

## PERFORMANCE CONTRACT PILOT PROJECT

Regional Center Valley Mountain Regional Center

Calendar Year 2014

### 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"> <li>1. Development of Delayed Egress, Secured Perimeter facility for DC step-down.</li> <li>2. Develop on-site programming for consumers residing in Delayed Egress Secured Perimeter facility.</li> <li>3. Monthly CPP meetings with Community Services and Resource Development to review progress of CPP activities.</li> <li>4. Maintain After Hours Response System services.</li> <li>5. Collaborate with San Joaquin County Mental Health and facilitate access to mental health services as needed by dually diagnosed consumers.</li> <li>6. Bi-weekly Problem Solving Team meetings to address emerging issues with individual consumers.</li> <li>7. Weekly Legal Services Review Team meetings to address forensics consumer issues and consumers at risk of re-arrest and/or developmental center placement.</li> <li>8. Perform psychotropic medication reviews for consumers exhibiting behaviors that put them at risk of developmental center placement.</li> <li>9. Memoranda of understanding to establish expectations with local agencies providing services to our consumers, coupled with regularly scheduled collaborative meetings, i.e. APS, CPS, CCL, Social Security, Law Enforcement, District Attorney et. al</li> <li>10. Continue development of new residential facilities serving adults with significant behavioral and emotional challenges.</li> <li>11. Refer consumers as appropriate to telepsychiatry clinics to secure appropriate diagnosis and follow-up treatment.</li> <li>12. Provide training to Service Coordinators in maintaining "high risk" consumers in the community, utilizing innovative, creative treatment related services/supports options.</li> </ol> |

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|  | <ul style="list-style-type: none"> <li>13. Orientation provided to law enforcement/court staff as requested/needed related to consumer involvement in the criminal justice system.</li> <li>14. Develop Fact Sheet for pertinent court personnel clarifying the DC system.</li> <li>15. Utilize Comprehensive Assessments to identify consumer community placement readiness.</li> <li>16. Continue to reduce DC placements by achieving and maintaining less than 30 VMRC consumers in developmental centers.</li> </ul>  |
| B. Number and percent of minors residing with families | <ul style="list-style-type: none"> <li>1. Provide family education and counseling through collaborative efforts with Family Resource Network, county Behavioral Health and Recovery Services, and county SELPAs.</li> <li>2. Participation in county interagency meetings to address the needs of children in our service area.</li> <li>3. Meet and coordinate services with individual families and foster parents caring for minor consumers.</li> <li>4. Work with county CPS and community children's services agencies to support minor consumers living with families.</li> <li>5. Provide nursing care/respite to families with medically fragile children.</li> <li>6. Co-sponsor annual Early Start Symposium.</li> <li>7. Offer grief counseling to families of infants and young children.</li> <li>8. Refer siblings of consumers to Sib Shops offered by Family Resource Network.</li> <li>9. Offer environmental assessments and appropriate mobility equipment to enable consumers to live in their family home.</li> <li>10. Offer child/adolescent psychiatric services for consumers not served by the mental health system.</li> <li>11. Offer group Parent Behavioral Training classes and Behavioral Instructional Services in English and Spanish to support parent education of positive behavioral interventions to reduce maladaptive behaviors and increase independence.</li> <li>12. Increase wrap-around services for children living with families.</li> <li>13. Develop sexual awareness programming for adolescents.</li> </ul> |

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| C. Number and percent of adults residing in independent living | <ol style="list-style-type: none"> <li>1. Develop housing options for consumers who choose to live on their own, e.g., affordable apartments, duplexes, roommate situations, etc.</li> <li>2. Develop innovative monitoring mechanism for those consumers choosing to live independently, but requiring higher levels of supervision.</li> <li>3. Develop additional transitional housing options managed by consumer.</li> <li>4. Offer environmental assessments and appropriate mobility equipment to enable consumers to live independently.</li> <li>5. Training and consultation to day programs on employment.</li> <li>6. Offer psychiatric services that are not provided by mental health to adult consumers in need for stabilization purposes.</li> <li>7. Automated calling for emergency notification.</li> <li>8. Maintain quality services by ensuring SLS/ILS providers have objectives and expectations as reflected in the IPP.</li> <li>9. Ensure regular and frequent evaluation of service needs to optimize independence.</li> <li>10. Develop strategies to assist in finding appropriate roommate situations to increase affordability for consumers on limited incomes.</li> <li>11. Ensure utilization of community generic resources such as IHSS and County Medical Health Services.</li> </ol> |
| D. Number and percent of adults residing in supported living   | <ol style="list-style-type: none"> <li>1. Continue regular Supported Living Network meetings.</li> <li>2. Maintain quality services by ensuring SLS providers have clear objectives and expectations as reflected in the IPP.</li> <li>3. Ensure regular evaluation of service needs to optimize independence.</li> <li>4. Develop plans to assist in roommate identification to increase affordability.</li> <li>5. Develop training modules for SLS providers to increase knowledge and understanding to better serve consumers.</li> </ol>  |

