

PERFORMANCE CONTRACT PILOT PROJECT

Regional Center Valley Mountain Regional Center

Calendar Year 2012

Public Policy Performance Measures

<i>Measure</i>	<i>Activities Regional Center will Employ to Achieve Outcome</i>
A. Number and percent of RC caseload in DC	<ol style="list-style-type: none">1. Monthly CPP meetings with Community Services and Resource Development to review progress on CPP activities.2. Maintain After Hours response System services.3. Collaborate with San Joaquin County Mental Health and facilitate access to mental health services as needed by dually diagnosed consumers.4. Bi-weekly Problem Solving Team meetings to address emerging issues with individual consumers.5. Weekly Legal Services Review Team meetings to address forensics consumer issues and consumers at risk of re-arrest and/or developmental center placement.6. Perform psychotropic medication reviews for consumers exhibiting behaviors that put them at risk of developmental center placement.7. Memoranda of understanding to establish expectations with local agencies providing services to our consumers, e.g., CPS, APS, and Mental Health.8. New residential facilities serving adults and children with significant behavioral and emotional challenges.9. Refer consumers as appropriate to telepsychiatry clinics to secure appropriate diagnosis and follow-up treatment.10. Provide training to Service Coordinators in maintaining "high risk" consumers in the community, utilizing innovative, creative treatment related services/supports options.11. Training law enforcement entities on developmental disabilities.

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B. Number and percent of minors residing with families	<ol style="list-style-type: none"> 1. Provide family education and counseling through collaborative efforts with Family Resource Network, Stanislaus Behavioral Health and Recovery Services, county SELPAs and VMRC. 2. Participation in county interagency meetings to address the needs of children in our service area. 3. Meet and coordinate services with individual families and foster parents caring for minor consumers. 4. Work with county CPS and children's services agencies to support minor consumers living with families. 5. Provide nursing care/respite to families with medically fragile children. 6. Co-sponsor annual Early Start Symposium. 7. Offer grief counseling to families of infants and young children. 8. Refer siblings of consumers to Sib Shops offered by Family Resource Network. 9. Offer environmental assessments and appropriate mobility equipment to enable consumers to live in their family home. 10. Offer child/adolescent psychiatric services for consumers not served by the mental health system.
C. Number and percent of adults residing in independent living	<ol style="list-style-type: none"> 1. Develop housing options for consumers who choose to live on their own, e.g., affordable apartments, duplexes, roommate situations, etc. 2. Develop transitional housing options managed by consumer. 3. Offer environmental assessments and appropriate mobility equipment to enable consumers to live independently. 4. Training and consultation to day programs on employment. 5. Offer psychiatric services that are not provided by mental health to adult consumers. 6. Automated calling for emergency notification. 7. Work with Supported Living Service Providers to establish clear objectives and expectations on the IPP in providing SLS services.

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<i>Measure</i>	<i>Activities Regional Center will Employ to Achieve Outcome</i>
D. Number and percent of adults residing in supported living	<ol style="list-style-type: none"> 1. Continue regular Supported Living Network meetings.
E. Number and percent of adults residing in Adult Family Home Agency homes	<ol style="list-style-type: none"> 1. Work with AFHAs to develop new foster home options to serve adults with behavioral challenges. 2. Request a 637 Waiver to allow adult consumers with children to be placed in Adult Foster Family Homes together.
F. Number and percent of adults residing in family homes (home of parent or guardian)	<ol style="list-style-type: none"> 1. Provide respite and other support services to families caring for adult family members at home. 2. Work with county APS to support adult consumers living with families. 3. Provide behavioral management program services to adults in the foothill counties to support them to live at home with their families. 4. Coordinate placements and monitor progress of newly developed "step down" home. 5. Continuation of annual micro-enterprise (self-employment) fair.
G. Number and percent of minors living in facilities serving > 6	<ol style="list-style-type: none"> 1. Continue existing policy of vendoring residential facilities serving six or fewer persons. 2. Facilitate development of small residential options at provider orientations and other classes.
H. Number and percent of adults living in facilities serving > 6	<ol style="list-style-type: none"> 1. Work with adult family home agencies to develop more residential placement options for consumers in the community. 2. Continue existing policy of vendoring residential facilities serving six or fewer persons. 3. Encourage development of small residential options at provider orientation and other classes. 4. Promote the development of supported living situations for consumers as an alternative to licensed living arrangements.

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Compliance Measures

<i>Measure</i>	<i>Measurement Methodology</i>
Unqualified independent audit with no material finding(s)	Yes — based on regional center independent audit findings
Substantial compliance with DDS fiscal audit	Yes — based on DDS internal document criteria
Accuracy percent of POS fiscal projections (based on February SOAR)	On Hold
Operates within OPS budget	Yes — actual expenditures plus late bills do not exceed OPS budget.
Certified to participate in Waiver	Yes/No — based on most recent waiver monitoring report (Yes)
Compliance with Vendor Audit Requirements per contract, Article III, Section 10	Yes — based on documentation regional center forwards to DDS
CDER/ESR Currency	CMF status codes 1 and 2 with current CDER or ESR
Intake/assessment and IFSP time lines (0-3).	Implementation of April 26, 2009 plan in response to DDS Audit.
Intake/assessment time lines for consumers ages 3 and above	CMF—calculated by subtracting the status date from the CMF date
IPP Development (WIC requirements)	Biennial DDS review per W&I Code section 4646.5(c)(3)
IFSP Development (Title 17 requirements)	Annual DDS IFSP review per IPP protocol above using “IFSP Review Criteria - 2001