plan:**
The program will achieve the allotted average of 8 hours each month for 69% of our clients who are physically stable 90% of the time. Clients will attend a variety of events during the year to increase their social skills and community involvement, such as Senior Awareness, Ability Resource Fair, San Joaquin Fair, Ports Games, Del’Osso Farms, and Dances at Stribley Community Center.

**Objective 3.2: Thirty one (31%) percent of those we serve are medically and physically fragile. Each of these clients will have the opportunity for an average of three (3) hours each month to develop social interaction, community awareness, and independence while in the community 90% of the time.**

**Rationale:**
Providing clients the opportunity to enjoy community outings not only stimulates awareness of and involvement in their surroundings, it provides learning opportunities and social expansion that is beneficial in promoting independence.

**Measurement:**
The number of hours scheduled and spent in the community will be documented and collected in the community integration binder. A monthly calendar will be made to chart the activities and the clients who participate. All data will be entered monthly into the Community Access Report.
Action Plan:
The program will achieve the allotted average of 3 hours each month for 31% of our clients who are medically and physically fragile and who have difficulty participating in community outings due to health issues. Clients will attend a variety of events during the year to increase their social skills and community involvement, such as Senior Awareness, Ability Resource Fair, San Joaquin Fair, Ports Games, Del’Osso Farms, and Dances at Stribley Community Center.

**Objective 4:** Our clients will have the opportunity to engage in a variety of activities that promote meaning and purpose and have a positive effect on clients’ lives. Such activities include vocational and work related activities, social and physical activities for development. Activities will be held both on and off site an average of 8 times per month. The program will achieve an 85% completion rate.

**Rationale:**
Program considers meaningful, purposeful activities to be the primary importance and focus. The program understands that people realize a greater sense of purpose and life determination when engaged in work/volunteer projects. Participation in these activities increases fundamental and functional skill development and gives people the opportunity to increase valued relationships with others in the community.

**Measurement:**
Documentation will be tracked in community trip/work activity logs. Activities are tracked on the work activity logs.

**Action Plan:**
The program will achieve an 85% completion rate. Daily activities will be structured both on and off-site in such a way as to provide social interaction, physical activity, vocational, and work related activities to cultivate a variety of work skills and volunteer opportunities. Community trips logs will reflect the purpose of activity, either in the form of volunteer work or to increase skill level.

**Objective 5:** The Program will provide opportunities for clients with communication objectives to access and utilize assistive technology to build independence and improve communication skills 4 times per month in the Computer Assistive Technology (CAT) Lab, and other classes within the building and community integration program. The program will achieve a 90% completion rate.

**Rationale:**
People exercise more control in their lives by being able to communicate such things as wants, needs, likes and dislikes. Communication is the cornerstone for any learning as well as for promoting self-esteem, socialization and relationship building.

**Measurement:**
Documentation is maintained on the daily documentation sheet in all program classes and on community outings when assistive technology is used. The data is then transferred to the
quarterly ISP for clients who have attended class. All data will be reported on semi-annual and annual management reports.

**Action Plan:**
To meet this objective, the program will utilize the daily documentation sheet to track assistive technology use in all program classes and during community outings. Staff will assist clients to independently communicate with switches or access computers; verbal, physical and hand over hand assistance will be provided as needed.

**Objective 6:** Program will increase overall utilization of authorized POS units to 90% by June, 2017.

**Rationale:**
Improving the overall percentage of authorized POS units will increase revenue.

**Measurement:**
Program Manager will track utilization of authorized POS units on a monthly spreadsheet.

**Action Plan:**
Program will achieve an overall increase in utilization of authorized POS units to 90% by June 2017 by making daily calls to clients who are absent from program. Program Manager or Program Assistant will log the phone calls on the Client Absence Roster. Program Manager or Program Assistant will identify the reason for a client’s absence and garner any feedback related to the program. Absenteeism issues related to program will be resolved in order to ensure that clients are satisfied with the services that they are receiving.
Clinical Family Services (CFS) is comprised of 3 programs. Creative Interventions (CI) and Great Beginnings (GB) both provide comprehensive early intervention developmental services by a multi-disciplinary team of professionals to children birth - 5 years of age and their families. Staff includes early interventionists, occupational therapist, physical therapists, and speech language pathologists. TRACS services include Assistive Technology, therapy to schools and an equipment lending library. Services provided include seating and positioning assessments, environmental assessments, school based assessments and therapy, and assessments and follow-up services at gait clinic.

<table>
<thead>
<tr>
<th>Creative Interventions and Great Beginnings Objectives</th>
<th>Actual Results</th>
<th>Comments/Influencing Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1:</strong> 90% of parents who return a survey will indicate they tried an activity taught to them by UCP staff.</td>
<td>100% - CI 100% - GB</td>
<td>Goal met</td>
</tr>
<tr>
<td><strong>Objective 2:</strong> 95% of parents will be satisfied with the services provided to their children.</td>
<td>99.37% - CI 99.38% - GB</td>
<td>Goal met</td>
</tr>
<tr>
<td><strong>Objective 3:</strong> 90% of stakeholders who return surveys will indicate they are satisfied with UCP services. Stakeholders include VMRC personnel and First 5 staff as well as other possible referral sources.</td>
<td>100%</td>
<td>Goal met</td>
</tr>
<tr>
<td><strong>Objective 4:</strong> UCP staff was professional in their interactions with children and families at least 98% of the time.</td>
<td>99.79% - CI 95.15% - GB</td>
<td>Goal met for CI, not met for GB but not comments were given to indicate specific concerns</td>
</tr>
<tr>
<td><strong>Objective 5:</strong> UCP staff will arrive to appointments on time at least 95% of the time.</td>
<td>97.78% - CI 97.42% - GB</td>
<td>Goal met</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRACS Objectives</th>
<th>Actual Results</th>
<th>Comments/Influencing Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1:</strong> 98% of parents will sign their child’s Individual Education Plan (IEP) indicating they are satisfied with the services.</td>
<td>100%</td>
<td>Goal met</td>
</tr>
<tr>
<td><strong>Objective 2:</strong> 98% of school staff will be satisfied with UCP services.</td>
<td>100%</td>
<td>Goal met</td>
</tr>
<tr>
<td><strong>Objective 3:</strong> 95% of school staff report that UCP’s assessment report provided the information needed to help the children progress in their education.</td>
<td>100%</td>
<td>Goal met</td>
</tr>
<tr>
<td><strong>Objective 4:</strong> 95% of stakeholders will report that UCP’s assessment addressed the area of concern. (Stakeholders are: VMRC staff, parents of VMRC customers and/or their care providers.)</td>
<td>99%</td>
<td>Goal met</td>
</tr>
</tbody>
</table>
2016-2017 Annual Report Objectives

**CI & GB - Objective**

| No changes to CI; slight change to GB to exclude it from Objective 3 | The primary stakeholders for GB are the parents and their satisfaction is asked in another objective. |

**TRAC - Objective - Changes to Objectives**

| No changes |  |

Summary

Evaluation and Program Review:
CFS continues to provide services to VMRC, schools, First 5 and Kaiser insurance. Receiving payments from Kaiser has been concerning and will need to be more closely looked at to determine if it covers cost. The department is consistently asked to take more referrals from Kaiser but staffing is limited and with the reimbursement concerns the department has kept this to a minimum. Loss of staffing due to moves, but more concerning due to salary, has affected the amount of work accepted.

The Help Me Grow project has been successful and First 5 has continued it, adding a hearing and vision screening component to this.

The incentive program remains in place where staff are reimbursed $25/billable hour over the monthly requirement of 68 visits for full time staff. This has helped cover some of the staffing shortages but some therapy staff have expressed concern that the percentage for therapists is lower than for teaching staff when compared to salary, and therefore is not an incentive for them to take on more work. Staffing changes and absences have been a challenge.

CFS staff continues to be part of community collaborative partnerships addressing the needs of children with special needs. These include the Early Start Symposium Committee, the Early Intervention Services Committee and the Children’s Health California Care Coordination Collaborative (5 C’s).
**Creative Intervention**

**What I would change about this program**

<table>
<thead>
<tr>
<th>Suggestion</th>
</tr>
</thead>
<tbody>
<tr>
<td>May be all teacher(s) need to communicate better or more.</td>
</tr>
<tr>
<td>CP staff has always accommodated &amp; answered all my question but a more structured parent/teacher question answering process would be beneficial. For example: I often ask questions throughout sessions but if there was a more structured way or time for me to ask what I needed to ask it would be beneficial.</td>
</tr>
<tr>
<td>Nothing</td>
</tr>
<tr>
<td>Everything was great!</td>
</tr>
<tr>
<td>Nothing! Please keep doing this wonderful program for the children &amp; their family in need!!</td>
</tr>
<tr>
<td>Nothing</td>
</tr>
<tr>
<td>I wouldn't change anything from UCP. My family &amp; I are very pleased with my son's teachers.</td>
</tr>
<tr>
<td>Nothing</td>
</tr>
<tr>
<td>I wish the program would last longer so me &amp; JoJo can bug you forever. Maria &amp; Katie were great &amp; learned so much from them.</td>
</tr>
<tr>
<td>Nada</td>
</tr>
<tr>
<td>Nothing</td>
</tr>
<tr>
<td>Nothing</td>
</tr>
<tr>
<td>Nada todo esta bien de este programa.</td>
</tr>
<tr>
<td>si me gusto las actividades que trai Maria. Beatris trai lo mismo to de el tiempo.</td>
</tr>
<tr>
<td>combiavia la edad limite de los ninos, me gustaria mas tiempo con la terapia y con la cdase gracia.</td>
</tr>
<tr>
<td>Que durara hasta los 4 anos.</td>
</tr>
<tr>
<td>ninguna, todo esta muy bien</td>
</tr>
<tr>
<td>Nada por que para mi todo esta ba muy bien.</td>
</tr>
<tr>
<td>My initial OT Debbie was very hard to schedule with. During an already emotional/stressful transition &amp; understanding a schedule battle is not needed. Deena is amazing! Very thorough with write ups &amp; was above &amp; beyond with suggestions.</td>
</tr>
<tr>
<td>I would not change anything. Maria &amp; Katie were such an asset to my son, Jerry. He loved seeing them every week.</td>
</tr>
<tr>
<td>Nothing</td>
</tr>
<tr>
<td>Nothing</td>
</tr>
<tr>
<td>Nothing everything you guys provided to my family was right on hand with our family.</td>
</tr>
<tr>
<td>I love it.</td>
</tr>
<tr>
<td>Nothing</td>
</tr>
<tr>
<td>More speech therapy for my son.</td>
</tr>
<tr>
<td>To be honest nothing I love the program &amp; Kathy Hamilton she is amazing. She is so knowledgeable that I feel very comfortable. She is a very helpful friendly person. Debbie Is also very nice I just have not worked with her as long.</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>No learned a lot</td>
</tr>
<tr>
<td>Debbie Link is wonderful with our daughter. Teacher Melisa was also. I would not change a thing.</td>
</tr>
<tr>
<td>One person suggested I started placing my 2 year old in time out &amp; it really upset me. They shouldn't offer parenting advice.</td>
</tr>
<tr>
<td>Nothing, I love it. Thanks</td>
</tr>
<tr>
<td>I like UCP services. The program has been somewhat helpful for my son.</td>
</tr>
<tr>
<td>I sometimes feel like I am the reason my child is not progressing fast enough. The teachers miss a lot &amp; only come 1 hour a week. I work full time &amp; can not be here the hours they can. I think I would change how often I could be here when the teachers are.</td>
</tr>
<tr>
<td>Nothing perfect!</td>
</tr>
<tr>
<td>I think it's a great program &amp; that your staff are doing the best they can to help these kids I see things getting better.</td>
</tr>
<tr>
<td>Nothing, Exceptional Program!</td>
</tr>
<tr>
<td>Nothing, Excellent Program!</td>
</tr>
<tr>
<td>Nothing, perfect!</td>
</tr>
<tr>
<td>I am truly happy with the interaction my son has had with Ms. Becky.</td>
</tr>
<tr>
<td>Later time's so both parents can be involved.</td>
</tr>
<tr>
<td>Nothing wonderful program! Great staff.</td>
</tr>
<tr>
<td>Nothing, Kathy &amp; Becky are great.</td>
</tr>
<tr>
<td>Nada es bueno excelente</td>
</tr>
<tr>
<td>Nothing, I appreciate all the effort Kathy &amp; Debbie puts into helping Charlotte get stronger. We love them!</td>
</tr>
</tbody>
</table>

**Are there any additional programs/services you wish UCP would offer your family or child?**

<table>
<thead>
<tr>
<th>No, every time I have asked questions about additional services or programs the UCP staff has gone above &amp; beyond to provide what we need to be successful.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Question</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Not that I can think of right now.</td>
</tr>
<tr>
<td>Not at this time</td>
</tr>
<tr>
<td>Interacting with other children.</td>
</tr>
<tr>
<td>Not at this time</td>
</tr>
<tr>
<td>Not at this time</td>
</tr>
<tr>
<td>Todo esta bien.</td>
</tr>
<tr>
<td>No se si fengan otro programa despues de 3 anos de mi nia que le pueda ayudar en su desarrollo cognitivo y del hable.</td>
</tr>
<tr>
<td>Sign language please (well more of.) She teach him just a little but I wish we had more time to learn more.</td>
</tr>
<tr>
<td>Not at this time.</td>
</tr>
<tr>
<td>More speech therapy for my son.</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes, I would like a program with more hours for my son to participate.</td>
</tr>
<tr>
<td>I would have preferred for my child to continue with UCP (Dena) past the age of 3. His last day will be on his 3rd birthday. However, LUSD - VMRC programs will continue without interruption.</td>
</tr>
<tr>
<td>No, they have met all our needs.</td>
</tr>
<tr>
<td>Summer activities for my toddler.</td>
</tr>
<tr>
<td>Daycare/Preschool assistance.</td>
</tr>
<tr>
<td>No everything was very helpful &amp; got him to open up &amp; start talking.</td>
</tr>
<tr>
<td>Behaviorist evaluation &amp; treatment in beginning to give more comprehensive plan for child. Have a group meeting for all involved services both with &amp; without parents.</td>
</tr>
<tr>
<td>Laneyya needs a more intensive program with longer daily services.</td>
</tr>
<tr>
<td>none, wonderful experience.</td>
</tr>
<tr>
<td>Preschool programs</td>
</tr>
<tr>
<td>I do wish they would offer in home care/therapy past 3 years old.</td>
</tr>
<tr>
<td>medical equipment</td>
</tr>
</tbody>
</table>
Clinical Family Services Programs
Annual Report Summary
FY 2015-2016

Comment/suggestions:
Great program. Glad I found it.
I have been very happy with the staff. They are great ladies and are very respectful & wonderful to be around. Christin B & Vicki M love both ladies.
We cannot thank our therapist enough for all that they have done for us. They have helped my son's development in a way we could ever imagine. & they were always patient and supportive of us the parents who wanted to help our child but had no idea how to.
My son is now a chatter box. I love it.
Melissa, Dena & Pam are just awesome. They all listen to my concerns. They helped me with my son and activities we can do with him.
If you have a list of programs/services you have to offer please could I get one not sure of my options.
Thank you for all your hard work!
Great job. We have a supported team works well with children.
Teachers are great my son loves them!
Keep up the good work.
Maria was polite & professional & friendly to us & our child. We are very satisfied with the services we received from UCP.
My child's teacher is obviously passionate about her profession & her dedication shows. She is gracious, kind and we always look forward to & learn from her visits.
Este programa esta bien, beun servicio!
Deatris nunca regreso y tampoco se quedaua la hora o hacitas acorderdens. Maria fue muy beuna con nosotros. #4 Beatris runea escucho mis prioriderdes. #7 Maria venia bien vestida - no trai descotes. #9 Beastris poco susiable. #10 Con beatris no, nunca melhiciaron casa. #11 Recomiendo a Maria cono meuestra. #12 - Maria si beatris, no
Solamente me gustaria comentar que me gusto mucho la idea de que le proporaonaron terapa del hable a mi nina durante cada seman.
Me gusto mucho el programa por que enenaron am hijo a compartir y ablar muchas palabtas.

Great Beginnings

What I would change about this program?
The home evaluation that determines whether or not you qualify for services.
Have more time & parent involvement
Que fueran mas seguidas las visitas cada semana.
Weekly visits
I think I like everything about this program.
Nothing at this time.
Nada. Exelente programa
Nothing they are amazing. I would not change nothing.
I wouldn't change anything.
Are there any additional programs/services you wish UCP would offer your family or child?

Other services that I might not be aware of for my son.
Any program that will help my son do better.
No nothing I can think of at this moment.
Speech therapy
They do an amazing job with my son & he gets everything he needs help with.

Comments /Suggestions:

Dena is the one who has listened. I have to fight with Debbie to see my concerns are with my son. My son loves Dena. Dena always listens & gives great ideas.

Have more employees like Jill!!

Thank you for providing necessary services that were denied by VMRC. After months & months of begging VMRC for services UCP stepped in & stepped up. After 1 visit the changes in my preemie twins was apparent. I'm forever grateful.

We are very thankful to have you guys. Kathy has been great in all areas. We are very satisfied with the services. Thank you.

School

What is the best way for UCP staff to contact you?

email
e & in-person. When the staff are presently on site.
Sequoia School
Email, text, phone call, etc.
email is best
e-mail
Work email
e-mail
email or cell
e-mail or phone
e-mail
email, on campus
via email
e-mail
email
email
email

Clinical Family Services Programs
Annual Report Summary
FY 2015-2016

email is best to contact me.
email
email
email
email or text message
email & room visits
Direct email

The best way to contact is email & cell phone.

How can UCP provide better service to you?

Keep doing what you're doing.
I have been fortunate to work with very knowledgeable UCP staff members.
More school based therapists to provide care to students & to give staff a second to take a breath.
None. Doing a great job.
They have done a great job. I don't know what they could do to make it better.
Satisfied with service we are currently receiving!
Nothing at this time.
I am satisfied as is, thank you.
The services provided were great.
It would be great to have time to collaborate more with OT staff.
Have more staff available to assess in a more timely manner & for consultation.
Does good.
No suggestions. They have been wonderful.
I like classroom consultation time. More time allowed for class observation & consult.
Our UCP provider has done an excellent job for our school district. S. Allen is obviously stretched far beyond her means. She has been willing to spend extra time outside of her work day to consult & collaborate with our staff. We greatly appreciate all of S. Allen's efforts. UCP is an extremely valuable program within our community. Everyone would benefit from a work load evaluation to allow clients adequate amount of training & services.

Comments/Suggestions:

None, it was a pleasure working with UCP.
Suzan Allen & Sunny Fleming do a fantastic job. They provide extremely meaningful info to teachers, staff, & reps. They are incredibly valuable resource.
Sunny is such an awesome team player! She is always in contact, providing the highest service to our students!
Sunny Fleming is great with my students. It would be great if we could get an in-service to get more ideas from you!
Service is great thus far!
**Clinic**

**How can UCP improve their services to you?**

<table>
<thead>
<tr>
<th>Comment</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very helpful; Susan is very professional &amp; knowledgeable employee of UCP</td>
<td>would highly recommend her service.</td>
</tr>
<tr>
<td>First experience - great experience.</td>
<td></td>
</tr>
<tr>
<td>Not sure. Everything has always been great!</td>
<td></td>
</tr>
<tr>
<td>In this session, I feel that it was concise &amp; structured very well.</td>
<td></td>
</tr>
<tr>
<td>They're very good at what they do!</td>
<td></td>
</tr>
<tr>
<td>All was a good experience!</td>
<td></td>
</tr>
<tr>
<td>You are great!</td>
<td></td>
</tr>
<tr>
<td>Coming back to serve the Modesto Area!</td>
<td></td>
</tr>
<tr>
<td>Not at this time.</td>
<td></td>
</tr>
<tr>
<td>They are doing just fine to me.</td>
<td></td>
</tr>
<tr>
<td>I can not think of anything. They were very helpful.</td>
<td></td>
</tr>
<tr>
<td>Vicki is very great!!</td>
<td></td>
</tr>
<tr>
<td>Nothing else for now.</td>
<td></td>
</tr>
<tr>
<td>Nope, everything is great!</td>
<td></td>
</tr>
<tr>
<td>It was a big difference when my daughter start to go to the gait clinic &amp; a little after she use the inserts. She is starting to do really good.</td>
<td></td>
</tr>
<tr>
<td>They don't need any improving.</td>
<td></td>
</tr>
<tr>
<td>Service was excellent!</td>
<td></td>
</tr>
<tr>
<td>Tended to our needs very well.</td>
<td></td>
</tr>
</tbody>
</table>

**Comments/Suggestions:**

<table>
<thead>
<tr>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>We appreciate your guidance.</td>
</tr>
<tr>
<td>Everything was very helpful. Thank you Stay Awesome</td>
</tr>
<tr>
<td>Great Customer Service</td>
</tr>
<tr>
<td>The staff was awesome. Thanks a bunch!</td>
</tr>
<tr>
<td>Thanks for helping us! We greatly appreciate you!</td>
</tr>
<tr>
<td>Give a list of information needed prior to the meeting to be better prepared.</td>
</tr>
<tr>
<td>Keep up the good work!</td>
</tr>
<tr>
<td>Good interaction between technical information gathering and gaining family trust/respect building.</td>
</tr>
<tr>
<td>Thank you!</td>
</tr>
<tr>
<td>Thank you for allowing me to address my concerns with my son &amp; understanding our needs. We appreciate everyone. Thank you.</td>
</tr>
<tr>
<td>Satisfied</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Good Job!</td>
</tr>
<tr>
<td>Was very helpful</td>
</tr>
<tr>
<td>I'm very pleased with the services for they're improved my daughter's gait &amp; stride.</td>
</tr>
<tr>
<td>I'm very pleased with UCP services. They did a lot helping me with my son.</td>
</tr>
<tr>
<td>All needs were met.</td>
</tr>
<tr>
<td>Vicki is great!</td>
</tr>
<tr>
<td>Everything is great!</td>
</tr>
<tr>
<td>Very satisfied.</td>
</tr>
<tr>
<td>I love the way they always answer all the questions they're so good at what they do.</td>
</tr>
<tr>
<td>Excellent meeting.</td>
</tr>
<tr>
<td>Thorough assessment. Thank you.</td>
</tr>
</tbody>
</table>
Customer Demographics

Clinical & Family Services encompasses 4 programs:
Creative Interventions (CI)
Great Beginnings (GB) – demographics not kept on clients receiving hearing and vision screenings
Technical Resource and Activity Center of Stockton (TRACS)
Help Me Grow (HMG) – demographics not kept

Number of females: Number of males: Average age served:
CI: 187 CI: 278 CI: 0-3
GB: 43 GB: 82 GB: 0-5
TRACS: 145 TRACS: 224 TRACS: 0-55+
Total: 375 Total: 584 Total: 0-55+

An additional 370 children were seen for a hearing and/or vision screenings through Great Beginnings, 1131 children received hearing and vision screenings through Help Me Grow, 100 children received a developmental screening through Help Me Grow, and 110 children received referral services through Help Me Grow. (Demographics are not kept on these children.)