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| E. Number and percent of adults residing in Adult Family Home Agency homes            | <ol style="list-style-type: none"> <li>1. Work with AFHAs to develop new foster home options to serve adults with behavioral challenges.</li> <li>2. Develop new Adult Family Home Agency vendor option.</li> <li>3. Increase the percentage of consumer parents retaining parental rights by assisting in AFHA supported services, i.e. 637 Waiver to allow adult consumers with children to be placed in Adult Foster Family Homes together.</li> </ol>   |
| F. Number and percent of adults residing in family homes (home of parent or guardian) | <ol style="list-style-type: none"> <li>1. Provide respite and other support services to families caring for adult family members at home.</li> <li>2. Work with county agencies to support adult consumers living with families during times of crisis.</li> <li>3. Provide behavioral management program services to adults in the foothill counties to support them to live at home with their families.</li> <li>4. Develop wrap-around services for adult consumers residing in family homes.</li> <li>5. Coordinate placements and monitor progress of newly developed "step-down" home.</li> <li>6. Collaborative committee meetings with parents, advocates, community service agencies, and residential service providers to develop improved process for residential transition.</li> <li>7. Provide environmental assessments and modifications/equipment for consumers with mobility issues who reside in family homes.</li> </ol> |
| G. Number and percent of minors living in facilities serving > 6                      | <ol style="list-style-type: none"> <li>1. Continue existing policy of vendoring residential facilities serving six or fewer persons.</li> <li>2. Facilitate development of small residential options at provider orientations and other classes.</li> <li>3. Develop "step-down" children's facilities.</li> <li>4. Regularly scheduled joint meetings with parents, advocates, community service agencies, and residential providers to develop better mechanisms for smooth transitioning to different living situations.</li> <li>5. Develop sexual awareness programming for adolescents.</li> </ol>  |

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| H. Number and percent of adults living in facilities serving > 6  | <ol style="list-style-type: none"> <li>1. Work with adult family home agencies to develop more residential placement options for consumers in the community.</li> <li>2. Continue existing policy of vrending residential facilities serving six or fewer persons.</li> <li>3. Encourage development of small residential options at provider orientation and other classes.</li> <li>4. Promote the development of supported living situations for consumers as an alternative to licensed living arrangements.</li> <li>5. Continue implementation of Resource Development palm using Needs Assessment process.</li> <li>6. Continue to monitor the approved large facilities to maintain "home-like environments".</li> </ol> |
| I. Number and percent of Quality Assurance Standards and Compliance Audits.   | <ol style="list-style-type: none"> <li>1. Revision and Reinstatement of Residential Services and Compliance Instrument.</li> <li>2. Development of Day Program Services Standards and Compliance instrument.</li> <li>3. Development of Supported Living Services Standards and Compliance instrument.</li> </ol>  |
| J. Implementation of Quality Assurance Plan to protect the Health and Safety of Consumers: Number and Percent of "alert follow-up", unannounced visits. | <ol style="list-style-type: none"> <li>1. "Alert" follow-up completed within 90 days of issuance.</li> <li>2. Quarterly VMRC Risk Assessment Committee Meetings.</li> <li>3. Annual unannounced Compliance and Standards Reviews for Residential, Day Program and Supported Living vendors.</li> </ol>   |
| K. Implementation of Risk Assessment Mitigation Plan; Number and Percent of Special Incident Report Analysis; Risk Mitigation follow-up.                | <ol style="list-style-type: none"> <li>1. Completion of quarterly Special Incident Report trend analysis.</li> <li>2. Quarterly VMRC Risk Assessment Committee Meetings.</li> <li>3. Follow-up with DDS contractor when VMRC SIR trends are above Statewide Average.</li> <li>4. Attendance and Participation in Statewide Risk Mitigation Committee.</li> </ol>   |

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| L. Number of persons who are victims of abuse.                      | <ol style="list-style-type: none"> <li>1. Continue to implement Zero Tolerance for Consumer Abuse and Neglect Policy.</li> <li>2. Offer information to reporting entities re: response issues for persons with developmental disabilities.</li> <li>3. Offer counseling to consumers who are victims of crime.</li> <li>4. Continue to implement SIR reporting policy and training of the VMRC Risk Mitigation Plan.</li> </ol> |
| M. Number of adults in Supported Employment/Competitive Employment. | <ol style="list-style-type: none"> <li>1. Meet with Transition Collaboratives to define goals for desired programming.</li> <li>2. Continuation of annual Micro-Enterprise/Self-Employment Fair.</li> </ol>   |

### 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)             | Actual expenditures plus late bills as of 1/03 do not exceed 10% of the high end of the range or fall below 10% of the low end of the range reported in 2/02, with stipulations and exceptions noted in July 17, 2001, ARCA Administrators' memo.<br>Year two recommendations contained in July 17, 2001, ARCA Administrators' memo, agreement Number 8. |
| 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   |
| Compliance with Vendor Audit Requirements per contract, Article III, Section 10 | Yes — based on documentation regional center forwards to DDS   |
| CDER/ESR Currency   | Status codes 1 and 2 on CMF with current CDER or ESR   |

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| <i><b>Measure</b></i>                                       | <i><b>Measurement Methodology</b></i>                           |
|---|---|
| Intake/assessment and IFSP time lines (0-2).                | Early Start Report  |
| 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 Welf. &Inst. Code section 4646.5(c)(3)  |
| IFSP Development (Title 17 requirements)                    | Early Start Report  |