

PERFORMANCE CONTRACT PROJECT

Regional Center: Valley Mountain Regional Center

Calendar Year 2017

Public Policy Performance Measures

<i>Measure</i>	<i>Activities Regional Center will Employ to Achieve Outcome</i>
<p>A. Number and percent of RC caseload in DC</p>	<ol style="list-style-type: none"> 1. Continue development of Secured Perimeter facility for DC step-down in collaboration with CVRC. 2. Develop on-site programming for consumers residing in Secured Perimeter facility. 3. Monthly CPP meetings with Community Services and Resource Development to review progress of CPP activities. 4. Maintain After-Hours Response System services. 5. Collaborate with San Joaquin County Mental Health and facilitate access to mental health services as needed by dually diagnosed consumers. MOU finalization pending. 6. Bi-weekly Problem Solving Team meetings to address emerging issues with individual consumers. 7. Weekly Legal Services Review Team meetings to address forensics consumer issues and consumers at risk of re-arrest and/or developmental center placement. 8. Perform psychotropic medication reviews for consumers exhibiting behaviors that put them at risk of developmental center placement. 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. 10. Continue development of new residential facilities serving adults with significant behavioral and emotional challenges. 11. Refer consumers as appropriate to psychiatry clinics to secure appropriate diagnosis and follow-up treatment. We have increased the number of telepsych clinics in all offices to meet need. 12. Provide training to Service Coordinators in maintaining “high risk” consumers in the community, utilizing innovative, creative treatment related services/supports options.

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	<ul style="list-style-type: none"> 13. Orientation provided to law enforcement/court staff as requested/needed related to consumer involvement in the criminal justice system. 14. Case Management Specialists provide intense case management to consumers at highest risk for institutionalizations. 15. Utilize Comprehensive Assessments to identify consumer community placement readiness. 16. Continue to reduce DC placements by achieving and maintaining less than 25 VMRC consumers in developmental centers. 17. Develop ICF-DDNCC facilities to provide an appropriate community living option for consumers currently in DC.
<p>B. Number and percent of minors residing with families</p>	<ul style="list-style-type: none"> 1. Provide family education and counseling through collaborative efforts with Family Resource Network, county Behavioral Health and Recovery Services, El Concilio and county SELPAs and Managed Care Medi-cal providers. 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 community children’s services agencies to support minor consumers living with families. 5. Continue to assess for respite, daycare and behavioral needs, as well as other supports to maintain children in the family home. 6. Provide nursing care/respite to families with medically fragile children VMRC will pursue EPSDT funding for these children. 7. Co-sponsor annual Early Start Symposium. 8. Offer grief counseling to families of infants and young children. 9. Refer siblings of consumers to Sib Shops offered by Family Resource Network. 10. Offer environmental assessments and appropriate mobility equipment to enable consumers to live in their family home. 11. Offer child/adolescent psychiatric services for consumers not served by the mental health system. 12. 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.

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	<p>13. Increase wrap-around services for children living with families. A new program, Focused Behavior Instructional Services, will be starting to provide more intensive services so children can remain safely at home with their families.</p> <p>14. Develop sexual awareness programming for adolescents.</p>
<p>C. Number and percent of adults residing in independent living</p>	<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. Offer Self-Advocacy support to access living arrangement of choice. 3. Continue to offer environmental assessments and appropriate mobility equipment to enable consumers to live independently. 4. Training and consultation to day programs re: employment readiness skills. 5. Offer psychiatric services that are not provided by mental health to adult consumers in need for stabilization purposes. 6. Automated calling for emergency notification. 7. Develop informational seminar to discuss best practices for ILS providers. 8. Maintain quality services by ensuring ILS/SLS providers have objectives and expectations as reflected in the IPP. 9. Ensure regular and frequent evaluation of service needs to optimize independence. 10. Assist in finding appropriate roommate situations to increase affordability for consumers on limited incomes. 11. Ensure utilization of community generic resources such as IHSS and County Mental Health Services. 12. Use of public transportation and mobility training where offered to optimize independence. 13. Incorporate emergency preparedness into planning team discussion and resultant objectives.