Represents total customers served throughout year (tracked on Case Characteristic Report).

Total Number Served:
CI: 465
GB: 125/495 including children who received vision and hearing screenings
TRACS: 369
HMG: 1341
Department Total: 959/1836 including children who received developmental, vision and hearing screenings.

Ethnicity: (excludes one time developmental, hearing and vision screenings)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>CI</th>
<th>GB</th>
<th>TRACS</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>CI: 79 or 16.99%</td>
<td>GB: 23 or 18.40%</td>
<td>TRACS: 126 or 34.15%</td>
<td>Total: 228 or 23.77%</td>
</tr>
<tr>
<td>Asian</td>
<td>CI: 39 or 8.39%</td>
<td>GB: 6 or 4.80%</td>
<td>TRACS: 31 or 8.40%</td>
<td>Total: 76 or 4.80%</td>
</tr>
<tr>
<td>African American</td>
<td>CI: 48 or 10.32%</td>
<td>GB: 21 or 16.80%</td>
<td>TRACS: 26 or 7.05%</td>
<td>Total: 95 or 9.91%</td>
</tr>
<tr>
<td>Native American</td>
<td>CI: 0 or 0%</td>
<td>GB: 0 or 0%</td>
<td>TRACS: 3 or .81%</td>
<td>Total: 3 or 31%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>CI: 183 or 39.35%</td>
<td>GB: 55 or 44%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>CI: 3 or .65%</td>
<td>GB: 2 or 1.60%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Committee Reviewed: 2016-11-14  
Board Reviewed & Approved: 2016-11-18

### TRACS

<table>
<thead>
<tr>
<th>Category</th>
<th>CI Percentage</th>
<th>GB Percentage</th>
<th>TRACS Percentage</th>
<th>Total Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>316 or 32.95%</td>
<td>5 or .52%</td>
<td>8 or 0.86%</td>
<td>327 or 33.51%</td>
</tr>
</tbody>
</table>

### Multi-racial

<table>
<thead>
<tr>
<th>Category</th>
<th>CI Percentage</th>
<th>GB Percentage</th>
<th>TRACS Percentage</th>
<th>Total Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>52 or 5.42%</td>
<td>0 or 0%</td>
<td>105 or 11.86%</td>
<td>157 or 16.28%</td>
</tr>
</tbody>
</table>

### Residence

<table>
<thead>
<tr>
<th>County</th>
<th>CI Percentage</th>
<th>GB Percentage</th>
<th>TRACS Percentage</th>
<th>Total Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Joaquin County</td>
<td>461 or 99.14%</td>
<td>125 or 100%</td>
<td>363 or 99.96%</td>
<td>859 or 99.96%</td>
</tr>
<tr>
<td>Calaveras County</td>
<td>0 or 0%</td>
<td>0 or 0%</td>
<td>0 or 0%</td>
<td>0 or 0%</td>
</tr>
<tr>
<td>Stanislaus County</td>
<td>0 or 0%</td>
<td>0 or 0%</td>
<td>6 or 1.63%</td>
<td>6 or 1.63%</td>
</tr>
<tr>
<td>Other County</td>
<td>0 or 0%</td>
<td>0 or 0%</td>
<td>0 or 0%</td>
<td>0 or 0%</td>
</tr>
</tbody>
</table>

### Unknown

<table>
<thead>
<tr>
<th>Category</th>
<th>CI Percentage</th>
<th>GB Percentage</th>
<th>TRACS Percentage</th>
<th>Total Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>0 or 0%</td>
<td>0 or 0%</td>
<td>0 or 0%</td>
<td>0 or 0%</td>
</tr>
</tbody>
</table>

### Service Performance Statistics

- **Total number referred**: NA for our dept.  
- **Total days of service provided**: NA for our dept.  
- **Total deemed ineligible**: NA for our dept.  
- **Total number cases closed**:  
  - CI: info not kept  
  - GB: info not kept  
  - TRACS – schools: info not kept  
  - TRACS – clinic: NA

- **Total billable hours**:
  - **CI**:  
    - Treatment Hours: 8727.25  
    - Evaluations: 539  
    - SI Evaluations: 37
  - **GB**:  
    - Treatment Hours: 1421  
    - Evaluations: 125  
    - Visions: 370  
    - Hearing: 370

<table>
<thead>
<tr>
<th>Category</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total billable</td>
<td></td>
</tr>
<tr>
<td>TRACS – school</td>
<td>2617.75</td>
</tr>
<tr>
<td>TRACS – clinic</td>
<td>0</td>
</tr>
</tbody>
</table>

Committee Reviewed: 2016-11-14  
Board Reviewed & Approved: 2016-11-18
**Results Objective Efficiency Report:** NA for our dept.

**Staff Performance Statistics**

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current in CPR/First Aide</td>
<td>100%</td>
</tr>
<tr>
<td>Mandated Abuse Reporting</td>
<td>100%</td>
</tr>
<tr>
<td>UCP Mandated Trainings</td>
<td>100%</td>
</tr>
<tr>
<td>New Employee Training</td>
<td>100%</td>
</tr>
<tr>
<td>SIR Training</td>
<td>100%</td>
</tr>
<tr>
<td>Current Staff with criminal clearance</td>
<td>100%</td>
</tr>
</tbody>
</table>

Full time and per diem staff hold current certificates in CPR and First Aid. All full time staff has been trained on Mandated Reporting, Special Incident Reporting, and completed Mandated Policy Trainings.

All data collected by data basis, training logs and/or Human Resource records

**Overall Summary**

**SERVICES:** The Clinical and Family Services department served a total of 2309 individuals this fiscal year. This department has 4 programs performing a variety of services with a variety of funding agencies. The programs are: Creative Interventions, TRACS, Great Beginnings and Help Me Grow.

Creative Interventions (CI) is an early intervention program providing services to children birth to 3 years of age who are eligible for Valley Mountain Regional Centers Early Start program. Services provided are educational, occupational therapy, physical therapy and speech language pathology. The purpose of this program is to provide intervention when children are still young to eliminate or decrease their need for special education once they are kindergarten age. Four hundred and sixty five children were seen in Creative Interventions this year. In addition to on-going visit (over 8,700 hours), 576 evaluations were completed. This was 2,000 hours less than the previous year and about 200 fewer assessments. Staff continues to incorporate the Raising a Reader book reading/exchange program is incorporated into the CI program. Assistive technology and Sensory Processing assessments are completed within this program also.

TRACS services include therapy to several local school districts as well as for Kaiser Clients, assistive technology assessments for Valley Mountain Regional Center (VMRC) through OT Clinic and physical therapy assessments and treatments for VMRC through Gait Clinic. The TRACS program also purchases items for VMRC clients when they cannot obtain them through DME providers; these are called pass-through purchases and UCP gets 4% of the cost. 98 items were purchased for 42 different individuals, not all are UCP clients. Three hundred and sixty nine individuals were seen through the TRACS program with a total of 2617 service hours.

Great Beginnings (GB) is a First 5 San Joaquin grant funded early intervention program serving children between the ages of birth and 5 years who live within San Joaquin County. The primary purpose of this program is to provide services to children who may otherwise “fall through the cracks”. These are children who have delays in their development but not to the extent that they qualify for state or federally funded programs. Included within GB is the opportunity to complete vision and hearing screenings as well as train others in the community on how they can help.
Committee Reviewed: 2016-11-14
Board Reviewed & Approved: 2016-11-18

children who have delays in their development, how to identify delays and how to make referrals. One hundred twenty five children were seen for 1293 hours of on-going services, 64 assessments were completed, 372 children had their vision screened, 370 children had their hearing screened, and 4 trainings were given to various organizations within the community. Raising a Reader is also incorporated into the Great Beginnings program.

Help Me Grow is a grant program also funded by First 5 San Joaquin. This program provides developmental screenings to children in high risk situations and makes referrals to appropriate agencies if there are delays in the child’s development. The staff in this program works with staff from Family Resource and Referral Center (FRRC) to provide referrals for the children screened by FRRC. This year First 5 had extra funding to allow UCP staff to provide vision and hearing screenings. One hundred children received developmental screenings, 119 children received follow-up services for appropriate referrals (to Valley Mountain Regional Center, their local school, Great Beginnings), and 1131 children had their vision and hearing screened.

Grants Received

First 5 San Joaquin: funds Great Beginnings program ($250,000)
Help Me Grow: $66,444

Evaluation and Program Review

CFS continues to provide therapy and educational services with funding from the same agencies – VMRC, school districts, First 5 San Joaquin and Kaiser. Creative Interventions and TRACS provided fewer services this year than in the past year. At least part of the reason for this was the department lost several staff. One was due to the family moving out of the area, the others left for higher paying jobs within the area. Even though there were staffing shortages and the effect on revenue, we were able to keep expenses low to stay within budget.

The incentive program remains in place where staff are reimbursed $25/billable hour over the monthly requirement of 68 visits for full time staff. This has helped cover some of the staffing shortages. Staffing changes and absences have been a challenge.

CFS staff continues to be part of community collaborative partnerships addressing the needs of children with special needs. These include the Early Start Symposium Committee, the Early Intervention Services Committee and Children’s Health California Care Coordination Collaborative (5 C’s).

This year a part time office staff was hired which greatly helped the flow of paperwork and getting things filed in a timely manner.

Needs

More comparable pay for staff would help the exiting of quality staff to other programs.

SUCCESS IN MEETING OBJECTIVES FISCAL YEAR 2015-2016
OBJECTIVES FISCAL YEAR 2015-2016

TRACS

Objective 1: 98% of parents will sign their child’s Individual Education Plan (IEP) indicating they are satisfied with the services.

99.9% of parents signed their child’s IEP. One parent did not sign but it was due to other issues and not the UCP school based services (occupational therapy) that the child was receiving.

Objective 2: 98% of school staff will be satisfied with UCP services.

99.74% of school staff stated they were satisfied with UCP services.

Objective 3: 95% of school staff report that UCP’s assessment report provided the information needed to help the children progress in their education.

100% of school staff reported that UCP’s assessment report provided the information needed to help the children progress in their education.

Objective 4: 95% of stakeholders will report that UCP’s assessment addressed the area of concern. (Stakeholders are: VMRC staff, parents of VMRC customers and/or their care providers.)

100% of the stakeholder from VMRC clinics indicated the UCP’s assessment addressed the area of concern.

Creative Intervention (CI) and Great Beginnings (GB)

Objective 1: 90% of parents who return a survey will indicate they tried an activity taught to them by UCP staff.

CI – 100% of the parents indicated they tried an activity taught to them by UCP staff.

GB – 100% of the parents indicated they tried an activity taught to them by UCP staff.

Objective 2: 95% of parents will be satisfied with the services provided to their children.

CI – 99.37% of parents were satisfied with the services provided to their children.

GB – 99.38% of parents were satisfied with the services provided to their children.

Objective 3: 90% of stakeholders who return surveys will indicate they are satisfied with UCP services. Stakeholders include VMRC personnel and First 5 staff as well as other possible referral sources.

CI – 100% of the stakeholders indicated they were satisfied with UCP services.

GB – parents are the primary stakeholders for this program and 99.38% indicated they were satisfied.

Objective 4: UCP staff was professional in their interactions with children and families at least 98% of the time.

CI – 99.79% of families indicated that CI staff was professional in their interactions.
GB – 95.15% of families indicated that GB staff was professional in their interactions.

**Objective 5: UCP staff will arrive to appointments on time at least 95% of the time.**
- CI – 97.78% of the time CI staff arrived to appointments on time.
- GB – 97.42% of the time GB staff arrived to appointments on time.

**OBJECTIVES FISCAL YEAR 2016-2017**

The Program will continue to strive to meet the goals and objectives of the customers we serve.

**TRACS**

**Objective 1: 98% of parents will sign their child’s Individual Education Plan (IEP) indicating they are satisfied with the services.**

**Rationale:**
It's important to provide excellent customer service not only to the child being served in the school but also to their parents and/or care providers. When the parents/providers are happy with the services being provided they agree with, and sign, the child’s Individual Education Plan (IEP).

**Measurement:**
This will be measured by the TRACS program manager who will use the signed or unsigned IEP to create the needed data.

**Action Plan:**
TRACS program manager will help with IEP development as needed. Should a problem arise staff will be encouraged to quickly engage with parents and school staff to help resolve the concern prior to the IEP meeting.

**Objective 2: 98% of school staff will be satisfied with UCP services.**

**Rationale:**
The schools are one of our funding sources. To provide good customer service it is important that we meet the needs of those who are contracting with us to do a service. Their satisfaction will encourage them to use UCP’s services again, and to recommend UCP to other agencies and people who may need a similar service.

**Measurement:**
This will be measured by a survey given to school staff involved with the children being served (teachers, psychologists, and school based therapists). Surveys will be given 1x/year in April or May.

**Action Plan:**
Trainings will be provided at staff meetings that address different topics in the area of customer service and what it might look like in our settings.
Objective 3: 95% of school staff report that UCP’s assessment report provided the information needed to help the children progress in their education.

Rationale:
It is important to meet the needs of the agencies and individuals hiring UCP, as well as the children who need our services. This not only provides excellent customer service, it builds UCP’s reputation of quality and being the agency of choice.

Measurement:
This will be measured by a survey given to school staff (primarily teachers and school psychologists). Surveys will be given 1x/year in April or May.

Action Plan:
Staff will be trained through in-services and as part of staff meetings on report writing and clear communication during collaborative efforts. Continuing education dollars will also be available to help staff keep current on best practice standards in their specialty area.

Objective 4: 95% of stakeholders will report that UCP’s assessment addressed the area of concern. (Stakeholders are: VMRC staff, parents of VMRC customers and/or their care providers.)

Rationale:
It is important to address the specific need(s) of an individual, and for staff to be trained appropriately. It is also important for all those attending the appointment to understand what was determined and to know the next steps. Meeting or exceeding expected service is one aspect of excellent customer service and continued referrals.

Measurement:
This will be measured by a survey given at the time of each assessment. The survey will be given to all in attendance (VMRC staff, parents, and care providers). Surveys will be given at each clinic appointment.

Action Plan:
Staff meetings will address communicating with staff of other agencies as well as with parents and providers. Continuing education dollars will also be available to help staff keep current on best practice standards in their specialty area so they can effectively address various areas of concern.

Creative Intervention and Great Beginnings

Objective 1: 90% of parents who return a survey will indicate they tried an activity taught to them by UCP staff.

Rationale:
To see the greatest improvement in a child’s development it is important that parents and care providers understand how to help their children. If parents try different activities shown to them by
UCP staff then staff are meeting the priorities and needs of the families, and children will make the best progress they can.

**Measurement:**
This will be measured by a survey given to parents and care providers of the children being served. Surveys will be given 1x/year in April or May.

**Action Plan:**
Trainings and staff meetings will incorporate different ways to help parents engage with their children. During staff meetings different resources will be presented to build each staff member’s repertoire of skills.

**Objective 2: 95% of parents will be satisfied with the services provided to their children.**

**Rational:**
It is important to provide great customer service to the families we serve and to perform our tasks with excellence. If parents are satisfied they will continue to allow UCP staff into their homes and then the children make the best gains possible in their developmental skills.

**Measurement:**
This will be measured by a survey given to parents and care providers of the children being served. Surveys will be given 1x/year in April or May.

**Action Plan:**
Different areas of customer service will be addressed during staff meetings. Survey results will be reviewed with staff to problem solve any potential problem areas. Solutions will be implemented.

**Objective 3: 90% of CI stakeholders (VMRC personnel) who return surveys will indicate they are satisfied with UCP services.**

**Rational:**
For continued referrals it is important that the individuals and agencies using our services are satisfied with the results of that service.

**Measurement:**
This will be measured by a survey given to VMRC staff and First 5 staff with an adequate knowledge of UCP’s programs. Surveys will be given 1x/year in April or May. This question will be added to the survey.

**Action Plan:**
Different areas of customer service will be addressed during staff meetings. Survey results will be reviewed with staff to problem solve any potential problem areas. Solutions will be implemented.

**Objective 4: UCP staff was professional in their interactions with children and families at least 98% of the time.**

**Rational:**
Professionalism is one of the stated values of UCP so it’s important to get feedback from those we serve as to how we are doing in this area. The professionalism of an organization can impact referrals and being the agency of choice.

Measurement:
This will be measured by a survey given to families and care providers of children seen in these programs. Surveys will be given 1x/year in April or May.

Action Plan:
Different aspects of professionalism will be addressed during staff meetings. Survey results will be reviewed with staff to problem solve any potential problem areas. Solutions will be implemented.

**Objective 5**: *UCP staff will arrive to appointments on time at least 95% of the time.*

Rational:
Respect is one of UCP’s values, and it is important to respect and value the time of those being served. This can also reflect on the professionalism of UCP staff.

Measurement:
This will be measured by a survey given to families and care providers of children seen in these programs. Surveys will be given 1x/year in April or May.

Action Plan:
Staff will know that timeliness is important and an expectation of the department. This will be discussed at staff meetings with periodic problem solving activities. Survey results will be reviewed with staff to problem solve any potential problem areas. CFS administrative staff will make random calls to parents during the year to inquire about the timeliness of employees. Employees having difficulty with the expectation of timeliness will be coached/counseled/disciplined as necessary for success in this area.
Program Without Walls is a hands-on community integration program and is tailored to meet the specific interests of each client. Through a team approach, the client along with all appropriate parties, design a plan that will assist and empower the person in achieving their desired goals and objectives. Throughout the individual's participation in the program, the plan is re-assessed to ensure that the goals and objectives are still on target with the individual. Program participants and PWW Community Integration Assistants work together to plan a monthly calendar of activities that may include: Life Skill Classes; Education; Social Events; Volunteerism; and Activities.

<table>
<thead>
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<th>Objectives</th>
<th>Actual Results</th>
<th>Comments/Influencing Factor</th>
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<td>91%</td>
<td>Goal Not Met. Clients did not have adequate access time for the computers and tablets. Clients purchased additional tablets using funds from their self advocacy account to provide more access options.</td>
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<td><strong>Objective 8:</strong> PWW will achieve an overall stakeholder rating of 98% or higher.</td>
<td>99.83%</td>
<td>Goal Met.</td>
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<td><strong>Objective 9:</strong> Program will achieve a 94% completion rate in relation to clients meeting their Individual Program Plan (IPP) objectives specific to day program and the goals in their Individual Service Plan (ISP).</td>
<td>98%</td>
<td>Goal Met.</td>
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<tr>
<td><strong>Objective 10:</strong> Program will increase overall utilization of authorized POS units to 90% by June, 2016.</td>
<td>86.77%</td>
<td>Goal Not Met. Some of the clients were on vacation, had issues scheduling rides, and were sick. Several clients had wheelchair issues that took several days or weeks for National Seating and Mobility to fix.</td>
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### 2016-2017 Annual Report Objectives

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**Objective 7:** Clients participating in and/or being served in program will have opportunities four (4) times a month to develop their skills in using computer technology (generic and assistive technology) to enhance their ability to access the community. A completion rate of 94% or higher will be achieved.

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**Objective 9:** Program will achieve a 94% completion rate in relation to clients meeting their Individual Program Plan (IPP) objectives specific to day program and the goals in their Individual Service Plan (ISP).

**Objective 10:** Program will increase overall utilization of authorized POS units to 90% by June, 2017.
Summary
Program Without Walls had a total enrollment of 27 clients. They participated in volunteer opportunities and attended micro business classes from September 2015 through June 2016. Clients also attended UCP's Supported Employment Job Club Trainings where they learned the process to seek employment, how to fill out an application, and how to answer interview questions. On community outings, they visited the Jelly Belly Factory, the Lodi Grape Festival, the Annual Special Access Day at the Del'Osso Farms, and the Senior Awareness Day at Micke Grove Park.

Survey Participant's Comments

VMRC
VM1 As a service coordinator, I very much like the assistance provided to my consumers by UCP. Thanks!
VM2 As a service coordinator, I have always had good success with UCP programs.

FAMILY
FM1 Lisa seems to enjoy her time here & getting out to the community. I'm happy she is able to communicate with her peers. Thank you. Mrs. Mendoza

CLIENT
CS1 I like going everywhere. We go to parks, movies, stores The staff is nice & friendly.
CS2 They help me when I need help. They are nice to me - whoever I go with. They showed us how to make cards, and do beads.

CARE HOME
CH1 Highly recommend UCP to consumers & parents.
CH2 Highly recommend UCP PWW to the special people to attend.
CH3 Highly recommend UCP for special people to attend
Client Demographics

Number of males: 12  
Number of females: 15  
Total numbers served: 27  
Average ages served: 44

Total New Clients Enrolled: 2  
Number of males: 1  
Number of females: 1

Ethnicity:  
Caucasian – 17 and 63%  
African American – 3 and 11%  
Hispanic – 5 and 19%  
Asian – 0 and 0%  
Native American – 0 and 0%  
Other – 2 and 7%  
Total Number: 27  
Total Percentage: 100%

Residence:  
Linden – 2 and 7%  
Lodi – 3 and 11%  
Manteca – 0 and 0%  
Lockeford – 1 and 4%  
Stockton – 20 and 74%  
Tracy – 1 and 4%  
Escalon – 0 and 0%  
Victor - 0 and 0%  
Total Number: 27  
Total Percentage: 100%

Service Performance Statistics

Number Referred: 7  
Number Deemed Ineligible: 5  
Number of Cases closed: 4  
Total Units of Service: 5106  
Total Days of Service Provided: 250  
Results from Objective Efficiency Report (%):98%

Percentage of Current IPP (%): 95%  
Percentage of Current ISP (%): 100%  
Percentage of SIR Reporting submitted within required timeframe: 100%

Percentage of client needs encountered during service delivery:  
Cerebral Palsy or like condition: 67%  
Mental Retardation: 70%  
Epilepsy: 26%  
Autism: 4%  
Other: 11%
All data collected by POS, Billing, Logs, case notes, Monthly Reports, ISP's and/or IPP, Satisfaction Survey results.

**Staff Performance Statistics**

Current in CPR/First Aid (%): 100%  
SIR Training (VMRC/In-Service): 100%  
Mandated Abuse Reporting (%): 100%  
Current Staff with Criminal Clearance (%): 100%  
UCP Mandated Training (%): 100%  
New Employee Program Training (%): 100%  
In-service Training -5 hours (%): 100%  
New staff Orientation - first 2wks (%): 100%

All staff performance statistics data is collected by PWW’s Training Logs, Human Resources Logs, and PWW Meeting Minutes.

**Overall Summary**

PWW continues to provide meaningful volunteer opportunities for the people we serve. Clients were able to attend Micro Business classes offered September 2015-June 2016. PWW partnered with Progressive Church of Stockton during the last 4 weeks of class to use their facilities. They provided us with classrooms that had Wi-Fi, white erase boards and desks. All of the clients at PWW attended the classes. Clients’ business interests included selling paintings, bracelets, flea market, making and selling cards or CD’s, and other crafts. Clients from other programs have expressed an interest in learning about Micro Business. We are hoping to secure a contract with Progressive Church to be able to teach classes to more students from other programs. We will know more in September 2017 if that is a possibility. Classes will begin again in the fall of 2016.

Another work related activity that PWW provided this year is volunteer work. Many clients enjoy cleaning or doing janitorial work and go to Bear Creek Church to do these tasks on a regular basis. They clean tables, wipe down furniture and fixtures, dust blinds and sweep the floor. Clients can choose to assist the Animal Protection Leagues by socializing animals and cleaning items at the cat shelter. PWW maintains partnerships with St. Mary’s Interfaith Dining Hall where clients are able to assist by wrapping utensils in napkins. At the Stockton and Tracy Food Banks, our clients donate food, pass out food, and fill boxes and bags with food. At the Shelter Thrift Store clients sort clothing and wipe down displays. The Shelter Thrift Store is currently under construction and is unable to support our volunteers but will be open up their doors to us by early fall. UCP’s Canister Program offers clients the opportunity to identify coins, sort and count money and learn banking skills. Volunteering at the Assistance League Thrift, clients are able to clean, tag and sort through donated items to determine if the items are usable and can be sold. In addition, PWW clients volunteer by visiting and encouraging friends that are in the hospital or at home recuperating.
PWW clients also attend UCP’s Supported Employment Job Club Trainings where they learn the process to seek employment, how to fill-out an application, how to answer interview questions and get the chance to practice their interviewing skills.

**Enrollment**

Program Without Walls (PWW) had a total enrollment of 27 clients (4 of whom attend part time), 2 new enrollments and 4 client cases were closed. One client exited due to increased behavioral issues, another left because they did not want to go to a day program, one left to attend Delta College, and another left because of a mental health issue.

**Staff**

In August 2015, PWW filled the Program Assistant position. As of June 2016, PWW had 9 staff; 1 Program Manager, 1 Program Manager Assistant and 7 Integration Assistants. If staff is needed for a program, UCP has 2 floater positions that can go to any location which makes it easier to plan ahead when a PWW staff goes on vacation. The Program Assistant will also fill in if staff is needed to ensure we maintain our 3:1 staff to client ratio and to ensure safety.

**In-service Trainings-(topics, trainer)**

Program Manager, Kristianne Shaffer, conducted in-service trainings on Corporate Compliance, Utility Failures (drill & test), Transportation and Restraint Training for Drivers, Mandated Reporting and Special Incident Reports, Fire and Explosion (drill and test), Bomb Threat, Natural Disaster/Severe Weather, Cultural Competency/Diversity training, Program Implementation, Fire Safety and Suppression, Infection Control, Client Health & Safety, Client Sensitivity, Client Rights, Charting and Recording, and Emergency Medical Response. Ride Evaluation for Drivers was conducted by DeAnna Nava and Mary Bailey. First Aid/CPR training was provided by Shana Belasco.

**Special Events**

PWW participated in Advocacy Meetings, Micro Business Faire, County Fair, RSC’s Disability Awareness Day, The Power of One Luncheon, Senior Day, the CHOICES conference and PCS Dances. Clients also visited local artist shows.

PWW had celebration parties including a BBQ for the 4th of July at Micke Grove Park. Clients enjoyed dressing up for a Halloween party and dance. PWW also had a special Thanksgiving that included clients helping with decorating the program. Clients decorated the entry table with leaves and covered the tables with linen table cloths. Clients created center pieces for the tables and decorated the tables with leaves and non-flame candles. The clients and staff had a Thanksgiving feast with turkey, mashed potatoes, green beans, dinner rolls, cranberry sauce and pumpkin pie. There was also a party for Christmas.
Clients attended a special Christmas Luncheon hosted by St. Michael’s Church. They won bingo prizes and had a nice meal and gift exchange. PWW hosted a New Year’s party with sparkling cider, hats, noise makers and a count down.

Clients visited the Jelly Belly Factory, the Lodi Grape Festival, the Annual Special Access Day at the Dell’Osso Farms, and The Senior Awareness Day at Micke Grove Park. Six women from program were able to attend the Power of One Luncheon that included community resources and clients were able to talk to people about UCP. They were treated like ladies by the staff at the Stockton Hilton and enjoyed a lovely lunch paid for by donations made to the clients’ advocacy account.

**Community Integration**

PWW goes out into the community daily and continues to seek new community locations throughout the county to give clients meaningful and purposeful opportunities for integration activities. These activities give clients the opportunity to build on various skills while in the community, such as socialization, appropriate behavior, communication, listening, safety, mobility, sensory awareness, large and small motor skills, reading, math, budgeting, and peer interaction.

Clients visited and explored locations such as Rancho Seco Park, Old Town Sacramento, Walnut Grove, Lodi Lake and downtown, Lathrop Veterans Memorial, community parks, museums, art shows, and libraries in Stockton, Salida, Lodi, Galt and Elk Grove. Clients also visited various retail stores and malls to shop and explore holiday atmospheres (e.g. Spirit Halloween Store, Dell’Osso Farm and malls with holiday decor), and restaurants that represented various ethnic/cultural foods (e.g. Hawaiian BBQ, Mexican, Chinese, and American). Clients that were interested also visited the Buddha temple in Stockton and the Mexican Heritage Center.

Clients enjoyed going to some new locations such as the Mud Mill in Lodi where they were able to paint tiles and have it placed in a kiln to bake. They also enjoyed the Serpetarium where they were able to look at snakes and other reptiles. Clients went to the Mexican Heritage Center in Stockton. The volunteer at the center was kind and opened their doors an hour early for us.

**Vocational and Work Related Activities**

PWW clients attended UCP’s Supported Employment Job Club Trainings. Job Club provides opportunities for clients to gain vocational skills and get them thinking about employment. The trainings cover topics on how to find a job, resume building, interviewing, writing, client service and professionalism, appropriate workplace behavior and appropriate work attire. When attending PWW, clients have opportunities to gain work related skills by volunteering their time at community businesses and organizations. PWW
has partnered with Thrift Stores (sort, fold, and hang clothes), Food Banks (sort dry and canned foods, collect tickets and distribute goods to clients), St. Mary’s Interfaith Dining Hall (place forks and spoons in napkins), Churches, and City Parks. In partnership with the City of Lodi, clients are part of a Park Beautification Program. They work to keep the park clean by wiping down the sidewalk structure, picking up debris, and emptying trash cans.

While at program, clients that wanted to practice administrative skills such as shredding, filing, addressing and stuffing envelopes and making copies, were able to do so. Clients have attended business fairs and micro business fairs. These venues give clients the opportunity to observe a work environment and gain further exposure to see what their peers are doing and what is possible. It is our intent for them to gain interest in pursuing employment and/or their own micro-business to gain a life of greater independence. Two clients expressed an interest in learning more about having their own micro-business. PWW has a curriculum designed for that purpose. One client obtained a sellers permit and sold paintings at a micro business faire this year. In addition, PWW provided work-related trainings on Client Employment, Rights of Individuals with Developmental Disabilities, Proper Workplace Behavior, Hygiene, and How to Find A Job.

Clients continue to run their own snack shack and create a list of items they wanted to buy and sell, determine the cost of each item and asked their peers what they would pay for the items. Clients determine a price point for the items that would offer a good deal. The snack shack has demonstrated natural business progression cycles. It was very popular for several months but then sales greatly declined. To generate sales, the clients decided that the prices were too high so they lowered them. The sales currently generate almost enough money to replenish the snack shack items. Clients vote at advocacy meetings when they would like money to be withdrawn from their account to make snack purchases at Costco. There are two clients that are signors and both go to the bank, if necessary, to make a withdrawal. The clients are happy with the items they have chosen to sell and like that they get a good deal when they make purchases at the snack shack.

Clients also enjoy making soaps. The soaps are mostly oval shaped and clients chose pink, green and yellow as the soap colors. The soaps have a mild fragrance; some have real lavender or rosemary in them and are wrapped in cellophane with a ribbon and a pretty UCP label on the bottom. Clients enjoy making the soaps and have donated soaps to St. Mary’s.

Safety

Safety continues to be a priority for the program. Staff completes safety trainings monthly. Since July 2015 PWW had one Special Incident Report (1 case of verbal abuse in the care home.)

On a monthly basis, PWW provided ongoing safety trainings in an effort to promote and ensure a healthy and safe environment for clients and staff. There is a daily safety training
message written on the scheduling board. Clients have picked up on this and have made it part of their scheduling board as well. Trainings include mandated reporting procedures, emergency evacuation and drills, disaster planning, fire safety and suppression, infection control, client health and safety, client sensitivity, clients’ rights, agency policies and procedures, client documentation, lifting safety, defensive driving and drivers safety from UCP Transportation Manager, charting and recording, special incident reporting, basic behavior modification, CPR and First Aid and emergency response policies and procedures. Staff took competency based tests on the emergency response procedures to ensure that they had a thorough understanding of what to do in the event of an emergency. PWW staff reviewed the Evacuation Contingency Plan and had any questions answered. The staff is confident with their role in an emergency. UCP introduced a “Near Miss” form this year that staff complete and report to managers. The form is used if there was an incident that was a safety issue but did not result in an injury. This is to ensure that problems are taken care of immediately and any near misses are discussed along with solutions in weekly staff meetings at PWW. Managers also attended quarterly Health & Safety meetings at UCP and shared pertinent training materials and information at staff meetings.

Survey Results

Throughout the year, the satisfaction survey is presented to all stakeholders at each client’s annual meeting. At fiscal year-end, surveys are also mailed to stakeholders who did not have the opportunity to complete them during the annual meeting. This year surveys were either mailed or e-mailed to stakeholders. Survey results are compiled and a report is generated at fiscal year-end. The results of the survey are intended to provide vital information on how the program is perceived and if the program is continuing to move forward in a positive direction in providing clients with the appropriate services desired to meet their individual needs and goals. Any complaints or concerns addressed in surveys are addressed immediately by the Program Manager with oversight from the Director of Adult Programs and Services.

SUCCESS IN MEETING OBJECTIVES FOR FISCAL YEAR 2015-2016

OBJECTIVE FOR FISCAL YEAR 2015-2016

The Program will continue to strive to meet the goals and objectives of the clients we serve.

Objective 1: Clients participating in and/or being served in program will have a daily opportunity to develop skills and gain knowledge in basic survival and safety skills, day planning, travel training, communication, appropriate community behavior and
financial transactions to assist them in becoming more integrated in the community. A completion rate of 92% or higher will be achieved.

**Rationale:**
Clients have the opportunity to learn the following: the meanings of basic survival signs and recognizing them in the community; practicing and applying communication skills with peers, staff and the public; understanding safety skills with regard to driving a manual and/or power wheelchair; proper ways to cross a street; how to utilize public transportation and being able to read a bus schedule; learning and displaying expected behavior at the program and in the community; reading the monthly calendar and bringing in the necessary supplies/money for the day/event; comparing prices of merchandise; and purchasing items at the register.

**Measurement:**
All documentation will be recorded in the client’s quarterly and annual report, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

**Actual Results:**
Program achieved a 94% completion rate by providing daily opportunities that support this objective. Clients go out into the community on a daily basis. On occasion, some clients may stay back because of choice or transportation issues. In those instances often times they will walk to a local shopping center.

**Objective 2:** Clients participating in and/or being served in program will have opportunities four (4) times a month to be exposed to outside resources such as libraries, colleges, banks, community centers; all while learning how to access a wider range of community resources specific to individuals with disabilities. A completion rate of 90% or higher will be achieved.

**Rationale:**
Clients have the opportunity to utilize community resources (Libraries, Colleges, Banks, attendance at Self Advocacy meetings and community awareness health fairs) that will enhance their knowledge and strengthen their skills for independence in the community.

**Measurement:**
All documentation will be recorded in the client’s quarterly and annual report, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

**Actual Results:**
Program achieved a 100% completion rate by providing opportunities four times a month to support this objective.

**Objective 3:** Clients participating in and/or being served in program will have opportunities four (4) times a month to gain an increased awareness of employment
related opportunities, skills, and behaviors by attending pre-vocational and vocational activities on site and at work site to build skills that promote and prepare clients for employment. A completion rate of 92% or higher will be achieved.

Rationale:
Clients are able to read, understand and fill out a job application, practice interview questions, follow up before and after interviews and attend vocational activities that promote training in the classroom and at work-site. Clients have the opportunity to volunteer at food bank, thrift stores, homeless shelters, dining hall, city parks and UCP Supported Employment Job Club.

Measurement:
All documentation will be recorded in the client’s quarterly and annual report, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

Actual Results:
Program achieved a 100% completion rate by providing opportunities four times a month or more to support this objective. Clients at PWW have ample opportunity to volunteer to learn vocational skills, practice computer skills and attend vocational meetings. Clients are offered two volunteer opportunities a week and a formal job club meeting once a month. Micro Business classes were available on a weekly basis to everyone in the program and a new administrative class was offered at program once a week towards the last quarter of the year.

Objective 4: Clients participating in and/or being served in program will have opportunities four (4) times a month to enhance their functional and academic skills in order to further their integration into the community. A completion rate of 92% or higher will be achieved.

Rationale:
Clients will have the opportunity to learn basic sign language, vocabulary words, reading comprehension, number recognition, and math skills.

Measurement:
All documentation will be recorded in the client’s quarterly and annual report, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

Actual Results:
Program achieved a 100% completion rate by providing opportunities four (4) times a month that support this objective. Staff has been trained in their documentation skills and acquired a broader understanding of opportunities given to clients, such as pricing items for their snack bar which develops their math skills and/or number recognition, and reading a menu, instructions or bus schedule which is an opportunity to improve reading comprehension skills.
Objective 5: **Clients participating in and/or being served in program will have opportunities four (4) times a month to develop skills in and participate in activities that promote health and well-being. A completion rate of 96% or higher will be achieved.**

**Rationale:**
Participation in health and well-being activities promotes the use of large and small motor skills through exercise and movement, and a healthy diet through nutrition classes.

**Measurement:**
All documentation will be recorded in the client’s quarterly and annual report, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

**Actual Results:**
Program achieved a 96% completion rate by providing daily opportunities that support this objective. Clients at PWW have the opportunity to exercise every morning at 9 a.m. It is their choice to participate or not. It is noted that about 82% of the clients chose to exercise at that time; however, while out in the community some participate in fitness walks that can be counted as exercise time. In order to ensure that PWW clients meet their fitness goal, the staff have continued training to broaden their scope of opportunities that are already provided at PWW such as add information about nutrition classes, making better food choices while out in the community and attending farmer’s markets. The clients at PWW have their own snack shack and have actively been participating in choosing healthier food choices to sell. The staff have implemented a nutrition class/cooking class once a week that all clients will be able to attend. The clients that have declined exercise class in the past have been encouraged to exercise on Tuesdays and Thursdays. Also clients that lead exercise class have been encouraged to add more fun elements to exercise (using a beach ball, playing music, etc.) in hopes of having everyone enjoy the class and have others see how much fun exercise can be.

Objective 6: **Clients participating in and/or being served in program will have opportunities four (4) times a month to develop their knowledge of and skills in self-advocacy. A 94% or higher completion rate will be achieved.**

**Rationale:**
By empowering clients to be self-advocates, they enhance their independence, self-esteem and utilization of communication skills and it facilitates their adaption/transition in their own community.

**Measurement:**
All documentation will be recorded in the client’s quarterly and annual report, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

**Actual Results:**
Program achieved a 100% completion rate by providing opportunities that support this objective. Most clients at PWW know how to communicate their daily needs and have benefited from a more formal rights training and advocacy training through role play and discussion. This goal was obtained by consistently providing classes on advocacy and having monthly advocacy meetings. One of the clients made it their goal to discuss advocacy with his peers, with staff support, and offers information about current issues that affect the DDS community such as transportation, regional center events and news.

**Objective 7:** **Clients participating in and/or being served in program will have opportunities four (4) times a month to develop their skills in using computer technology (generic and assistive technology) to enhance their ability to access the community. A completion rate of 94% or higher will be achieved.**

**Rationale:**
Clients will have the opportunity to access computers (email, internet, and Word) that promotes daily living, vocational and functional skill building and independence.

**Measurement:**
All documentation will be recorded in the client’s quarterly and annual report, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

**Actual Results:**
Program achieved a 91% completion rate by providing opportunities four (4) times a month that support this objective. PWW has two computers available for client use and clients purchased 3 tablets. A schedule was created to provide fairness of availability for the computers but it was not always implemented. To help with increasing computer access time the staff is making clients aware of the opportunity to use the computer when it is available while reminding them of the goal they want to achieve. When a client is reminded of a goal they want to complete (i.e. getting G.E.D or finding a special outing) it helps motivate that person to take advantage of that opportunity. PWW is also using 3 tablets with Wi-Fi access that has become very popular. Clients have discussed purchasing 3 more tablets in their advocacy meetings. This will increase the opportunities clients have to use computer technology.

**Objective 8:** **PWW will achieve an overall stakeholder rating of 98% or higher.**

**Rationale:**
PWW Program Manager and staff continue to make sure that there is an open line of communication between the program and all involved stakeholders. Stakeholder survey feedback is important to the continual quality of service delivery and program enhancement.

**Measurement:**
This will be measured through the feedback from stakeholder surveys.
Actual Results:
Program achieved a 99.83% overall stakeholder rating based on outcomes on the Stakeholder Surveys. Program offered the chance for families, care providers and clients to complete surveys at annual meetings. Surveys were also mailed at year end to stakeholders who did not have the opportunity to attend an annual or complete a survey.

Objective 9: Program will achieve a 94% completion rate in relation to clients meeting their Individual Program Plan (IPP) objectives specific to day program and the goals in their Individual Service Plan (ISP).

Rationale:
Client IPPs are developed by VMRC to ensure that clients’ needs are met and their client rights respected. Day Programs have an obligation to meet objectives pertaining to day programs. Individual Service Plan goals are also created and designed to maximize clients’ functional and vocational skill potential in order to reach their highest level of independence in all aspects of their lives. The IPP and ISP are reviewed at each client’s annual meeting to ensure all needs are being met. The IPP and ISP may be changed throughout the year to meet client needs. Both documents are updated accordingly.