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D. Number and percent of adults residing in supported living	<ol style="list-style-type: none"> 1. Continue regular Supported Living Network meetings. 2. Develop informational seminar and/or training module to discuss best practices for SLS providers in an effort to better serve consumers. 3. Offer Self-Advocacy support to access living arrangement of choice. 4. Maintain quality services by ensuring SLS providers have clear objectives and expectations as reflected in the IPP. 5. Ensure regular evaluation of service needs to optimize independence. 6. Develop plans to assist in roommate identification to increase affordability. 7. Incorporate emergency preparedness into planning team discussion and resultant objectives.
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. Develop new Adult Family Home Agency vendor option. 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.
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 agencies to support adult consumers living with families during times of crisis. 3. Provide behavioral management program services to adults in the foothill counties to support them to live at home with their families. 4. Develop wrap-around services for adult consumers residing in family homes which will include those with behavioral and medical concerns 5. Provide nursing respite (LVN staff) through home health agencies for consumers who are medically fragile. Assistance with NF Waiver applications to occur as long wait list exists. 6. Provide current information to consumers and families about available generic/community resources. 7. Review and monitor support needs to include ILS in the family

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	<p>home to support independent living skills.</p> <ol style="list-style-type: none"> 8. Self-Advocacy resources and pertinent community agency collaboration will be utilized to develop improved process for residential transition. 9. Continue to provide environmental assessments and modifications/equipment for consumers with mobility issues who reside in family homes.
<p>G. Number and percent of minors living in facilities serving > 6</p>	<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. 3. Develop housing model options per the agency Strategic Plan for minor consumers, as needed. 4. Continue to develop “step-down” children’s facilities. 5. Regularly scheduled joint meetings with parents, advocates, community service agencies, and residential providers to develop better mechanisms for smooth transitioning to different living situations. 6. Develop sexual awareness programming for adolescents. 7. Implementation of the agency Residential Screening Committee to ensure appropriate placements.
<p>H. Number and percent of adults living in facilities serving > 6</p>	<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. Develop housing model options per the agency Strategic Plan for adult consumers, as needed. 3. Continue existing policy of vendoring residential facilities serving six or fewer persons. 4. Encourage development of small residential options at provider orientation and other classes. 5. Implementation of the agency Residential Screening Committee to ensure appropriate placements. 6. Promote the development of supported living situations for consumers as an alternative to licensed living arrangements. 7. Continue implementation of Resource Development plan using Needs Assessment process.

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	<ol style="list-style-type: none"> 8. Continue to monitor the approved large facilities to maintain “home-like environments”.
<ol style="list-style-type: none"> I. Percent of total annual expenditures by the individual’s residence type and ethnicity. 	<ol style="list-style-type: none"> 1. Prior fiscal year (FY) purchase of service data and Client Master File (CMF) will be generated to measure progress in reducing disparities and improving equity in purchase of service expenditures. 2. VMRC will seek methods to help better analyze POS expenditure data in an effort to better understand our underserved population’s needs. 3. Outreach efforts within community to overcome potential cultural barriers when identifying appropriate services. 4. Work with community agencies to increase awareness of regional center services for minority populations served. 5. Work with service providers to identify support needs and develop bilingual resources and services to improve access to all cultural, ethnic, and language specific groups. 6. Service Coordination staff will receive training related to IPP development that ensures meaningful consumer and family participation. 7. Provide informational trainings pertaining to cultural understanding.
<ol style="list-style-type: none"> J. Percent of total annual purchase of service expenditures by individual’s primary language. 	<ol style="list-style-type: none"> 1. Prior FY purchase of service data and CMF will be generated to measure progress in reducing disparities and improving equity in purchase of service expenditures. 2. Work with service providers to identify support needs and develop bilingual resources and services to improve access to all cultural, ethnic, and language specific groups. 3. Service Coordination staff will receive training related to IPP development that ensures meaningful consumer and family participation. 4. Provide informational trainings to Service Coordinators pertaining to cultural understanding. 5. Work with community agencies to increase awareness of regional center services for minority populations served.