Measurement:
The outcome will be tracked through the Objective Efficiency Report.

Actual Results:
Program achieved a 98% completion rate based on Objective Efficiency Report outcomes.

Objective 10: Program will increase overall utilization of authorized POS units to 90% by June, 2016.

Rationale:
Improving the overall percentage of authorized POS units will increase revenue.

Measurement:
Program Manager will track utilization of authorized POS units on a monthly spreadsheet.

Actual Results:
The goal was to achieve an overall increase in utilization of authorized POS units to 90% by June 2016 by making daily calls to clients who are absent from program. The actual result was 86.77%. The Program Manager or Program Assistant logged the phone calls on the Client Absence Roster. Although vacations, issues scheduling rides and illness were part of the reason why people did not attend, the main reason why we were not able to achieve our goal was because there were several clients that had wheelchair issues that took several days or weeks to fix. Program Manager received complaints from families and care providers that National Seating and Mobility (NSM) would take several weeks to
get a wheelchair fixed. There were complaints about processing, paperwork and the availability of a wheelchair technician. In the meantime Program Manager would help families or care providers either locate a wheelchair to use or call the Service Coordinator or NSM and see if there was anything that the Program Manager could do. Program Manager or Program Assistant will continue to identify the reason for a client’s absence and garner any feedback related to the program. Absenteeism issues related to program will be resolved in order to ensure that clients are satisfied with the services that they are receiving.

**OBJECTIVE FOR FISCAL YEAR 2016-2017**

The Program will continue to strive to meet the goals and objectives of the clients we serve.

**Objective 1:** *Clients participating in and/or being served in program will have a daily opportunity to develop skills and gain knowledge in basic survival and safety skills, day planning, travel training, communication, appropriate community behavior and financial transactions to assist them in becoming more integrated in the community. A completion rate of 92% or higher will be achieved.*

**Rationale:**
Clients have the opportunity to learn the following: the meanings of basic survival signs and recognizing them in the community; practicing and applying communication skills with peers, staff and the public; understanding safety skills with regard to driving a manual and/or power wheelchair; proper ways to cross a street; how to utilize public transportation and being able to read a bus schedule; learning and displaying expected behavior at the program and in the community; reading the monthly calendar and bringing in the necessary supplies/monies for the day/event; comparing prices of merchandise; and purchasing items at the register.

**Measurement:**
All documentation will be recorded in the client’s quarterly and annual report, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

**Action Plan:**
Program will achieve a 92% or higher completion rate by providing daily opportunities that support this objective. Clients go out into the community on a daily basis. Some clients may stay back because of choice or transportation issues.

**Objective 2:** *Clients participating in and/or being served in program will have opportunities four (4) times a month to be exposed to outside resources such as libraries, colleges, banks, community centers; all while learning how to access a wider range of community resources specific to individuals with disabilities. A completion rate of 90% or higher will be achieved.*
Rationale:
Clients have the opportunity to utilize community resources (Libraries, Colleges, Banks, attendance at Self Advocacy meetings and community awareness health fairs) that will enhance their knowledge and strengthen their skills for independence in the community.

Measurement:
All documentation will be recorded in the client’s quarterly and annual report, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

Action Plan:
Program will achieve a 90% or higher completion rate by providing opportunities four times a month to support this objective.

Objective 3: Clients participating in and/or being served in program will have opportunities four (4) times a month to gain an increased awareness of employment related opportunities, skills, and behaviors by attending pre-vocational and vocational activities on site and at work site to build skills that promote and prepare clients for employment. A completion rate of 92% or higher will be achieved.

Rationale:
Clients are able to read, understand and fill out a job application, practice interview questions, follow up before and after interviews and attend vocational activities that promote training in the classroom and at work-site. Clients have the opportunity to volunteer at food bank, thrift stores, homeless shelters, dining hall, city parks and UCP Supported Employment Job Club.

Measurement:
All documentation will be recorded in the client’s quarterly and annual report, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

Action Plan:
Program will reach a 92% or higher completion rate by providing opportunities four times a month or more to support this objective. Clients at PWW have ample opportunity to volunteer to learn vocational skills, practice computer skills and attend vocational meetings. Clients are offered two volunteer opportunities a week and a formal job club meeting once a month. A vocational class will be offered at program once a week along with a follow up with the staff to improve documentation skills. This will help provide more accurate data on the vocational opportunities provided at PWW.

Objective 4: Clients participating in and/or being served in program will have opportunities four (4) times a month to enhance their functional and academic skills in order to further their integration into the community. A completion rate of 92% or higher will be achieved.
**Rationale:**
Clients will have the opportunity to learn basic sign language, vocabulary words, reading comprehension, number recognition, and math skills.

**Measurement:**
All documentation will be recorded in the client’s quarterly and annual report, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

**Action Plan:**
Program will achieve a 92% or higher completion rate by providing opportunities four (4) times a month that support this objective. Staff will continue to be trained in their documentation skills and acquire a broader understanding of opportunities given to clients such as; pricing items for their snack bar which provide a host of math skills and/or number recognition, reading a menu, instructions or bus schedule which is an opportunity to improve reading comprehension skills.

**Objective 5:** Clients participating in and/or being served in program will have opportunities four (4) times a month to develop skills in and participate in activities that promote health and well-being. A completion rate of 96% or higher will be achieved.

**Rationale:**
Participation in health and well-being activities promotes the use of large and small motor skills through exercise and movement, and a healthy diet through nutrition classes.

**Measurement:**
All documentation will be recorded in the client’s quarterly and annual report, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

**Action Plan:**
Program will achieve a 96% or higher completion rate by providing daily opportunities that support this objective. Clients at PWW have the opportunity to exercise every morning at 9 a.m. It is their choice to participate or not. It is noted that about 82% of the clients chose to exercise at that time; however, while out in the community some participate in fitness walks that can be counted as exercise time. In order to ensure that PWW clients meet their fitness goal, the staff will have continued training to broaden their scope of opportunities that are already provided at PWW such as add information about nutrition classes, making better food choices while out in the community and attending farmer’s markets. The clients at PWW have their own snack shack and have actively been participating in choosing healthier food choices to sell. The staff have implemented a nutrition class once a week that all clients will be able to attend. Recently, the clients that have declined exercise class in the past have been encouraged to exercise on Tuesdays and Thursdays. Also clients that lead exercise class have been encouraged to add fun elements to exercise in hopes of having everyone enjoy the class and have others see how much fun exercise can be.
Objective 6: Clients participating in and/or being served in program will have opportunities four (4) times a month to develop their knowledge of and skills in self-advocacy. A 94% or higher completion rate will be achieved.

Rationale:
By empowering clients to be self-advocates, they enhance their independence, self-esteem and utilization of communication skills and it facilitates their adaption/transition in their own community.

Measurement:
All documentation will be recorded in the client’s quarterly and annual report, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

Action Plan:
Program will achieve a 94% or higher completion rate by providing monthly opportunities that support this objective. The objective has been changed from weekly opportunities to four times a month because a weekly advocacy goal is not realistic. Most clients at PWW know how to communicate their daily needs and would benefit from a more formal rights training or advocacy training through role play and discussion. This goal will be obtained by continually providing classes on advocacy once a week.

Objective 7: Clients participating in and/or being served in program will have opportunities four (4) times a month to develop their skills in using computer technology (generic and assistive technology) to enhance their ability to access the community. A completion rate of 94% or higher will be achieved.

Rationale:
Clients will have the opportunity to access computers (email, internet, and Word) that promotes daily living, vocational and functional skill building and independence.

Measurement:
All documentation will be recorded in the client’s quarterly and annual report, UCP Semi Annual and Annual Report and also entered into the monthly Objective Efficiency Report.

Action Plan:
Program will reach a 94% or higher completion rate by providing opportunities four (4) times a month that support this objective. PWW has two computers available for client use and clients purchased 3 tablets. A schedule was created to provide fairness of availability for the computers but was not always implemented. To help with increasing computer access time a new computer/tablet schedule will be created and the staff will be trained to implement it when the PM or PA is not available. The staff is also making clients aware of the opportunity to use the computer when it is available while reminding them of the goal they want to achieve. When a client is reminded of a goal they want to complete (i.e.
getting G.E.D or finding a special outing) it helps motivate that person to take advantage of that opportunity. PWW is currently using 3 tablets with Wi-Fi access that has become very popular. Clients have decided they would like to purchase 3 more tablets and cases with money that has been donated to the program. This will increase the opportunities clients have to use computer technology.

**Objective 8: PWW will achieve an overall stakeholder rating of 98% or higher.**

**Rationale:**
PWW Program Manager and staff continue to make sure that there is an open line of communication between the program and all involved stakeholders. Stakeholder survey feedback is important to the continual quality of service delivery and program enhancement.

**Measurement:**
This will be measured through the feedback from stakeholder surveys.

**Action Plan:**
Program will achieve a 98% or higher overall stakeholder completion rate based on outcomes of the Stakeholder Surveys. Program will give surveys at annual meetings. Surveys will also be mailed at year end to stakeholders who did not have the opportunity to attend an annual or complete a survey.

**Objective 9:** Program will achieve a 94% completion rate in relation to clients meeting their Individual Program Plan (IPP) objectives specific to day program and the goals in their Individual Service Plan (ISP).

**Rationale:**
Client IPPs are developed by VMRC to ensure that clients’ needs are met and their client rights respected. Day Programs have an obligation to meet objectives pertaining to day programs. Individual Service Plan goals are also created and designed to maximize clients’ functional and vocational skill potential in order to reach their highest level of independence in all aspects of their lives. The IPP and ISP are reviewed at each client’s annual meeting to ensure all needs are being met. The IPP and ISP may be changed throughout the year to meet client needs. Both documents are updated accordingly.

**Measurement:**
The outcome will be tracked through the Objective Efficiency Report.

**Action Plan:**
Program will achieve a 94% completion rate based on Objective Efficiency Report outcomes.

**Objective 10: Program will increase overall utilization of authorized POS units to 90% by June, 2017.**
**Rationale:**
Improving the overall percentage of authorized POS units will increase revenue.

**Measurement:**
Program Manager will track utilization of authorized POS units on a monthly spreadsheet.

**Action Plan:**
Program will achieve an overall increase in utilization of authorized POS units to 90% by June 2017 by making daily calls to clients who are absent from program. Program Manager or Program Assistant will continue to log the phone calls on the Client Absence Roster. Program Manager or Program Assistant will identify the reason for a client’s absence and garner any feedback related to the program. Absenteeism issues related to program will be resolved in order to ensure that clients are satisfied with the services that they are receiving. Although vacations, issues scheduling rides and illness were part of the reason why people did not attend, the main reason why the program was not able to achieve this goal was because there were several clients that had wheelchair issues. The Program Manager received complaints from families and care providers that National Seating and Mobility would take several weeks to get a wheelchair fixed. There were complaints about processing time, understanding paperwork and the availability of a wheelchair technician. In the meantime the Program Manager would help families or care providers either locate a wheelchair to use or call the Service Coordinator or NSM and see if there was anything that she could do. The Program Manager will locate other outside resources to help families find temporary wheelchairs to use and provide information and assistance to families to help expedite the process of fixing or getting a new wheelchair. The Program Manager or Program Assistant will continue to identify the reason for a client’s absence and continue to provide support or assistance when needed.
In-Home Respite Care is a unique service that provides care providers/family members with a temporary break from the demanding schedule and tasks of caring for anyone with a disability. The program is designed to offer traditional care in the home with a 1:1 staff to client ratio. The program also provides opportunities for recreational experiences and is a wonderful outlet for socialization.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Actual Results</th>
<th>Comments/Influencing Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1</strong>: Program will market its services (including Private Pay) through communication, outreach and education efforts to all stakeholders in the Community. Program Manager will visit with 3 or more community based organizations and/or attend 2 or more community based informational fairs. A 95% completion rate will be achieved.</td>
<td>100%</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 2</strong>: Respite Care Program will strive to achieve a 95% satisfaction rate or higher on stakeholder survey</td>
<td>92.14%</td>
<td>Goal Not Met.</td>
</tr>
<tr>
<td><strong>Objective 3</strong>: Program will provide 8 socialization activity calendars for clients meeting a 95% completion rate. Socialization is an expectation outlined in the Respite Program Design.</td>
<td>100%</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 4</strong>: Respite workers will arrive to scheduled appointments “on time.” A 95% or higher completion rate will be achieved.</td>
<td>96.67%</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 5</strong>: Respite Care staff will achieve 98% or higher satisfaction rating on communication with families.</td>
<td>84.80%</td>
<td>Goal Not Met.</td>
</tr>
<tr>
<td><strong>Objective 6</strong>: Respite Care office will meet families’ scheduling needs with a 95% or higher satisfaction rating.</td>
<td>89.44%</td>
<td>Goal Not Met.</td>
</tr>
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<td><strong>Objective 7</strong>: Respite will increase utilization of hours to 85% by June, 2016.</td>
<td>60%</td>
<td>Goal Not Met. Being understaffed continues to be major issue with maximizing the hours requested by clients. In addition, some families did not schedule a respite worker because the client was sick, on vacation, attending school or attending appointments.</td>
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<td><strong>Comments</strong></td>
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<td><strong>Objective 7:</strong> Respite will increase utilization of hours to 74% by June, 2017.</td>
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</table>

**Summary**
The Respite program provided 14,073.85 direct service hours to clients. The program had a total enrollment of 127 clients. Respite provided opportunities for recreational and socialization experiences such as Diner's Club, movies at the park, play day at the park, and sensory movies for those with autism. Several clients also utilized the Teen Center for activities such as bowling and movies.

**Survey Participant's Comments**

**VMRC**
VM1 Great Program. Enjoy what they do for consumers.

**FAMILY**
FM1 It's wonderful to have respite & we are very pleased with Casey. Thank you!!
FM2 Geoffrey enjoys his Respite time with Florencia Cataban as much as we appreciate her. She is consistent, on-time, & reliable. We look forward to a long-term relationship with her & UCP. Thank you.
FM3 We are very happy with Florencia. She always comply with what we want for Michael. She has been a blessing for our family.
FM4 I am very satisfied with the service that UCP staff provides for my daughter & more importantly my daughter is very happy with the service and her respite provider. M. Harper (parent)
FM5 Would like to be notified when staff (Assistant Program Mgr.) changes to a new person to establish a relationship in case of needs for my child need to be handled. I was use to dealing with one person & have been told only by Respite Provider there is a different person to contact as of to date. UCP has been pretty good to us & can rely on for times we need child watched. Thank you Renee Note: Jayhara has been great with Laynee.
FM6 I am satisfied with the respect & helpfulness that UCP shows. As well as the fact of the happiness it brings to my son.
FM7 At least two times Raymond has been left waiting for a coordinator to come. And he was not informed that the schedule was changed & no one was schedule to come for him. The anxiety that Raymond was going through was hard to deal with. It takes a lot of talking to calm him.
FM8 The program is excellent I appreciate the time put in with my child with her needs.
FM9 The service is great, I wish communication was better that’s all.
FM10 More info on activities for daughter to do. Did not receive a calendar. It would be nice if they had some sort of exercise or dance activities to chose from.
FM11 We are very happy with UCP services.
FM12 We are completely satisfied with our UCP caregiver and UCP team. Caregiver: Chad Baker
FM13 Services are adequate.
FM14 Jesus Garcia is wonderful.
FM15 Provide postage paid envelopes next time. I had to go to the store to mail this out of stamps.
RESPITE CARE SERVICE
Annual Report
FY 2015-2016

Client Demographics

Number of males: 89
Number of females: 38
Total numbers served: 127
Average ages served: 18

Ethnicity:
- Caucasian – 54 and 42.5%
- African American – 15 and 11.8%
- Hispanic – 27 and 21.3%
- Asian – 16 and 12.6%
- Native American – 2 and 1.6%
- Other – 13 and 10.2%

Total Number: 127
Total Percentage: 100%

Residence:
- Escalon – 2 and 1.6%
- Mountain House – 6 and 4.7%
- Lathrop - 8 and 6.3%
- Ripon – 1 and 0.8%
- Linden – 0 and 0%
- Stockton – 60 and 47.2%
- Lockeford – 0 and 0%
- Tracy – 28 and 22.1%
- Lod – 7 and 5.5%
- Woodbridge – 1 and 0.8%
- Manteca – 14 and 11%

Total Number: 127
Total Percentage: 100%

Service Performance Statistics

Total number referred: 48
Total number of new Clients: 35
Total number deemed ineligible: 0
Total number enrolled: 127
Total number of cases closed: 37
Average number of Clients enrolled: 106.33
Percentage of Current Service Plans: 100%

Total Units of Service/Billed: 14,073.85
Total Authorized POS Units: 23,113.25
Total Private Pay Hours: 311.25
Results of Satisfaction Survey Results: 96.39%
% of SIR Reporting w/in required timeframe: 100%

Staff Performance Statistics

Current in CPR/First Aid (%): 100%
Mandated Abuse Reporting (%): 100%
UCP Mandated Training (%): 100%
New staff Orientation-first 2wks (%): 100%
SIR Training -VMRC/In-Service (%): 100%
Current Staff with criminal clearance (%): 100%
In-service Training (%): 100%

All data collected by training logs, minutes and/or Human Resource records.

Cerebral Palsy or like condition: 10%
Mental Retardation: 26%
Epilepsy: 9%
Autism: 63%
Other: 13%

**Overall Summary**

During this Annual FY 15-16, Respite Care focused its efforts to meet the needs of families and care providers that needed a break from the demands of and strenuous care for a loved one with a disability. UCP Management team and staff continue to be dedicated to meeting the specialized and individualized schedules and needs of the families we serve.

The Respite program provided 14,073.85 direct service hours, a 22% decrease from 14/15 fiscal year. After reviewing the fiscal reports, budget and monthly summary, we concluded that staffing is still the main issue that affects completion of hours. Respite has consistently gone over monthly mileage budget by approximately 10% each month. This is due to sending staff to provide service to families who live in the southern part of the county, which accounts for 31% of the families currently enrolled in the program. Currently, there is one staff that works exclusively in the southern parts of the county. This has reduced the mileage slightly. Continued effort in recruiting from this area will be essential as the program continues to grow.

On March 17, 2016, a presentation was given at a VMRC staff meeting. This is a quarterly meeting that all VMRC Service Coordinators attend. The purpose of this presentation was to introduce the new Program Manager for the Respite Program, and the new ideas being implemented into the Respite Program. After the presentation the Respite Program received 15 new referrals.

**MARS/Data Base**

The MARS database is a great advantage for the Respite Department. It allows Respite to track hours worked, generates timesheets for the respite providers, and allows clients to access it from home to either track their monthly hours and/or schedule appointments with their provider. Clients can access it from any computer or smart phone because it is on the “cloud.” We are currently looking into accessing the database for mileage support. As of right now, providers continue to use hardcopy mileage sheets. We are in hopes that we can transition from this way of documenting mileage to using the database by the end of the fiscal year 16/17.

**Enrollment**

The program had a total enrollment of 127 clients. The average number of clients served was 75.92. The program enrolled 35 new clients and had 37 families leave the program for various reasons.

**Staff**

Currently Respite has 14 part time staff, 1 full time staff, and 3 open positions.
Special Events

Respite Care continues to provide opportunities for recreational and socialization experiences such as Diner’s Club, movies at the park, play day at the park, and sensory movies for those who have autism. These activities provide wonderful opportunities to socialize and build self-esteem. Also, several of the Respite clients utilize the Teen Center for activities such as bowling and movies. These activities are free or very low cost to our clients.

Safety

Safety continues to be a priority for the program. During the fiscal year, there were 4 Special Incident Reports that were not in UCP’s control.

In an effort to provide a healthy and safe environment for both client and staff, Respite continues its ongoing safety program. Mandated on-site monthly health and safety and specialized trainings are attended by staff. Trainings include but are not limited to Autism training, Mandated Reporting procedures, special incident reporting, lifting, and defensive driving. Universal trainings are also provided and include emergency response in the areas of Fire and Explosion, Utilities Failure, Civil Disturbance, Medical Emergencies, Natural Disaster/Severe Weather and Bomb Threat. Competency-based tests were developed and given to staff following the training to ensure that staff has a good understanding of the training. Managers also attend quarterly Health and Safety Committee meetings that are chaired by UCP's Human Resources Director. Pertinent training materials and information are presented to staff at the program’s staff meeting.

Private Pay

The program currently has a rate of $15.00 an hour to provide Private Pay Respite; however, due to the rise in minimum wage the rate of private pay is now in the process of being adjusted. Currently, some families purchase extra hours over their VMRC allotted hours. The total revenue under private pay (not including FCPP) was $311.25, which was a 65.5% decrease from last fiscal year.

Survey Result

Throughout the year, the stakeholder survey is presented to all stakeholders at each client’s annual meeting. At fiscal year-end, surveys are also mailed to stakeholders who did not have the opportunity to complete them during the annual meeting. Survey results are compiled and a report is generated at fiscal year-end. The results of the survey are intended to provide vital information on how the program is perceived and if the program is continuing to move forward in a positive direction in providing clients with the appropriate services desired to meet their individual needs and goals. Any complaints or concerns addressed in surveys are addressed immediately by the Program Manager with oversight from the Director of Adult Programs and Services.

In-Service and Outside Resource Training Opportunities
Committee Reviewed: 2016-11-14
Board Reviewed & Approved: 2016-11-18

Program Manager, Michelle Francis and/or Program Assistant Audrey Smith, conducted in-service trainings (July 2015 thru August 2015) on the following topics: Corporate Compliance and Program Implementation. Program Manager Audrey Smith and Program Assistants Tony Martinez and Maria Segura conducted in service trainings (August 2015 thru June 2016) on the following topics.

- Nonviolent Crisis Intervention Training by Certified Instructor and SAIL Program Assistant Tony Martinez. This is an annual training for all Respite staff.
- Program Monthly Training: Infection Control (9/15); Client Health and Safety (10/15); Medication Policy and Procedure (11/15); Clients Rights and Dignity Policy (11/15); Documentation (10/15); Client Sensitivity (12/15); Lifting (01/16); Disaster Planning (02/16); Charting and Recording (03/16); SIR (04/16); Behavior Management (05/16)
- Universal Training: Mandated Reporting and SIR (10/15); Personal Vehicle Policy Training (8/15); Defensive Driving (02/16); Cultural Competency and Diversity (03/16); IIPP (04/16); Infectious Disease and Blood Bourne Pathogens (05/16)
- Emergency Procedures: Civil Disturbance Policy (05/16); Severe Weather Policy (10/15); Medical Emergency Policy (10/15); Earthquake Policy (10/15); Utility Failure Policy (7/15); Fire and Explosion Training (8/15, 02/16); and Bomb Threat Policy (9/15)

SUCCESS IN MEETING OBJECTIVES FOR FISCAL YEAR 2015-2016

Objective 1: Program will market its services (including Private Pay) through communication, outreach and education efforts to all stakeholders in the Community. Program Manager will visit with 3 or more community based organizations and/or attends 2 or more community based informational fairs. A 95% completion rate will be achieved.

Rationale:
In order to best serve clients it is important to keep open lines of communication with VMRC, families of clients and other community based organizations. This enables the Respite Program to reach out to the community and provide awareness about services.

Measurement:
Manager will visit community based organizations and participation at community based informational fairs. Private Pay hours and number of families served will be tracked on a monthly report that is maintained in a Private Pay Binder.

Actual Results:
Program met this objective with a 100% completion rate. On February 10, 2016 Program Manager
Audrey Smith along with Director of Adult Programs and Services Corinne Seaton attended a presentation at VMRC regarding new changes in the Respite program and new activities being implemented. After the presentation the Respite Department received a 52% increase in new referrals.

On April 21, 2016 Program Manager Audrey Smith and Program Assistant Maria Segura attended the Stockton Job Fair in order to market the Respite Program along with the Respite private pay services. Through this job fair, the Respite department received several applicants interested in working for the program.

On May 26, 2016 Program Manager Audrey Smith attended and assisted in the Senior Awareness Day annual event. Through this event, several positive connections were made with the community and other vendors. This venue gave Respite the opportunity to give the community information about the program and also bring awareness to UCP’s private pay options for clients and elderly who are not clients of VMRC.

**Objective 2:** *Respite Care Program will strive to achieve a 95% satisfaction rate or higher on stakeholder survey.*

**Rationale:**
Each fiscal year a survey is mailed to VMRC Service Coordinators. Surveys are hand delivered to Respite Care families. Surveys are also completed at families'/clients' annual meeting. The feedback from the surveys are important to the program to ensure UCP Respite Care is providing quality services to stakeholders, families and clients and to ensure the Respite Program is headed in the right direction for growth.

**Measurement:**
The data collected from the stakeholder surveys will determine stakeholder satisfaction and if the objective was met.

**Actual Results:**
Program achieved an overall stakeholder satisfaction rating of 92.14% which is below the projected rating for the 15-16 fiscal year.

**Objective 3:** *Program will provide 8 socialization activity calendars for clients meeting a 95% completion rate. Socialization is an expectation outlined in the Respite Program Design.*

**Rationale:**
Socialization is one of the highest recommendations from clients' families and VMRC service coordinators. This will give clients the opportunity to enjoy community outings with their peers, enhance self-esteem and develop social skills.

**Measurement:**
A social activity calendar with weekly planned activities will be mailed to clients' families monthly.
The program will track how many families participated in planned activities through the monthly summary report.

**Actual Results:**
This objective was met with a 100% completion rate. Respite clients were able to participate in more than 12 activities that were scheduled throughout the year.

**Objective 4: Respite workers will arrive to scheduled appointments “on time.” A 95% or higher completion rate will be achieved.**

**Rationale:**
It is expected that all Respite workers be “on time” to scheduled appointments to ensure quality of service.

**Measurements:**
Data collected from time management system, documentation of tardiness, stakeholder surveys and feedback from annual meetings.

**Actual Results:**
This objective was met at a 96.67% success rate. Program Manager along with the Program Assistant continued contact with several of the families to insure services were met. Staff schedules are monitored through Chronotek, a staff timekeeping system. Program Manager and/or Program Assistant monitored Chronotek to ensure staff arrived at the designated location at the designated time.

**Objective 5: Respite Care staff will achieve 98% or higher satisfaction rating on communication with families.**

**Rationale:**
It is expected that all Respite staff communicate with families in a respectful and timely manner.

**Measurements:**
Data collected from Family Survey (question #3) and feedback from annual meetings.

**Actual Results:**
The program achieved an 84.80% satisfaction rating on this objective. All phone calls were returned within a reasonable time frame. Families have the Program Assistant’s direct line along with the Program Manager’s direct line and cell phone numbers. Clients have access to communication if and when they need it.

**Objective 6: Respite Care office will meet families’ scheduling needs with a 95% or higher satisfaction rating.**

**Rationale:**
It is expected that all Respite scheduling is to be done using UCP’s MARS website. The purpose of this website is to streamline scheduling for the families with ease and enhance communication.

**Measurements:**
Data collected from Family Survey (question #8) and feedback from annual meetings.

**Actual Results:**
The program achieved an 89.44% satisfaction rating on this objective. Surveys were hand delivered to all Respite families, 90% of the families filled out the forms and returned them and approximately 10% of the families were not interested in completing the survey.

**Objective 7: Respite will increase utilization of hours to 85% by June, 2016.**

**Rationale:**
Improving the overall percentage of completed hours will improve in efficiencies and increase revenue.

**Measurement:**
Program Manager will track utilization of hours weekly using the weekly Intervention spreadsheet.

**Actual Results:**
The program achieved a 60% utilization of hours. The objective was not met due to several different circumstances. Staffing was and continues to be a big issue with maximizing the hours. Also quarterly hours are a factor because some of the families do not use them and/or hoard them until they are no longer available. Families also sometimes do not want to schedule a respite worker due to the client being sick, on vacation, attending school, or attending appointments.

**OBJECTIVE FOR FISCAL YEAR 2016-2017**

**Objective 1: Program will market its services (including Private Pay) through communication, outreach and education efforts to all stakeholders in the Community. Program Manager will visit with 3 or more community based organizations and/or attends 2 or more community based informational fairs. A 95% completion rate will be achieved.**

**Rationale:**
In order to best serve clients it is important to keep open lines of communication with VMRC, families of clients and other community based organizations. This enables the Respite Program to reach out to the community and provide awareness about services.

**Measurement:**
Manager will visit community based organizations and participation at community based informational fairs. Private Pay hours and number of families served will be tracked on a monthly report that is maintained in a Private Pay Binder.
Action Plan:
Program Manager will visit community based organizations and participate in community based informational fairs in order to generate awareness of Respite services, including Private Pay.

Objective 2: Respite Care Program will strive to achieve a 95% satisfaction rate or higher on stakeholder survey.

Rationale:
Each fiscal year a survey is mailed to VMRC Service Coordinators and Respite Care families. Surveys are also completed at families'/clients' annual meeting. The feedback from the surveys are important to the program to ensure UCP Respite Care is providing quality services to stakeholders, families and clients and to ensure the Respite Program is headed in the right direction for growth.

Measurement:
The data collected from the stakeholder surveys will determine stakeholder satisfaction and if the objective was met.

Action Plan:
Program will achieve an overall stakeholder satisfaction rating of 95% or higher. The program will conduct check ins with at least 8 random families on a quarterly basis. This will give the program an opportunity to address concerns and get feedback.

Objective 3: Program will provide 8 socialization activity calendars for clients meeting a 95% completion rate. Socialization is an expectation outlined in the Respite Program Design.

Rationale:
Socialization is one of the highest recommendations from clients' families and VMRC service coordinators. This will give clients the opportunity to enjoy community outings with their peers, enhance self-esteem and develop social skills.

Measurement:
A social activity calendar with weekly planned activities will be mailed to clients' families monthly. The program will track how many families participated in planned activities through the monthly summary report.

Action Plan:
Program Manager will provide monthly activity calendars for clients, which will be distributed throughout the agency in order to provide clients with socialization opportunities.

Objective 4: Respite workers will arrive to scheduled appointments “on time.” A 95% or higher completion rate will be achieved.

Rationale:
It is expected that all Respite workers be “on time” to scheduled appointments to ensure quality of service.

**Measurements:**
Data collected from time management system, documentation of tardiness, stakeholder surveys and feedback from annual meetings.

**Action Plan:**
The program will conduct check ins with at least 8 random families on a quarterly basis. This will give the program an opportunity to address concerns and have discussion with families about staff performance. Surveys will be mailed annually to VMRC and any other stakeholders that did not have the opportunity to complete a survey. Data from the new time management system will be used and any documentation or progressive discipline documents for tardiness. Data from Respite services will be compiled separately from San Andreas Respite to get an accurate read to meet this objective.

**Objective 5: Respite Care staff will achieve 95% or higher satisfaction rating on communication with families.**

**Rationale:**
It is expected that all Respite staff communicate with families in a respectful and timely manner.

**Measurements:**
Data collected from Family Survey (question #3) and feedback from annual meetings.

**Action Plan:**
Program staff will return phone calls promptly (no longer than 24 hours). For staff out of office for a length of time, phone calls will be forwarded to another office staff’s phone who is taking calls. Email notification will be set to inform stakeholders that staff is out of office. When invited, the program will conduct surveys at client’s annual meetings to receive feedback and have discussion with families about staff performance. Surveys will be mailed annually to VMRC and any other stakeholders that did not have the opportunity to complete a survey. Data from Respite services will be compiled separately from San Andreas Respite to get an accurate read to meet this objective.

**Objective 6: Respite Care office will meet families’ scheduling needs with a 90% or higher satisfaction rating.**

**Rationale:**
It is expected that all Respite scheduling is to be done using UCP’s MARS website. The purpose of this website is to streamline scheduling for the families with ease and enhance communication.

**Measurements:**
Data collected from Family Survey (question #8) and feedback from annual meetings.

**Action Plan:**
Respite surveys will be hand delivered to families by Respite Worker. Surveys for VMRC will be mailed to the VMRC Service Coordinator. Data from Respite services will be compiled separately from San Joaquin County Respite service to assist in making an accurate determination as to whether this objective has been met.

Objective 7: **Respite will increase utilization of hours to 74% by June, 2017.**

**Rationale:**
Improving the overall percentage of completed hours will improve in efficiencies and increase revenue.

**Measurement:**
Program Manager will track utilization of hours weekly using the weekly Intervention spreadsheet.

**Action Plan:**
Respite will achieve an increase in utilization of hours to 74% by June 2017 by attempting to schedule the maximum amount of hours. ID notes and intervention logs to justify hours are submitted weekly. Program Manager or Program Assistant will check for accuracy. Completed hours are logged into a spreadsheet that tracks all clients’ hours for the entire month and will identify hours not completed. The program will be able to use the intervention spreadsheet, Chronotek, and MARS as tools to identify trends, to strategize and to measure successes.
Respite - San Andreas is a unique service that provides care providers/family members with a temporary break from the demanding schedule and tasks of caring for anyone with a disability. The program is designed to offer traditional care in the home with a 1:1 staff to client ratio. The program also provides opportunities for recreational experiences and is a wonderful outlet for socialization.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Actual Results</th>
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<tbody>
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### 2016-2017 Annual Report Objectives

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### Summary
San Andreas Respite (SAR) serves families in Amador, Calaveras and Tuolumne Counties. The UCP Respite programs are designed to give care either in the home or in the community. This option gives the families the choice in how they are to receive Respite and to decide how Respite hours are utilized. The staff working in these foothill communities are fortunate to have access to many venues for discovery and exploring.

### Survey Participant's Comments
**FAMILY**
FM1 Jeanette is WONDERFUL!! Great respite worker. But you need more workers up here.
Client Demographics

Number of males: 3
Number of females: 2
Total number served: 5
Average age served: 15

Ethnicity:  
- Caucasian – 3 and 60%
- African American – 0 and 0%
- Hispanic – 2 and 40%
- Asian – 0 and 0%
- Native American – 0 and 0%
- Other – 0 and 0%

Total Number: 5
Total Percentage: 100%

Residence:  
- Ione – 1 and 20%
- Pioneer – 0 and 0%
- Jackson – 1 and 20%
- Avery – 0 and 0%
- Valley Springs – 0 and 0%
- Jamestown – 0 and 0%
- Columbia – 0 and 0%
- Sonora – 1 and 20%
- Sutter Creek – 0 and 0%
- Pine Grove – 0 and 0%
- Tracy – 2 and 40%

Total Number: 5
Total Percentage: 100%

Service Performance Statistics

Total number referred: 3
Total number deemed ineligible: 0
Total number of cases closed: 2
Total number of new clients enrolled: 3
Average number of Clients enrolled: 2.75

** Percentage of Current Service Plans: 100%
** Percentage of Current IPP: 100%

Results of Satisfaction Survey Results: N/A
***% of SIR Reporting w/in required timeframe: N/A

Staff Performance Statistics

Current in CPR/First Aid (100%): 
Mandated Abuse Reporting (100%): 
UCP Mandated Training (100%): 
In-service Training (100%): 
New staff Orientation-first 2wks (100%): N/A

SIR Training -VMRC/In-Service (100%): 
Current Staff with criminal clearance (100%): 

All data collected by training logs, minutes and/or Human Resource records.

Cerebral Palsy or like condition: 1 or 20%
Mental Retardation: 2 or 40%
Epilepsy: 2 or 40%

Committee Reviewed: 2016-11-14
Board Reviewed & Approved: 2016-11-18
Autism: 4 or 80%
Other: 0 or 0%

**Overall Summary**

San Andreas Respite (SAR) serves families in Amador, Calaveras and Tuolumne Counties. The UCP Respite programs are designed to give care either in the home or community. This option gives the families choices to decide how Respite hours are utilized. Employees working in the foothill communities are fortunate to have access to many venues for discovery and exploration.

**Enrollment**

The program served five families in this period. In July, 2 referrals were received to serve a family that resides in Tracy. The family was currently living in Tracy but had not transferred the case from San Jose. Also, in April we received another referral from Ione to start services. It was decided that because we didn’t have staff in these areas the services had to be in four hour blocks.

**Staff**

There was only one staff living in Jamestown that served one family. The other families were served by staff living in Lodi and Stockton.

**In-Service Trainings (topics, trainers)**

Program Manager, Michelle Francis and/or Program Assistant/Manager Audrey Smith, conducted in-service trainings (July 2015 thru June 2016) on the following topics:

- **Program Monthly Training:** (Program Implementation by Michelle Francis); Infection Control; Client Health and Safety; Medication Policy and Procedure; Clients Rights and Dignity Policy; Documentation; Client Sensitivity; Lifting; Disaster Planning; Charting and Recording; SIR; Behavior Management

- **Universal Training:** (Corporate Compliance by Michelle Francis); Mandated Reporting and SIR; Personal Vehicle Policy Training; Defensive Driving; Cultural Competency and Diversity; IIPP; Infectious Disease and Blood Bourne Pathogens

- **Emergency Procedures:** Civil Disturbance Policy; Severe Weather Policy; Medical Emergency Policy; Earthquake Policy; Utility Failure Policy; Fire and Explosion Training; and Bomb Threat Policy
Special Events

Not applicable to this program. As stated above, employees working in these areas are fortunate to have access to many locations and venues, such as waterfalls, forests, and lakes.

Community Integration

Not applicable to this program.

Safety

Safety continues to be a priority in SAR. During the last year, there were no reported Special Incident Reports. In an effort to provide a healthy and safe environment for both client and staff, SAR continues its ongoing safety program. Trainings include but are not limited to emergency response, driver safety, lifting and other UCP mandated trainings. Staff serving the area is current in First Aid/CPR. This fiscal year, competency based tests were included for emergency response procedures that included fire and explosion, utility failures, civil disturbance, medical emergencies, natural disaster/severe weather, and bomb threat. These scheduled trainings ensure that staff has a good understanding of agency protocols. Also, Managers attend a quarterly Health and Safety Committee meeting chaired by UCP’s Human Resources Director. Pertinent training materials and information are presented to staff at staff meetings.

Survey Results

Throughout the year, the stakeholder survey is presented to all stakeholders at each client’s annual meeting. At fiscal year-end, surveys are also mailed to stakeholders who did not have the opportunity to complete them during the annual meeting. Survey results are compiled and a report is generated at fiscal year-end. The results of the survey are intended to provide vital information on how the program is perceived and if the program is continuing to move forward in a positive direction in providing clients with the appropriate services desired to meet their individual needs and goals. Any complaints or concerns addressed in surveys are addressed immediately by the Program Manager with oversight from the Director of Adult Programs and Services.

SUCCESS IN MEETING OBJECTIVES FISCAL YEAR 2015-2016

Objective 1: All staff will have attended UCP annual mandated training with 100% completion rate.

Rationale:
Agency requirement.

Measurements:
Data will be tracked through training logs and maintained in employee’s files.

**Actual Results:**
This objective was met at a 100% completion rate. All trainings were placed in staff files.

**Objective 2:** *San Andreas Respite will achieve an overall stakeholder satisfaction rating of 95% or higher on the annual survey.*

**Rationale:**
Surveys give an indication of how program is perceived, if it is meeting the needs of the families and other stakeholders. Feedback is also important for the ongoing operation and growth of the program.

**Measurements:**
Data collected from Surveys.

**Actual Results:**
SAR received a 100% rating on the annual survey. San Andreas Respite surveys were compiled separately from San Joaquin County Respite service to assist in making an accurate determination as to whether this objective had been met. Program Manager communicated with VMRC Team Leader(s) throughout the year for constructive input.

**Objective 3:** *San Andreas Respite workers will arrive to scheduled appointments “on time.” A completion rate of 95% or higher will be achieved.*

**Rationale:**
It is expected that all Respite workers be “on time” to scheduled appointments to ensure quality of service.

**Measurements:**
Data collected from Surveys and feedback from annual meetings.

**Actual Results:**
This objective was met at a 100% completion rate. Program Manager and/or designee maintained open communication with the families of San Andreas. The families were content with the services from their providers.

**Objective 4:** *San Andreas Respite office staff will achieve 95% or higher satisfaction rating on communication with families.*

**Rationale:**
It is expected that all San Andreas Respite office staff communicate with families in a respectful and timely manner.
Measurements:
Data collected from Surveys and feedback from annual meetings.

Actual Results:
SAR achieved a 100% satisfaction rating on communicating with families by returning phone calls promptly (no longer than 24 hours). The Program Assistant conducted check-ins with families at least four times a year. This gave the program an opportunity to address concerns and have discussions with families about staff performance.

Objective 5: San Andreas Respite office will meet families’ scheduling needs with a 95% or higher satisfaction rating.

Rationale:
It is expected that all Respite scheduling is to be done using the UCP’s MARS website. The purpose of this website is to streamline scheduling for the families with ease and enhance communication.

Measurements:
Data collected from Family Survey (question #8) and feedback from annual meetings.

Actual Results:
This objective was met at a 100% satisfaction rating. This objective was monitored by the MAR’s system to assure scheduling was done in a timely manner. One family located in Sonora refused to use the system; however, through ID notes and Intervention logs, along with communication from the parents, we know this family’s scheduling was satisfactory.

OBJECTIVES FOR FISCAL YEAR 2016-2017

The Program will continue to strive to meet the goals and objectives of the clients we serve.

Objective 1: All staff will have attended UCP annual mandated training with 100% completion rate.

Rationale:
Agency requirement.

Measurements:
Data will be tracked through training logs and maintained in employee’s files.

Action Plan:
A 100% completion rate will be achieved. San Andreas Respite will complete mandated trainings at UCP and access free or low cost training provided by VMRC and other agencies.
Objective 2:  *San Andreas Respite will achieve an overall stakeholder satisfaction rating of 95% or higher on the annual survey.*

**Rationale:**
Surveys give an indication of how program is perceived, if it is meeting the needs of the families and other stakeholders. Feedback is also important for the ongoing operation and growth of the program.

**Measurements:**
Data collected from Surveys.

**Action Plan:**
SAR will receive a 95% or higher on the annual survey by hand-delivering to families by Respite Worker. Surveys for VMRC will be mailed to the SA VMRC Service Coordinator. If VMRC does not respond to survey, SAR will attempt to do a phone survey.

Furthermore, data from San Andreas Respite services will be compiled separately from San Joaquin County Respite service to assist in making an accurate determination as to whether this objective has been met.

Program Manager or designee will meet and or communicate with VMRC Team Leader(s) throughout the year for constructive input.