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<p><u>LOCAL PERFORMANCE MEASURES (K-O)</u></p> <p>K. Number and percent of Quality Assurance Standards and Compliance Audits will increase.</p>	<ol style="list-style-type: none"> 1. Implementation of Residential Services and Compliance Instrument will occur. 2. Ninety five percent of facility QA compliance reports will be achieved within a 12 month timeline during the term of this performance contract. (Currently ninety percent of QA compliance reports are completed within a twelve month interval.) 2. Quality Assurance staff will conduct annual facility audits and complete any required follow-up connected with any deficiency cited in the Compliance and Standards report. 3. Quality Assurance staff will confer with Community Care Licensing as necessary as a response action when any regarding allegation of abuse, neglect or immediate danger is made known to Quality Assurance staff or discovered during monitoring activities.
<p>L. Implementation of Quality Assurance Plan to protect the Health and Safety of Consumers will occur.</p>	<ol style="list-style-type: none"> 1. Ninety- five percent of Community Services alert follow-up activities will be completed within 90 days after inception during the term of this performance contract. (Currently ninety percent of Community Services alert follow-up activities are completed within a 90 day timeline,) 2. Quality Assurance staff will conduct, interviews, collect and gather information, perform fact analysis, conduct standard of care reviews to determine if vendor(s)' actions are in compliance with regulatory standards. Quality Assurance staff will issue Technical Support and or Corrective Action Plans to vendors in accordance with Title 17 California Code of Regulations. 3. Quality Assurance staff will reach and, share the investigate finding with the author of the Community Services "alert" or complaining party.

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<p>M. Implementation of Risk Assessment Mitigation Plan to Occur.</p>	<ol style="list-style-type: none"> 1. The VMRC Risk Assessment Committee will meet at least semi-annually or more during the term of this performance contract. Currently, VMRC’s Risk Assessment Committee meets at least semi-annually. 2. Special Project’s staff will conduct trend analysis of special incidents to be presented at Risk Assessment Committee meetings. 3. The Risk Assessment Committee will at a minimum include (1) Program Manager, (1) Physician or Nurse, (1) Special Projects Manager, and intermittently based on factual circumstances, Quality Assurance staff and the VMRC consulting Pharmacist. 4. The Risk Assessment Committee will conduct incident report reviews in accordance with trend analysis findings and will recommend follow-up actions intended to prevent reoccurrence of specific incident types to decrease incident type trends.
<p>N. Increased advocacy for consumers who are victims of abuse.</p>	<ol style="list-style-type: none"> 1. Currently VMRC case management staff attends and participates in abuse reporting training annually. During the term of this performance contract, VMRC case management staff will participate in at least (1) abuse reporting training offered internally by VMRC Program Managers or offered by external agencies. 2. Continue to implement Zero Tolerance for Consumer Abuse and Neglect Policy. 3. Offer information to reporting entities re: response issues for persons with developmental disabilities. 4. Offer counseling to consumers who are victims of abuse. 5. Continue to implement SIR reporting. 6. Provide training in collaboration with area agencies.

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<p>O. Number of adults in Supported Employment/Competitive Employment will increase.</p>	<ol style="list-style-type: none"> 1. Increase the percent of adults, age 22 and above, who are working in Supported Employment/Competitive Employment from 8.0% to 10%. 2. Develop a uniform method of recording individuals served by the regional center with employment IPP objectives on SANDIS by using the 'Occupation' field. Gather baseline data and update progress annually. 3. Utilize CDER personal outcomes data and refine the definition of each Day Program Types (DAYP) in SANDIS and update annually. 4. Coordinate training that pertains to Employment First concepts and concerns with impact of income to SSI. 5. Develop new, or enhance existing employment supports, i.e. job specialist, job development / job coaching services in VMRC catchment area.

Compliance Measures

<i>Measure</i>	<i>Measurement Methodology</i>
<p>Unqualified independent audit with no material finding(s)</p>	<p>Yes — based on regional center independent audit findings</p>
<p>Substantial compliance with DDS fiscal audit</p>	<p>Yes — based on DDS internal document criteria</p>
<p>Accuracy percent of POS fiscal projections (based on February SOAR)</p>	<p>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. Year two recommendations contained in July 17, 2001, ARCA Administrators' memo, agreement Number 8.</p>

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<i>Measure</i>	<i>Measurement Methodology</i>
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
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

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