Objective 3:  *San Andreas Respite workers will arrive to scheduled appointments “on time.” A completion rate of 95% or higher will be achieved.*

**Rationale:**
It is expected that all Respite workers be “on time” to scheduled appointments to ensure quality of service.

**Measurements:**
Data collected from Surveys and feedback from annual meetings.

**Action Plan:**
SAR workers will arrive to scheduled appointments “on time” 95% of the time. The program will conduct check ins with families at least four times a year. This will give the program an opportunity to address concerns and have discussion with families about staff performance. Surveys will be mailed annually to VMRC and any other stakeholders that did not have the opportunity to complete a survey. Data from the new time management system will be used and any documentation or progressive discipline documents for tardiness. Data from SAR services will be compiled separately from San Joaquin County Respite to get an accurate read to meet this objective.
Objective 4: San Andreas Respite office staff will achieve 95% or higher satisfaction rating on communication with families.

Rationale:
It is expected that all San Andreas Respite office staff communicate with families in a respectful and timely manner.

Measurements:
Data collected from Surveys and feedback from annual meetings.

Action Plan:
SAR will achieve a 95% or higher satisfaction rating on communicating with families by returning phone calls promptly (no longer than 24 hours). When staff is out of the office for a length of time, phone calls will be forwarded to another office staff’s phone who is taking calls in that person’s absence. Email notification will be set to inform stakeholders that staff is currently out of office. The program will conduct check ins with families at least four times a year. This will give the program an opportunity to address concerns and have discussion with families about staff performance. Surveys will be mailed annually to VMRC and any other stakeholders that did not have the opportunity to complete a survey. Data from the new time management system will be used and any documentation or progressive discipline documents for tardiness. Data from SAR services will be compiled separately from San Joaquin County Respite to get an accurate read to meet this objective.

Objective 5: San Andreas Respite office will meet families’ scheduling needs with a 95% or higher satisfaction rating.

Rationale:
It is expected that all Respite scheduling is to be done using the UCP’s MARS website. The purpose of this website is to streamline scheduling for the families with ease and enhance communication.

Measurements:
Data collected from Family Survey (question #8) and feedback from annual meetings.

Action Plan:
SAR will meet families’ scheduling needs with a 95% or higher satisfaction rating by assisting with updating families’ schedules and conducting check ins with families at least four times a year. This will give the program an opportunity to address concerns and have discussion with families about staff performance. Surveys will be mailed annually to VMRC and any other stakeholders that did not have the opportunity to complete a survey. Data from the new time management system will be used and any documentation or progressive discipline documents for tardiness. Data from SAR services will be compiled separately from San Joaquin County Respite to get an accurate read to meet this objective.
Supports to Achieve Independent Living (SAIL) program is designed to empower clients to live as independently as possible in their own residence within the least restrictive environment. The program uses a person-centered approach. All efforts are made to work with the client to obtain and maintain a living arrangement of his/her choice. This is a dynamic, evolutionary, planning and implementation process that involves as many people as are essential in the client's life.

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<th>Actual Results</th>
<th>Comments/Influencing Factor</th>
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<tbody>
<tr>
<td><strong>Objective 1:</strong> Client's ISP will be in place 30 days after receiving IPP 98% of the time.</td>
<td>60%</td>
<td>Goal Not Met. Due to management changes, the program was unable to complete clients' ISPs in a timely manner.</td>
</tr>
<tr>
<td><strong>Objective 2:</strong> By fiscal year-end 100% of staff will have attended the minimum required training stated in contract and UCP annual mandated trainings.</td>
<td>100%</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 3:</strong> SAIL will achieve an overall stakeholder rating of 95% or higher.</td>
<td>97.23%</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 4:</strong> SAIL will achieve a stakeholder rating of 95% or higher in effectively using the 5 Principles of Supported Living Services (SLS) when providing SLS services. The 5 Principles include: Home of One’s Home, Choice and Self–Directed, Relationships, Community Membership, Flexible and Tailored Services and Support.</td>
<td>96.67%</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 5:</strong> At the Client’s quarterly meeting, SAIL will have all reporting documents completed. A 100% completion rate will be achieved.</td>
<td>100%</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 6:</strong> Each month, SAIL will have all monthly reports submitted to VMRC Service Coordinators by the 25th of each month. A 100% completion rate will be achieved.</td>
<td>90%</td>
<td>Goal Not Met. Due to management changes, some of the monthly reports were backed up a month or two. By the end of the fiscal year, all monthly reports were submitted.</td>
</tr>
<tr>
<td><strong>Objective 7:</strong> SAIL will achieve a 95% completion rate of Clients meeting their ISP/IPP objectives.</td>
<td>100%</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 8:</strong> SAIL will achieve a 95% completion in meeting the following expectation(s) in the Program Design: “Quality of Inclusion”</td>
<td>100%</td>
<td>Goal Met.</td>
</tr>
</tbody>
</table>
### Objective 9:

*SAIL will increase utilization of hours to 95% by June, 2016.*

<table>
<thead>
<tr>
<th>Objective 9:</th>
<th>80%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal Not Met.</td>
<td>The program utilized 80% of the overall hours. This objective was not met because the program was short staffed, clients canceled appointments, and staff were out due to illness and vacations.</td>
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### Annual Report Objectives for 2016-2017

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Committee Reviewed: 2016-11-14  
Board Reviewed Approved: 2016-11-18
Summary
The SAIL program provided services to a total of 51 clients. Skills Trainers completed 80% of the authorized hours in both SLS and Personal Assistant programs. In comparison to the same period last year, revenues are down by 2% overall and authorized service hours for SLS and PA increased by 3.26%. Staff retention and recruitment were factors for the decrease in completion of hours. The program has partnered with the Director of Adult Programs and Services and the Human Resources Department to tackle some of the recruitment obstacles.

Survey Participant's Comments
VMRC
VM1 Instructor has created a positive bond to client. My client is increasingly open to her suggestions for planning various aspects of her life.

CLIENTS
CS1 JR - need help clean carpets & son not getting help & want to get my checks on time, they don't send my checks, my walls need painting help!
CS2 I'm happy with the work I do in Lodi that UCP provides for me.
CS3 #1 I like working with my trainers (Barbara & Rico) the rest never call back not enough time. #2 When I call UCP or VMRC they never call me back. #3 At times need more input from my trainer Barbra need more explanation. Doesn't explain better in medical. #4 Most of the time. Rico & Barbra CS4 I'm fine with Rico my trainer all the time.
CS5 Would like to have more input with decision with VMRC. Wants to show more independence. And would like bills share with roommates to be split equally.
CS6 Your people are nice to me. I like the UCP.
CS7 I'm happy with Rico.
Supports to Achieve Independent Living (SAIL)
Annual Report
FY 2015-2016

Client Demographics

Number of males: 27
Number of females: 24

Total numbers served: 51

Ethnicity:
- Caucasian – 31 and 60.8%
- African American – 10 and 19.6%
- Hispanic – 8 and 15.7%
- Asian – 2 and 3.9%
- Native American – 0 and 0%
- Other – 0 and 0%

Total Number: 51
Total Percentage: 100%

Residence:
- Stockton – 44 and 86%
- Tracy – 3 and 6%
- Lodi – 1 and 2%
- Manteca – 2 and 4%
- French Camp – 0 and 0%
- Acampo – 0 and 0%
- Mountain House - 1 and 2%

Total Number: 51
Total Percentage: 100%

Service Performance Statistics

Number referred: 7
Number deemed ineligible: 0
Number of cases closed: 10
Number using generic services: 67%
Percentage of current ISP: 100%
Percentage of current IPP: 100%
Percentage of IHSS Clients: 27%
Percentage living in own home: 88%

Total SLS Units of Service/Billed: 19836.5
Total PA Units of Service/Billed: 7782.5
Total SLS & PA Units of Service/Billed: 27,619
Total Authorized POS Units: 34,404
Results from Satisfaction Survey Results: 97.23%
% of SIR Reporting w/in required timeframe: 99%
% of Mo. Reports submitted in required timeframe: 100%
% of Clients who Received SLS Training: 0%

Percentage of Consumers needs encountered during service delivery to meet the 5 principles of SLS: 98.59%

Cerebral Palsy or like condition: 15 or 29%
Mental Retardation: 34 or 67%
Epilepsy: 6 or 12%
Autism: 0 or 0%
Other: 2 or 4%

Number of Unpaid members of Circle of Support who have received SLS training on the following topics:

- SLS Philosophy: 1
- Consumer Rights: 1
- Emergency and Disaster Training: 1
- 24-Hour Emergency Response: 1

Committee Reviewed: 2016-11-14
Board Reviewed & Approved: 2016-11-18
Identification and Reporting Abuse: 1  Grievance Procedures: 1
Strategies for building and maintaining a Circle of Support: 1

All Data Collected by POS, Billing, Logs, ID notes, Monthly Reports, ISP's and/or IPP, Satisfaction Survey results, 5 Principles of SLS Quality Check Survey.

**Staff Performance Statistics**

- Current in CPR/First Aid: 100%
- SIR Training (VMRC/In-Service): 100%
- Mandated Abuse Reporting: 100%
- Current Staff with criminal clearance: 100%
- UCP Mandated Training: 100%
- New Employee Training 2 weeks: 100%
- In-service Training (12 hours): 100%
- Continuing Ed Training -3 hours/annually
- New staff Orientation (first 2wks): 100% (by outside source)

All data collected by training logs, minutes and/or Human Resource records.

**Overall Summary**

In the FY 2015/2016, Supports to Achieve Independent Living (SAIL) continued to provide Supported Living Services (SLS) based on Five Principles. This sets the SAIL program apart from any other vendor services. The principles are Home of One’s Own, Choice and Self Direction, Relationships, Community Membership, and Flexible, Tailored Supports. All SAIL Skills Trainers and clients receive annual training on the principles by the SAIL Program Manager. In addition, SAIL clients have an opportunity to participate in a “5 Principles Quality Check Up” survey. This gives the SAIL Program information on how clients view their life and how their SAIL Skills Trainers are doing with providing services based on the 5 principles.

SAIL Skills Trainers completed 80% of the authorized hours in both SLS and Personal Assistant (PA) programs. In comparison to the same period last year, revenues are down by 2% overall and authorized service hours for SLS and PA increased by 3.26%. Staff retention and recruitment were factors for the decrease of completion of hours. The program has partnered with the Director of Adult Programs and Services and Human Resources to tackle some of the obstacles with recruitment. Different employment seeking sites were identified, such as Indeed and Monster.com. Also, the program was represented at Stockton’s Job Fair. Several resumes were submitted and we successfully hired 3 individuals from the applications submitted during the Job Fair.

**Enrollment**

The program provided services to a total of 51 clients with a total of 9 new clients and 7 referrals. 7 of the new clients were referred to the program in the first 6 months of the fiscal year. 10 clients left the program: 1 left the program twice. She left the first time to work with another agency but came back shortly for assistance to all medical appointments; 2 moved to a mentor home; 1 moved to a Skilled Nursing Facility; 3 decided to leave the program because of the change in Management; and 2 clients moved on to another agency.
Staff

Currently SAIL has a total of 23 staff: 7 full-time staff and 16 part-time staff. Three part-time positions are open. This year, 4 staff left for various reasons.

Special/Client Community Integration Events

Diner’s Club is still going strong. Clients are enjoying fine dining at establishments such as UJ’s, Denny’s, Hometown Buffet, Sherwood Mall, and Sizzlers. Thanksgiving dinner for the clients was held on the Friday before the actual holiday. Clients participated in the preparation of the thanksgiving dinner and sat down to a festive celebration feast! This was the first dinner that was supported by donations from businesses, such as the Grocery Outlet, Hometown Buffet, Olive Garden, Denny’s, Costco and UJ’s.

Safety

Safety continues to be a priority in the SAIL program. During this fiscal year, there were 42 reported incidents. All incidents must be reported by SAIL even if the incident happened when a client was not receiving SAIL services. Out of the 42 SIRs reported in SAIL, none were UCP controllable.

In an effort to provide a healthy and safe environment for both client and staff, SAIL continues its ongoing safety program. Mandated on-site monthly and specialized trainings are attended by staff. Trainings include but are not limited to emergency response, driver safety, and lifting. Employees are current in First Aid and CPR. This fiscal year, competency based tests were included for emergency response that includes fire and explosion, utilities failures, civil disturbance, medical emergencies, natural disaster/severe weather and bomb threat. Managers also attended quarterly Health & Safety Committee meetings chaired by UCP’s Human Resources Director. Pertinent training materials and information were taken back to staff and provided during staff meetings.

Survey Result

Throughout the year, the satisfaction survey is presented to all stakeholders at each client’s annual meeting. At fiscal year-end, surveys are also mailed to stakeholders who did not have the opportunity to complete them during the annual meeting. In addition, the 5 Principles of SLS Quality Checkup survey is presented to clients to ensure that any needs encountered during service delivery are met. Survey results are compiled and a report is generated at fiscal year-end. The results of the survey are intended to provide vital information on how the program is perceived and if the program is continuing to move forward in a positive direction in providing clients with the appropriate services desired to meet their individual needs and goals. Any complaints or concerns in the surveys are addressed immediately by the Program Manager with oversight from the Director of Adult Programs and Services.

In-Service and Outside Resource Training Opportunities

Program Manager, Audrey Smith and/or Program Assistant, Tony Martinez conducted in-service trainings (July 2015 through June 2016) on the following topics:
• Nonviolent Crisis Intervention Training by Certified Instructor and SAIL Program Assistant Tony Martinez. This is an annual training for all SAIL staff.

• Program Monthly Training: Program Implementation (Program Manager Michelle Francis/Tony Martinez conducted this training) (7/15); Infection Control (Tony Martinez/Audrey Smith conducted this training) (9/15); Consumer Health and Safety (10/15); Medication Policy and Procedure (11/15); Clients Rights and Dignity Policy (11/15); Documentation (10/15); Client Sensitivity (12/15); Lifting (01/16); Disaster Planning (02/16); Charting and Recording (03/16); SIR (04/16); Behavior Management (05/16)

• Universal Training: Corporate Compliance (Program Manager Michelle Francis conducted this training) (7/15); Mandated Reporting and SIR (10/15); Personal Vehicle Policy Training (8/15); Defensive Driving (02/16); Cultural Competency and Diversity (03/16); IIPP (04/16); Infectious Disease and Blood Bourne Pathogens (05/16)

• Emergency Procedures: Civil Disturbance Policy (05/16); Severe Weather Policy (10/15); Medical Emergency Policy (10/15); Earthquake Policy (10/15); Utility Failure Policy (7/15); Fire and Explosion Training (8/15, 02/16); and Bomb Threat Policy (9/15)

In order to meet VMRC’s contract agreement, all SAIL staff must receive 3 hours of continuing education. The program staff participates in VMRC’s clinical trainings to meet this requirement. The topics include “Osteoporosis,” “Respiratory Disease,” “Abnormal Involuntary Movement Scale” and “Cardiac Concerns.” Staff that participates in VMRC trainings receives certificates of completion and they are placed in staff personnel folders.

New hires go through an extensive orientation through our Human Resources Department and a Program Orientation. Lastly, the Program Manager and Program Assistant had opportunities to attend leadership and supervisory trainings through Star 12, which were offered via web cast and off site.

SUCCESS IN MEETING OBJECTIVES FISCAL YEAR 2015-2016

The Program will continue to strive to meet the goals and objectives of the Clients we serve.

Objective 1:  **Client's ISP will be in place 30 days after receiving IPP 98% of the time.**

Rationale:
Contract requirement and this is needed for efficiency and review of Clients’ needs at meeting(s).

Measurement:
A Client signed copy of the ISP will be filed and sent to Client and VMRC. Completions of ISPs are tracked monthly to ensure they are in place 30 days after receiving the IPP.

Actual Results:
Due to some unforeseen circumstances and change in management, 60% of clients’ ISPs were in place 30 days after receiving their IPP. Program will use a tracking system to meet deadline.
Objective 2: By fiscal year-end 100% of staff will have attended the minimum required training stated in contract and UCP annual mandated trainings.

Rationale:
Contract requirement.

Measurement:
Data will be tracked through training logs and maintained in employees’ files.

Actual Results:
SAIL staff achieved a 100% completion rate. Tracking systems are in place to ensure completion of UCP Mandated monthly trainings and Universal trainings. Trainings include but are not limited to health and safety, client sensitivity, transportation, medication management and administration, 5 Principles of SLS and agency policies and procedures. New hires go through an extensive orientation through the Human Resources Department and the program’s orientation. Staff attended off site trainings hosted by VMRC. Training certifications were placed in staff personnel files.

Objective 3: SAIL will achieve an overall stakeholder rating of 95% or higher.

Rationale:
In order to best serve program clients, it is important to keep an open line of communication with all stakeholders including Valley Mountain Regional Center, clients and conservators (as appropriate). Input from these stakeholders enables the program to provide outstanding services to all stakeholders. The program will use a variety of methods of communication with all stakeholders that includes: communication logs, ID Notes, phone calls, quarterly and annual meetings to keep an open dialog.

Measurement:
We will use stakeholder surveys to determine stakeholder satisfaction.

Actual Results:
SAIL achieved a 97.23% overall satisfaction rating based on outcome from stakeholder surveys.

Objective 4: SAIL will achieve a stakeholder rating of 95% or higher in effectively using the 5 Principles of Supported Living Services (SLS) when providing SLS services. The 5 Principles include: Home of One’s Home, Choice and Self–Directed, Relationships, Community Membership, Flexible and Tailored Services and Support.

Rationale:
The 5 Principles are the foundation of Supported Living Services to promote self-reliance.

Measurement:
SAIL will collect data from Stakeholder Satisfaction Survey, weekly ID Notes, and a client self-assessment questionnaire that is given to clients at their annual meeting. Satisfaction surveys are distributed at client’s annual meetings, via mail and to clients in a focus setting venue. SAIL employees are also rated on their annual performance evaluation.
Actual Results:
SAIL achieved a 96.67% completion rate based on the outcome from the stakeholder surveys. Program Manager will continue to promote the 5 Principles of SLS with staff and clients.

**Objective 5:** At the Client’s quarterly meeting, SAIL will have all reporting documents completed. A 100% completion rate will be achieved.

**Rationale:**
Service Coordinators rely on SAIL’s documents to complete quarterly reports. Having SAIL’s reports on time is essential to meet contract requirements and Client needs.

**Measurement:**
Program Manager will use the “document check off list” to prepare for each quarterly meeting. This document will be filed in the client’s folder.

Actual Results:
SAIL successfully achieved a 100% completion rate. This ensures that the program remains consistent in its efforts to provide essential information to VMRC Service Coordinators.

**Objective 6:** Each month, SAIL will have all monthly reports submitted to VMRC Service Coordinators by the 25th of each month. A 100% completion rate will be achieved.

**Rationale:**
Service Coordinators rely on SAIL’s documents to complete their reports. Having SAIL’s reports on time is essential to meet contract requirements.

**Measurement:**
Program Manager will track completion of monthly reports on a spreadsheet.

Actual Results:
SAIL had a 90% completion rate. Due to some unforeseen circumstances, some of the monthly reports had been backed up a month or two. By the end of the fiscal year all monthlies were submitted.

**Objective 7:** SAIL will achieve a 95% completion rate of Clients meeting their ISP/IPP objectives.

**Rationale:**
Client’s VMRC IPP is developed annually. SAIL ISP objectives are developed with the client using VMRC’s IPP as the outline of expectation of services. Progress on meeting objectives is reported on monthly reports that are submitted to Service Coordinator and at Title 17 mandated quarterly meetings. When needed, ISP/IPP objectives can change throughout the year.

**Measurement:**
The outcome will be tracked through SAIL’s Objective Efficiency Report.

**Actual Results:**
This objective was met at a 100% completion rate. Measurements of the objectives are documented on client monthly reports, ID notes and quarterly and annual reports.

**Objective 8: SAIL will achieve a 95% completion in meeting the following expectation(s) in the Program Design: “Quality of Inclusion”**

**Rationale:**
In the program design, it identifies “Quality of Inclusion” as goal and objective. In The 5 Principles “Quality Check Up” survey, Relationships and Community Membership addresses inclusion SLS based question.

**Measurement:**
The outcome will be tracked through SAIL 5 SLS Principles Quality Check survey (questions 10 through 15) and Case/ID notes.

**Actual Results:**
SAIL achieved a 100% completion rate by providing opportunities for clients.

**Objective 9: SAIL will increase utilization of hours to 95% by June, 2016.**

**Rationale:**
Improving the overall percentage of completed hours will improve inefficiencies and increase revenue.

**Measurement:**
Program Manager will track utilization of hours weekly using the weekly Intervention spreadsheet.

**Actual Results:**
SAIL utilized 80% of the overall hours for FY 15-16. The program did not meet his objective for several different reasons including being short staffed, clients canceling appointments, and staff illnesses and vacations.

**OBJECTIVE FOR FISCAL YEAR 2016-2017**

The Program will continue to strive to meet the goals and objectives of the Clients we serve.

**Objective 1: Client's ISP will be in place 30 days after receiving IPP 98% of the time.**

**Rationale:**
Contract requirement and this is needed for efficiency and review of Clients’ needs at meeting(s).

**Measurement:**
A Client signed copy of the ISP will be filed and sent to Client and VMRC. Completions of ISPs are tracked monthly to ensure they are in place 30 days after receiving the IPP.

**Action Plan:**
SAIL will achieve a 98% or higher completion rate. Program will use a tracking system to meet
deadline.

**Objective 2:** *By fiscal year-end 100% of staff will have attended the minimum required training stated in contract and UCP annual mandated trainings.*

**Rationale:**
Contract requirement.

**Measurement:**
Data will be tracked through training logs and maintained in employees’ files.

**Action Plan:**
SAIL will achieve a 100% completion rate. Tracking systems are in place to ensure completion of UCP Mandated monthly trainings and Universal trainings. Trainings include but are not limited to health and safety, Client sensitivity, transportation, medication management and administration, 5 Principles of SLS and agency policies and procedures. New hires go through an extensive orientation through the Human Resources Department and the program’s orientation. Staff will have an opportunity to attend off site trainings hosted by VMRC and will attend Star12 trainings. Training certifications are placed in personnel files.

**Objective 3:** *SAIL will achieve an overall stakeholder rating of 95% or higher.*

**Rationale:**
In order to best serve program clients, it is important to keep an open line of communication with all stakeholders including Valley Mountain Regional Center, clients and conservators (as appropriate). Input from these stakeholders enables the program to provide outstanding services to all stakeholders. The program will use a variety of methods of communication with all stakeholders that includes: communication logs, ID Notes, phone calls, quarterly and annual meetings to keep an open dialog.

**Measurement:**
We will use stakeholder surveys to determine stakeholder satisfaction.

**Action Plan:**
SAIL will reach a 95% overall satisfaction rating based on outcome from stakeholder surveys.

**Objective 4:** *SAIL will achieve a stakeholder rating of 95% or higher in effectively using the 5 Principles of Supported Living Services (SLS) when providing SLS services. The 5 Principles include: Home of One’s Home, Choice and Self–Directed, Relationships, Community Membership, Flexible and Tailored Services and Support.*

**Rationale:**
The 5 Principles are the foundation of Supported Living Services to promote self-reliance.

**Measurement:**
SAIL will collect data from Stakeholder Satisfaction Survey, weekly ID Notes, and a client self-assessment questionnaire that is given to clients at their annual meeting. Satisfaction surveys are
distributed at client’s annual meetings, via mail and to clients in a focus setting venue. SAIL employees are also rated on their annual performance evaluation.

**Action Plan:**
SAIL will achieve a 95% or higher satisfaction rating. Program Manager will continue to promote the 5 Principles of SLS with staff and clients in order to achieve this objective.

**Objective 5:** At the Client’s quarterly meeting, SAIL will have all reporting documents completed. A 100% completion rate will be achieved.

**Rationale:**
Service Coordinators rely on SAIL’s documents to complete quarterly reports. Having SAIL’s reports on time is essential to meet contract requirements and Client needs.

**Measurement:**
Program Manager will use the “document check off list” to prepare for each quarterly meeting. This document will be filed in the client’s folder.

**Action Plan:**
SAIL will achieve a 100% completion rate. This will ensure that the program remains consistent in the efforts to provide essential information to VMRC Service Coordinators.

**Objective 6:** Each month, SAIL will have all monthly reports submitted to VMRC Service Coordinators by the 25th of each month. A 100% completion rate will be achieved.

**Rationale:**
Service Coordinators rely on SAIL’s documents to complete their reports. Having SAIL’s reports on time is essential to meet contract requirements.

**Measurement:**
Program Manager will track completion of monthly reports on a spreadsheet.

**Action Plan:**
SAIL will achieve a 100% completion rate. A tracking system is in place to meet the monthly deadlines.

**Objective 7:** SAIL will achieve a 95% completion rate of Clients meeting their ISP/IPP objectives.

**Rationale:**
Client’s VMRC IPP is developed annually. SAIL ISP objectives are developed with the client using VMRC’s IPP as the outline of expectation of services. Progress on meeting objectives is reported on monthly reports that are submitted to Service Coordinator and at Title 17 mandated quarterly meetings. When needed, ISP/IPP objectives can change throughout the year.

**Measurement:**
The outcome will be tracked through SAIL’s Objective Efficiency Report.
Action Plan:
SAIL will achieve a 95% completion rate by providing tailored services and objectives that are outlined in client’s ISP.

Objective 8:  **SAIL will achieve a 95% completion in meeting the following expectation(s) in the Program Design: “Quality of Inclusion”**

Rationale:
In the program design, it identifies “Quality of Inclusion” as goal and objective. In The 5 Principles “Quality Check Up” survey, Relationships and Community Membership addresses inclusion SLS based question.

Measurement:
The outcome will be tracked through SAIL 5 SLS Principles Quality Check survey (questions 10 through 15) and Case/ID notes.

Action Plan:
SAIL will achieve a 95% completion rate by providing weekly opportunities that support this objective.

Objective 9:  **SAIL will increase utilization of hours to 90% by June, 2017.**

Rationale:
Improving the overall percentage of completed hours will improve inefficiencies and increase revenue.

Measurement:
Program Manager will track utilization of hours weekly using the weekly Intervention spreadsheet.

Action Plan:
SAIL will achieve an increase in utilization of hours to 90% by June 2017 by scheduling the maximum amount of hours. ID notes and intervention logs to justify hours are submitted weekly. Program Manager or Program Assistant will check for accuracy. Completed hours are logged into a spreadsheet that tracks all clients’ hours for the entire month and will identify hours not completed. The program will be able to use the intervention spreadsheet as a tool to identify trends, to strategize and to measure successes. An increase in staffing will enable SAIL to provide additional hours of service for clients.
Supports to Achieve Independent Living - San Andreas (SAIL-SA)
Annual Report
FY 2015-2016

Customer Demographics

Number of males: 0  Total number served: 0
Number of females: 0  Average age served: 0

Ethnicity:
- Caucasian – 0 and 0%
- African American – 0 and 0%
- Hispanic – 0 and 0%

- Asian – 0 and 0%
- Native American – 0 and 0%
- Other – 0 and 0%

Total Number: 0  Total Percentage: 0%

Residence:
- Stockton – 0 or 0%

Total Number: 0  Total Percentage: 0%

Service Performance Statistics

Number referred: 0  Total SLS Units of Service/Billed: 0
Number deemed ineligible: 0  Total PA Units of Service/Billed: 0
Number of cases closed: 0  Total SLS & PA POS Units of Service/Billed: 0
Number using generic services: 0  Total Authorized POS Units: 0
Percentage of current ISP: 0 *Satisfaction Survey Results: 0%
Percentage of current IPP: 0  % of SIR Reporting w/in required timeframe: 0%
Percentage of IHSS Customers: 0%  % of Monthly reports submitted in required timeframe: 0%
Percentage living in own home: 0%  Percentage of Customers who Received SLS Training: 0%
*Percentage of Consumers needs encountered during service delivery: 0%

Number of Unpaid members of Circle of Support who have received SLS training on the following topics:
- SLS Philosophy: 0
- Consumer Rights: 0
- Identification and Reporting Abuse: 0
- Strategies for building and maintaining a Circle of Support: 0
- Emergency and Disaster Training: 0
- 24-Hour Emergency Response: 0
- Grievance Procedures: 0

All Data Collected by POS, Billing, Logs, ID notes, Monthly Reports, ISP's and/or IPP, Satisfaction Survey results, 5 Principles of SLS Quality Check Survey.
Program Summary

Current in CPR/First Aid: 0%  SIR Training (VMRC/In-Service): 0%
Mandated Abuse Reporting: 0%  Current Staff with criminal clearance: 0%
UCP Mandated Training: 0%  New Employee Training 2 weeks: 0%
In-service Training (12 hours) 0%  Continuing Ed Training -3 hours/annually
New staff Orientation (first 2wks): 0%  (by outside source) 0%

All data collected by training logs, minutes and/or Human Resource records.

Overall Summary

There were no referrals or active cases in 14/15 fiscal year.

In October, an email was sent to VMRC San Andreas Program Manager Patricia Green to set up a date that the program could do a presentation to her team.

Enrollment

N/A

Staff

N/A

Special Events

N/A

Community Integration

N/A

Safety

N/A

Survey Results

Throughout the year, the stakeholder survey is presented to all stakeholders at each customer’s annual meeting. At fiscal year-end, surveys are also mailed to stakeholders who did not have the opportunity to complete them during the annual meeting. Survey results are compiled and a report is generated at fiscal year-end. The results of the survey are
intended to provide vital information on how the program is perceived and if the program is continuing to move forward in a positive direction in providing customers with the appropriate services desired to meet their individual needs and goals. Any complaints or concerns addressed in surveys are addressed immediately by the Program Manager with oversight from the Director of Adult Programs and Services.

In-Service and Outside Resource Training Opportunities

N/A

SUCCESS IN MEETING OBJECTIVES FISCAL YEAR 2015-2016

Objective 1: Customer's ISP will be in place 30 days after receiving IPP 98% of the time.

Rationale:
Contract requirement and this is needed for efficiency and review of customers’ needs at meeting(s).

Measurement:
A customer signed copy of the ISP will be filed, sent to customer and VMRC. Completions of ISPs are tracked monthly to ensure they are in place 30 day after receiving the IPP.

Actual Results:
N/A

Objective 2: By fiscal year-end 100% all staff will have attended the minimum required training stated in contract and UCP annual mandated trainings.

Rationale:
Contract Requirement

Measurement:
Data will be tracked through training logs and maintained in employees’ files.

Actual Results:
N/A

Objective 3: SAIL-SA will achieve an overall stakeholder rating of 95% or higher.

Rationale:
In order to best serve program customers, it is important to keep an open line of communication
with all stakeholders including Valley Mountain Regional Center, customers and conservators (as appropriate). Input from these stakeholders enables the program to provide outstanding services to all stakeholders. The program will use a variety of methods of communication with all stakeholders that includes: communication logs, ID Notes, phone calls, quarterly and annual meetings to keep an open dialog.

**Measurement:**
We will use stakeholder surveys to determine stakeholder satisfaction.

**Actual Results:**
N/A

**Objective 4:** SAIL-SA will achieve a stakeholder rating of 95% or higher in effectively using the 5 Principles of Supported Living Services (SLS) when providing SLS services. The 5 Principles include: Home of One’s Home, Choice and Self–Directed, Relationships, Community Membership, Flexible and Tailored Services and Support.

**Rationale:**
The 5 Principles are the foundation of Supported Living Services to promote self-reliance.

**Measurement:**
SAIL-SA will collect data from Stakeholder Satisfaction Survey, weekly ID Notes, and a customer self-assessment questionnaire that is given to customers at their annual meeting. Satisfaction surveys are distributed at customer’s annual meetings, via mail and to customers in a focus setting venue. SAIL-SA employees are also rated on their annual performance evaluation.

**Actual Results:**
N/A

**Objective 5:** At the customer’s quarterly meeting, SAIL-SA will have all reporting documents completed. A 100% completion rate will be achieved.

**Rationale:**
Service Coordinators rely on the documents to complete quarterly reports. Having SAIL’s reports on time is essential to meet contract requirements and customer needs.

**Measurement:**
Program Manager will use the “document check off list” to prepare for each quarterly meeting. This document will be filed in the customer’s folder.

**Actual Results:**
N/A

**Objective 6:** Each month, SAIL-SA will have all monthly reports submitted to VMRC Service
Committee Reviewed: 2016-11-14

Coordinators by the 25th of each month. A 100% completion rate will be achieved.

Rationale:
Service Coordinators rely on the documents to complete their reports. Having the program’s reports on time is essential to meet contract requirements.

Measurement:
Program Manager will track completion of monthly reports on a spreadsheet.

Actual Results:
SAIL-SA will achieve a 100% completion rate. A tracking system is in place to meet the monthly deadlines.

Objective 7: SAIL will achieve a 90% completion rate of customers meeting their ISP/IPP objectives.

Rationale:
Customer’s VMRC IPP is developed annually. SAIL ISP objectives are developed with the customer using VMRC’s IPP as the outline of expectation of services. Progress of meeting objectives is reported on monthly reports that are submitted to Service Coordinator and at Title 17 mandated quarterly meetings. When needed, ISP/IPP objectives can change throughout the year.

Measurement:
The outcome will be tracked through SAIL’s Objective Efficiency Report.

Actual Results:
N/A

Objective 8: SAIL will achieve a 95% completion in meeting the following expectation(s) in the Program Design: “Quality of Inclusion.”

Rationale:
In the program design, it identifies “Quality of Inclusion” as goal and objective. In The 5 Principles “Quality Check Up” survey, Relationships and Community Membership addresses inclusion SLS based question.

Measurement: The outcome will be tracked through SAIL 5 SLS Principles Quality Check survey and Case/ID Notes.

Actual Results:
N/A
OBJECTIVE FOR FISCAL YEAR 2016-2017

Objective 1: Customer's ISP will be in place 30 days after receiving IPP 98% of the time.

Rationale:
Contract requirement and this is needed for efficiency and review of customers’ needs at meeting(s).

Measurement:
A customer signed copy of the ISP will be filed, sent to customer and VMRC. Completions of ISPs are tracked monthly to ensure they are in place 30 day after receiving the IPP.

Action Plan:
N/A

Objective 2: By fiscal year-end 100% all staff will have attended the minimum required training stated in contract and UCP annual mandated trainings.

Rationale:
Contract Requirement

Measurement:
Data will be tracked through training logs and maintained in employees’ files.

Action Plan:
N/A

Objective 3: SAIL-SA will achieve an overall stakeholder rating of 95% or higher.

Rationale:
In order to best serve program customers, it is important to keep an open line of communication with all stakeholders including Valley Mountain Regional Center, customers and conservators (as appropriate). Input from these stakeholders enables the program to provide outstanding services to all stakeholders. The program will use a variety of methods of communication with all stakeholders that includes: communication logs, ID Notes, phone calls, quarterly and annual meetings to keep an open dialog.

Measurement:
We will use stakeholder surveys to determine stakeholder satisfaction.
Action Plan:
N/A

Objective 4: SAIL-SA will achieve a stakeholder rating of 95% or higher in effectively using the 5 Principles of Supported Living Services (SLS) when providing SLS services. The 5 Principles include: Home of One’s Home, Choice and Self-Directed, Relationships, Community Membership, Flexible and Tailored Services and Support.

Rationale:
The 5 Principles are the foundation of Supported Living Services to promote self-reliance.

Measurement:
SAIL-SA will collect data from Stakeholder Satisfaction Survey, weekly ID Notes, and a customer self-assessment questionnaire that is given to customers at their annual meeting. Satisfaction surveys are distributed at customer’s annual meetings, via mail and to customers in a focus setting venue. SAIL-SA employees are also rated on their annual performance evaluation.

Action Plan:
N/A

Objective 5: At the customer’s quarterly meeting, SAIL-SA will have all reporting documents completed. A 100% completion rate will be achieved.

Rationale:
Service Coordinators rely on the documents to complete quarterly reports. Having SAIL’s reports on time is essential to meet contract requirements and customer needs.

Measurement:
Program Manager will use the “document check off list” to prepare for each quarterly meeting. This document will be filed in the customer’s folder.

Action Plan:
N/A

Objective 6: Each month, SAIL-SA will have all monthly reports submitted to VMRC Service Coordinators by the 25th of each month. A 100% completion rate will be achieved.

Rationale:
Service Coordinators rely on the documents to complete their reports. Having the program’s reports on time is essential to meet contract requirements.

Measurement:
Program Manager will track completion of monthly reports on a spreadsheet.
Action Plan:
SAIL-SA will achieve a 100% completion rate. A tracking system is in place to meet the monthly deadlines.

**Objective 7:** SAIL will achieve a 90% completion rate of customers meeting their ISP/IPP objectives.

**Rationale:**
Customer’s VMRC IPP is developed annually. SAIL ISP objectives are developed with the customer using VMRC’s IPP as the outline of expectation of services. Progress of meeting objectives is reported on monthly reports that are submitted to Service Coordinator and at Title 17 mandated quarterly meetings. When needed, ISP/IPP objectives can change throughout the year.

**Measurement:**
The outcome will be tracked through SAIL’s Objective Efficiency Report.

**Action Plan:**
N/A

**Objective 8:** SAIL will achieve a 95% completion in meeting the following expectation(s) in the Program Design: “Quality of Inclusion.”

**Rationale:**
In the program design, it identifies “Quality of Inclusion” as goal and objective. In The 5 Principles “Quality Check Up” survey, Relationships and Community Membership addresses inclusion SLS based question.

**Measurement:** The outcome will be tracked through SAIL 5 SLS Principles Quality Check survey and Case/ID Notes.

**Actual Results:**
N/A
The Supported Employment program continues to provide service for a wide range of individuals. The program remains focused on individualized service delivery to clients served, with a focus on promoting independence. During the 15-16 fiscal year, the program provided Job Coaching, External Situational Assessments, Individual and Work Crew Placements, and Job Clubs.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Actual Results</th>
<th>Comments/Influencing Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1:</strong> 20% of clients will be placed in jobs within six months of intake.</td>
<td>41%</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 2:</strong> 85% of clients placed in a job between April 1, 2014, and March 30, 2015 will achieve three-month retention by June 30, 2015.</td>
<td>67%</td>
<td>Goal Not Met. Three individuals quit their jobs prior to reaching three-month retention. Two individuals, who did not receive Job Coaching, were terminated. In both cases, the employers did not allow Job Coaching.</td>
</tr>
<tr>
<td><strong>Objective 3:</strong> The Job Developer will make 18 Job Placements during the 2015 – 2016 FY.</td>
<td>18</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 4:</strong> The program will have a satisfaction rating of 97% or higher with Valley Mountain Regional Center (VMRC) and the Department of Rehabilitation representatives (stakeholders).</td>
<td>VMRC) 100% DOR) 97.78%</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 5:</strong> The program will survey the City of Lodi and achieve a 97% or higher satisfaction rating.</td>
<td>100%</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 6:</strong> The program will have a satisfaction rating of 95% or higher for those clients who are employed.</td>
<td>93.60%</td>
<td>Goal Not Met.</td>
</tr>
<tr>
<td><strong>Objective 7:</strong> The program will have an employer satisfaction rating of 93% or higher.</td>
<td>90.89%</td>
<td>Goal Not Met.</td>
</tr>
<tr>
<td><strong>Objective 8:</strong> Job Club will be held at least 10 times during the 2015-2016 Fiscal Year for pre-placement participants. clients who take the exam during Job Club will score 85% or higher.</td>
<td>Job Clubs) 18 Exams) 91.6%</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 9:</strong> 75% of Valley Mountain Regional Center-clients placed in jobs from October 1, 2013, through September 30, 2014, will achieve nine-month job stabilization by June 30, 2015.</td>
<td>83%</td>
<td>Goal Met.</td>
</tr>
<tr>
<td><strong>Objective 10:</strong> The program will have a satisfaction survey rating of 90% or higher for Pre-Employment clients.</td>
<td>97.17%</td>
<td>Goal Met.</td>
</tr>
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</table>
## Supported Employment
Annual Report Summary
FY 2015-2016

### Objective 11.1:
As part of the intake process, 100% of clients will be offered information about certification programs (i.e. ServSafe, Forklift, First Aid/CPR, typing certifications, etc.).

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<th>Goal</th>
<th>Comments</th>
</tr>
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<td>100%</td>
<td>Goal Met.</td>
<td>100% of clients will be offered information about certification programs (i.e. ServSafe, Forklift, First Aid/CPR, typing certifications, etc.).</td>
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### Objective 11.2:
Of clients who were offered information about certification programs (e.g. ServSafe, Forklift, First Aid/CPR, typing certification, etc.), 5 will complete certification programs.

<table>
<thead>
<tr>
<th>Objective 11.2:</th>
<th>Goal</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Goal Not Met.</td>
<td>Three individuals began the certification process and a total of two completed and received certifications.</td>
</tr>
</tbody>
</table>

## 2016-2017 Annual Report Objectives

<table>
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<td></td>
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<tr>
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Objective 8: Job Club will be held at least 10 times during the 2016-2017 Fiscal Year for pre-placement participants. Clients who take the exam during Job Club will score 85% or higher.

Objective 9: 75% of Valley Mountain Regional Center clients placed in jobs from October 1, 2014, through September 30, 2015, will achieve nine-month job stabilization by June 30, 2016.

Objective 10: The program will have a satisfaction survey rating of 90% or higher for Pre-Employment clients.

Objective 11.1: As part of the intake process, 100% of clients will be offered information about certification programs (i.e. ServSafe, Forklift, First Aid/CPR, typing certifications, etc.).

Objective 11.2: Of clients who were offered information about certification programs (i.e. ServSafe, Forklift, First Aid/CPR, typing certification, etc.), 5 will complete certification programs.

Summary
UCP's Supported Employment program helps individuals with varying disabilities find and maintain employment within their communities. The program enrolled 43 new individuals into the program during the 2015-2016 fiscal year. There were 18 placements during the fiscal year. Work Crew Component and Individual Placement Component provided a combined 7,445.25 units of service. External Situational Assessment (ESA) units of service were 846. Job Club was held a total of 18 times during the fiscal year.

Survey Participant's Comments
VMRC
VM1 Excellent program - Great Staff

EMPLOYER
EMPLR1 More communication.
EMPLR2 Can't walk in back too distracting. Jesse would benefit from someone coming out. Little rude, client like him. Hard to communicate will brush off. Maybe a Sat schedule see how he does when it's busy. SB
CLIENTS
CS1  I am happy with the work I do in Lodi that UCP provides for me.
CS2  #1 I like working with my trainers (Barbara & Rico) the rest never call back not enough time. #2 When I call UCP or VMRC they never call me back. #3 At times need more input from my trainer Barbra need more explanation. Doesn't explain better in medical. #4 Most of the time. Rico & Barbra ok !! #6 Need to be more included in my case workers & training. #7 Never was explained the rules to make a grievance report & complain as never told UCP & VMRC dropped the ball. My trainer Rico has explained & gave me the literature to read & explained.

PRE-EMPLOYMENT CUSTOMER
PC1  More communication.
PC2  Can't walk in back too distracting. Jesse would benefit from someone coming out. Little rude, customer like him. Hard to communicate will
PC3  Communication level is great.
Supported Employment
Annual Report
FY 2015-2016

**Customer Demographics**

Number of males: 80
Number of females: 43

Total numbers served: 123
Average age served: 36

Ethnicity:
- Caucasian – 56 and 46%
- African American – 20 and 16%
- Hispanic – 30 and 24%
- Asian – 10 and 8%
- Native American – 1 and 1%
- Other – 6 and 5%

Total Number: 123
Total Percentage: 100%

Residence:
- Acampo – 0 and 0%
- Manteca – 14 and 11%
- Ripon – 2 and 2%
- Linden – 1 or 1%
- Lodi – 12 or 9%
- Escalon – 1 or 1%
- Stockton – 74 and 60%
- French Camp – 0 and 0%
- Galt – 1 and 1%
- Lathrop – 2 and 2%
- Tracy – 13 and 10%
- Woodbridge – 1 and 1%
- Lockeford – 2 and 2%

Total Number: 123
Total Percentage: 100%

**Service Performance Statistics**

Total number of new referrals: 43

Individual Placement Component
(From point of placement on)

Total # of placements: 18
Total # units of service: 4,691.5
Total # of retentions: 6
Total # of cases closed: 31
Total # deemed ineligible: 1

Work Crew Component

Total # of placements: 1
Total # served: 11
Total # units of service: 2,753.75
Total # New Crews Contracted: 0
Total # of Crews Contracted: 0
Total # of Crews closed: 1

Total # of External Situational Assessment (ESA) units of service: 846
Total # Personal Vocational Situational Assessment (PVSA) units of service: 0
Total # of Work Adjustment units of service: 0

*Results for Satisfaction Survey/Overall Average: 96.57%
Percentage of SIR reporting submitted within required timeframe: 100%

All data collected by training logs, minutes and/or Human Resource records.

*Data collected annually and will be reported on fiscal year-end report.

**Staff Performance Statistics**

Current in CRP/First Aid (%): 100%  
SIR Training – VMRC/In-Service (%): 100%  
Mandated Abuse Reporting (%): 100%  
Current Staff w/ Criminal Clearance (%): 100%  
UCP Mandated Training (%): 100%  
New Staff Orientation-first 2 weeks (%): 100%  
In-service Training -5 hours (%): 100%

All data collected by training logs, minutes and/or Human Resource records.

**Overall Summary**

**Enrollment**

There were a total of 43 new referrals during 15-16 fiscal year. The agency projected an influx of 40 individuals to the program for the entire fiscal year.

**Staff**

The program had the same Job Developer for the entire fiscal year.

The program lost a crew member in September 2015. The crew member left to pursue an individual placement position.

The program hired a new crew member in February 2016.

The program hired 3 part-time Job Coaches during the fiscal year.

**Special Events**

N/A

**Community Integration**

Community Integration takes place on the job site(s).

**Safety**
There were four SIRs (Special Incident Reports) during the 15-16 fiscal year. Two were for victims of crimes. One fell into the other category and another was for serious injury/accident (UCP controllable).

UCP Work Crews worked a total of 2,753.75 hours during the 15-16 fiscal year. There was only one crew member injury during the fiscal year (contusion to the back).

**Survey Result**

Throughout the year, the satisfaction survey is presented to all stakeholders at each customer’s annual meeting. At fiscal year-end, surveys are also mailed to stakeholders who did not have the opportunity to complete them during the annual meeting. Survey results are compiled and a report is generated at fiscal year-end. The results of the survey are intended to provide vital information on how the program is perceived and if the program is continuing to move forward in a positive direction in providing customers with the appropriate services desired to meet their individual needs and goals. Any complaints or concerns addressed in surveys are addressed immediately by the Program Manager with oversight from the Director of Adult Programs and Services.

**Crew**

The total Work Crew units of service were down 22.25 hours compared to the previous fiscal year. This was due to having lost the landscaping hours at the neighboring Taylor property (contract ended in the midst of the 14-15 fiscal year).

The Work Crews in place are as follows: Landscaping Crew – maintains the grounds at Hutchins Street Square in Lodi. This crew also services UCP Ben Holt and a neighboring property (Robert Bertoldi property). Downtown Lodi Crew – maintains the Downtown Lodi area. This crew also partners with the Lodi Chamber of Commerce to provide cleanup services the mornings after their Farmers Market events. This crew also provides cleanup services for the annual Lodi Parade of Lights event. Transit Facility Crew – cleans several parking lots, the parking structure and over 70 bus stops throughout the city.

**External Situational Assessments**

An External Situational Assessment (ESA) is a two-week trial period in which an individual is given an opportunity to work for an employer. The ESA allows the program and employer to assess the individual’s vocational skills. Real job duties are performed throughout the assessment with a Job Coach present 100% of the time. The Job Coach and the individual being assessed are covered by UCP Workers’ Compensation. UCP pays the individual throughout the time that they are working at the designated work site. The ESA allows the program to make connections with new employers and it can also lead to job placements.
The program did 846 ESA units of service during the 15-16 fiscal year. This was down 746 units in comparison to the 14-15 fiscal year.

**Program Projects**

The ESA remains a valuable Job Development tool. However, the Department of Rehabilitation sent less ESA referrals during the 15-16 fiscal year.

Job Club was held every month of the 15-16 fiscal year. Individuals who attend continue to benefit from vocational topics such as interviewing, safety in the workplace, proper communication with employers, how to avoid progressive discipline in the workplace and proper completion of applications.

**Statistical Data**

UCP’s Supported Employment program serves three different types of customers:

**Habilitation (Valley Mountain Regional Center Customers)** – These are customers who are Valley Mountain Regional Center clients. They require a higher level of intervention (ongoing job coaching support).

**SE Non Habilitation (Department of Rehabilitation Customers)** – These are customers who require less intervention/job coaching than the Habilitation individuals. They usually require a month or two of job coaching versus the ongoing support.

**Non Habilitation (Department of Rehabilitation Customers)** – These are customers who require much less assistance. They typically only need assistance with searching for jobs and rarely require job coaching services. Many of these individuals have a more extensive work history and some have college degrees.

There were a total of 43 individuals referred to the program during the 15-16 fiscal year, which are 3 more than had been projected. Of the 43 referred to the program, 18 or 42% were Habilitation customers; 2 or 5% were SE Non Habilitation customers; and 23 or 53% were Non Habilitation customers.

There were 18 placements during the 15-16 fiscal year. Placements were down by 5 compared the previous fiscal year (14-15 fiscal year).

**SUCCESS IN MEETING OBJECTIVES FISCAL YEAR 2015-2016**

**Objective 1:** 20% of customers will be placed in jobs within six months of intake.
**Rationale:**
Placing individuals in jobs within six months demonstrates a commitment to the job development process by both the Job Developer and the customer being served which is crucial to success.

**Measurement:**
All placement and information is captured in the monthly program report. All referrals are documented, thus facilitating tracking. The monthly reports help the program monitor placement success.

**Actual Results:**
Of the 29 individuals that this applied to, 12 or 41% were placed within 6 months of intake.
Two individuals would have been placed, but they refused job offers.
One individual was placed after 6 months.
One individual was offered a job, but he failed a background test.

**Objective 2:** 85% of customers placed in a job between April 1, 2014, and March 30, 2015 will achieve three-month retention by June 30, 2015.

**Rationale:**
Job retention remains a true definition of the program’s success in teaching individuals vocational skills that will not only help them find jobs, but maintain employment. Tracking retention allows the program to further assess its success in terms of long-term employment, which is the goal when placing program participants.

**Measurement:**
Monthly Program Reports and billing are utilized to track this vocational goal.

**Actual Results:**
Of the 15 individuals this applied to, 10 or 67% reached three-month retention.
Three individuals quit their jobs prior to reaching three-month retention.
Two individuals, who did not receive Job Coaching, were terminated. In both cases, the employers did not allow Job Coaching.

**Objective 3:** The Job Developer will make 18 Job Placements during the 2015 – 2016 FY.
Rationale:
Job placements continue to be the Job Developer’s primary focus with the intent to engage and educate employers about the benefits of the program and to the customer/employee; opportunity to develop job skills, retain employment and be independent.

Measurement:
Monthly Program Reports and the Work Activity Report will provide the statistics necessary to track this goal.

Actual Results:
The program’s Job Developer made exactly 18 placements during the 2015-2016 fiscal year.

Objective 4: The program will have a satisfaction rating of 97% or higher with Valley Mountain Regional Center (VMRC) and the Department of Rehabilitation representatives (stakeholders).

Rationale:
Having a high approval rating from two of the program’s main funding sources is paramount.

Measurement:
Surveys will be sent out annually to representatives of both Valley Mountain Regional Center and the Department of Rehabilitation.

Actual Results:
The program received a 100% satisfaction rating from VMRC for the 2015-2016 fiscal year. The program received a 97.78% satisfaction rating from DOR for the 2015-2016 fiscal year.

Objective 5: The program will survey the City of Lodi and achieve a 97% or higher satisfaction rating.

Rationale:
Receiving feedback from the City of Lodi remains critical to the program’s continued success and possible growth in the future.

Measurement:
Surveys will be sent or presented to City of Lodi managers in order to acquire valued feedback.

Actual Results:
The program received a 100% satisfaction rating from the City of Lodi for the 2015-2016 fiscal year.
Objective 6: The program will have a satisfaction rating of 95% or higher for those customers who are employed.

Rationale:
It remains very important to receive feedback from this group. Receiving valuable feedback will allow the program to address any issues or concerns, which will enhance overall on-the-job service delivery for both agency and the customer employed.

Measurement:
Surveys will be sent out annually in order to receive feedback.

Actual Results:
The program received a 93.6% satisfaction rating from customers who are employed.

Objective 7: The program will have an employer satisfaction rating of 93% or higher.

Rationale:
Employers providing feedback allows the Program Manager to know how employees are doing on the job site when providing coaching services. Suggestions made by employers in the communities we serve will help enhance the quality of Job Coaching, employee performance and build stronger employer relations.

Measurement:
Surveys will be sent out on an annual basis to the employers who have partnered with the program to gain feedback.

Actual Results:
The program received a 90.89% satisfaction rating from employers.

Objective 8: Job Club will be held at least 10 times during the 2015-2016 Fiscal Year for pre-placement participants. Customers who take the exam during Job Club will score 85% or higher.

Rationale:
Increasing the number of times Job Club is held is beneficial to individuals on the pre-placement list. Individuals benefit from several vocational topics that are covered during Job Clubs. Providing exams allows the program to determine how well participants are receiving the information covered.
Measurement:
Participants sign in when attending Job Clubs. Sign in sheets will provide the annual total. Quizzes are graded at the conclusion of each Job Club.

Actual Results:

Job Club took place 18 times during the 2015-2016 fiscal year.

Participants averaged 91.6% on quizzes given during the 2015-2016 fiscal year.

Objective 9: 75% of Valley Mountain Regional Center-customers placed in jobs from October 1, 2013, through September 30, 2014, will achieve nine-month job stabilization by June 30, 2015.

Rationale:
Valley Mountain Regional Center customers receive a higher level of intervention, thus making it very important to help them achieve long-term success in employment.

Measurement:
Monthly Program Reports will be referred to in order to track this goal.

Actual Results:

Of the 18 individuals this applied to, 15 or 83% reached 9-month retention.

Objective 10: The program will have a satisfaction survey rating of 90% or higher for Pre-Employment Customers.

Rationale:
Feedback from this particular group will allow the Program Manager to address any issues or concerns mentioned in the annual surveys.

Measurement:
Surveys will be sent out on an annual basis to this group to gain feedback.

Actual Results:

The program received a 97.17% approval rating with pre-employment customers.

Objective 11.1: As part of the intake process, 100% of customers will be offered information about certification programs (i.e. ServSafe, Forklift, First Aid/CPR, typing certifications, etc.).

Rationale:
Identifying certifications customers would like to pursue that will enhance their resumes and skills and make them a more competitive candidate.

**Measurement:**
Job Developer will create a certification folder, which will be reviewed monthly during Job Development meetings. Identification of certification programs and customer completion of certification will be totaled and tallied upon completion of the 2015-2016 fiscal year.

**Actual Results:**

100% of the newly-enrolled clients were offered information related to certifications during the 2015-2016 fiscal year. This information is part of the SE Intake Packet.

**Objective 11.2: Of customers who were offered information about certification programs (e.g. ServSafe, Forklift, First Aid/CPR, typing certification, etc.), 5 will complete certification programs.**

**Rationale:**
It is important to identify how many of the program’s placed individuals are utilizing certifications. This will allow the program to identify correlations between certifications and placement.

**Measurement:**
Placements are tracked on the monthly program report. The Program Manager will confer with the Job Developer when producing the monthly program report to find out which placed individuals had certifications.

**Actual Results:**

Two individuals completed certifications during the 2015-2016 fiscal year. Three individuals began the certification process and a total of two completed and received certifications.

**OBJECTIVE FOR FISCAL YEAR 2016-2017**

The Program will continue to strive to meet the goals and objectives of the customers we serve.

**Objective 1: 20% of customers will be placed in jobs within six months of intake.**

**Rationale:**
Placing individuals in jobs within six months demonstrates a commitment to the job development process by both the Job Developer and the customer being served which is crucial to success.
Measurement:
All placement and information is captured in the monthly program report. All referrals are documented, thus facilitating tracking. The monthly reports help the program monitor placement success.

Action Plan:
The program will strive to achieve a 20% or higher. The importance of participation will be discussed at all program intakes. Monthly Job Development reports that are sent to the Department of Rehabilitation will document weekly activity in order to let counselors know which individuals are not participating.

Objective 2: 85% of customers placed in a job between April 1, 2015, and March 30, 2016 will achieve three-month retention by June 30, 2016.

Rationale:
Job retention remains a true definition of the program’s success in teaching individuals vocational skills that will not only help them find jobs, but maintain employment. Tracking retention allows the program to further assess its success in terms of long-term employment, which is the goal when placing program participants.

Measurement:
Monthly Program Reports and billing are utilized to track this vocational goal.

Action Plan:
The program will strive to meet an 85% or higher completion rate. The program’s Job Development team will continue to provide clarity (all that the job entails) as individuals search for jobs and prior to them accepting any positions.

Objective 3: The Job Developer will make 18 Job Placements during the 2016 – 2017 FY.

Rationale:
Job placements continue to be the Job Developer’s primary focus with the intent to engage and educate employers about the benefits of the program and to the customer/employee; opportunity to develop job skills, retain employment and be independent.

Measurement:
Monthly Program Reports and the Work Activity Report will provide the statistics necessary to track this goal.

Action Plan:
The Job Developer is expected to make a total of 18 placements during the 2016-2017 fiscal year. The status of this goal will be discussed regularly during bi-weekly WIG meetings. Placements are also going to be discussed during monthly staff meetings. The Job Developer is
responsible for keeping a list of new employers she has contacted every month. The list will be addressed monthly to discuss which employers were contacted and what type of follow-up needs to occur.

**Objective 4: The program will have a satisfaction rating of 97% or higher with Valley Mountain Regional Center (VMRC) and the Department of Rehabilitation representatives (stakeholders).**

**Rationale:**
Having a high approval rating from two of the program’s main funding sources is paramount.

**Measurement:**
Surveys will be sent out annually to representatives of both Valley Mountain Regional Center and the Department of Rehabilitation.

**Action Plan:**
A 97% completion rate or higher will be achieved. The Program Manager will continue to have at least bi-weekly communication with Wilma Murray. The Job Development team will attend DOR’s unit meetings as necessary in order to address any concerns.

**Objective 5: The program will survey the City of Lodi and achieve a 97% or higher satisfaction rating.**

**Rationale:**
Receiving feedback from the City of Lodi remains critical to the program’s continued success and possible growth in the future.

**Measurement:**
Surveys will be sent or presented to City of Lodi managers in order to acquire valued feedback.

**Action Plan:**
97% or higher completion rate will be achieved. Crew Supervisors will continue to contact Dave Bender as they need supplies necessary to perform the cleanup duties. The Landscaping Crew Supervisor will make weekly contact with the Building and Events Supervisor, Billy Gonzalez. The Program Manager will check in quarterly with Dave Bender and Billy Gonzalez.

**Objective 6: The program will have a satisfaction rating of 95% or higher for those customers who are employed.**

**Rationale:**
It remains very important to receive feedback from this group. Receiving valuable feedback will allow the program to address any issues or concerns, which will enhance overall on-the-job service delivery for both agency and the customer employed.
Measurement:
Surveys will be sent out annually in order to receive feedback.

Action Plan:
95% or higher completion rate will be achieved. Job Coaches continue to play a critical role when it comes to this objective. It remains very important for coaches to be perceptive during coaching sessions. Coaches will continue to relay any pressing issues to the Program Manager and they will remind customers that they should call the office if an issue arises at work when a coach is not present.

Objective 7: *The program will have an employer satisfaction rating of 93% or higher.*

Rationale:
Employers providing feedback allows the Program Manager to know how employees are doing on the job site when providing coaching services. Suggestions made by employers in the communities we serve will help enhance the quality of Job Coaching, employee performance and build stronger employer relations.

Measurement:
Surveys will be sent out on an annual basis to the employers who have partnered with the program to gain feedback.

Action Plan:
93% completion rate or higher will be achieved. Job Coaches will continue to check in with employers at the various job sites where they provide services. Any input from the employer will be shared with the Program Manager in a timely manner. Program Manager will visit employers to ensure increased feedback and get more surveys returned.

Objective 8: *Job Club will be held at least 10 times during the 2016-2017 Fiscal Year for pre-placement participants. Customers who take the exam during Job Club will score 85% or higher.*

Rationale:
Increasing the number of times Job Club is held is beneficial to individuals on the pre-placement list. Individuals benefit from several vocational topics that are covered during Job Clubs. Providing exams allows the program to determine how well participants are receiving the information covered.

Measurement:
Participants sign in when attending Job Clubs. Sign in sheets will provide the annual total. Quizzes are graded at the conclusion of each Job Club.

Action Plan:
The program’s Job Developer will be made aware of the goal and she will plan accordingly. Individuals will be notified of Job Club dates and times. Job Developer will ensure that clients who participate in Job Club have completed the exams. Exams that have no responses will not be included in the calculation of scores.

**Objective 9**: 75% of Valley Mountain Regional Center-customers placed in jobs from October 1, 2014, through September 30, 2015, will achieve nine-month job stabilization by June 30, 2016.

**Rationale**: Valley Mountain Regional Center customers receive a higher level of intervention, thus making it very important to help them achieve long-term success in employment.

**Measurement**: Monthly Program Reports will be referred to in order to track this goal.

**Action Plan**: 75% completion rate will be achieved. When individuals are enrolled into the program they will be made aware that they are able to contact the program at any time, even if they have been at their jobs for a very long time. Job Coaches will provide feedback during staff meetings and will contact their Program Manager as soon as possible when issues are identified.

**Objective 10**: The program will have a satisfaction survey rating of 90% or higher for Pre-Employment Customers.

**Rationale**: Feedback from this particular group will allow the Program Manager to address any issues or concerns mentioned in the annual surveys.

**Measurement**: Surveys will be sent out on an annual basis to this group to gain feedback.

**Action Plan**: 90% completion rate or higher will be achieved. Customers will be made more aware during enrollment into the program (by the Job Developer) that they can contact the Program Manager if they have questions or concerns. The Program Manager will ask customers during Job Club how they feel job development is going and if they have any concerns.

**Objective 11.1**: As part of the intake process, 100% of customers will be offered information about certification programs (i.e. ServSafe, Forklift, First Aid/CPR, typing certifications, etc.).

**Rationale**: Identifying certifications customers would like to pursue that will enhance their resumes and skills and make them a more competitive candidate.

Committee Reviewed: 2016-11-14
Board Reviewed & Approved: 2016-11-18
Measurement:
Job Developer will create a certification folder, which will be reviewed monthly during Job Development meetings. Identification of certification programs and customer completion of certification will be totaled and tallied upon completion of the 2016-2017 fiscal year.

Action Plan:
The Program Manager will inform customers of certification options and include certification exploration in the master intake packet.

Objective 11.2: Of customers who were offered information about certification programs (e.g. ServSafe, Forklift, First Aid/CPR, typing certification, etc.), 5 will complete certification programs.

Rationale:
It is important to identify how many of the program’s placed individuals are utilizing certifications. This will allow the program to identify correlations between certifications and placement.

Measurement:
Placements are tracked on the monthly program report. The Program Manager will confer with the Job Developer when producing the monthly program report to find out which placed individuals had certifications.

Action Plan:
Add a section to the existing monthly program report template that will capture the information.