



# **EXECUTIVE DIRECTORS REPORT**

**TONY ANDERSON**  
**EXECUTIVE DIRECTOR**  
**VALLEY MOUNTAIN REGIONAL CENTER**  
**MAY 2018**

- Director's Activities Highlights
- Department Directives
- Budget Update

# DIRECTORS ACTIVITIES HIGHLIGHTS

- Organizational Activities
- Activities with Community Partners
- Board Development
- Communications



# ORGANIZATIONAL & PROFESSIONAL DEVELOPMENT (PAGE 1)

1. ongoing trainings on Person Centered Thinking and Person Centered Planning throughout the organization,
2. agency wide training and development initiative - all the workgroup continue to meet and are currently focused on the top few priorities for trainings and the policy and procedures related to their topic areas.
3. Worked with Mary Sheehan and Melissa Claypool to assess different formats that we could use to improve our scheduling for behavioral health trainings.



# ORGANIZATIONAL & PROFESSIONAL DEVELOPMENT (PAGE 2)

4. Together with Cindy Mix our Director of Consumer Services we attended an offsite meeting with our quality assurance team to discuss the expectation VMRC management has for our QA team, began work on a mission statement, and discuss clarification of policies and procedures relevant to the team.
5. Continued meeting with Mary Sheehan our clinical director etc. regarding the future organizational structure of our clinical services and our early start services.



# ORGANIZATIONAL & PROFESSIONAL DEVELOPMENT (PAGE 3)

6. Continued work on our website development committee with our contractor Project 2.
7. This year VMRC hosted a "Take your Child to Work" day in our Stockton and Modesto offices (San Andreas staff were invited to attend either site).
8. These events were highly successful and staff expressed much gratitude to our human resources department who organized the events.



# ACTIVITIES WITH COMMUNITY PARTNERS (PAGE 1)

1. The planning committee for the Mental Health Services Act grant chaired by Barbara Johnson has begun meeting to prepare for the first year Mental Health Regional Center joint conferences.
2. I was one of the keynote speakers at the St. Joseph's conference, "Transform to a New Normal". The title of my presentation was "How National Policies and New Practice Standards are Changing the Way We Support People with Disabilities and Their Families"



# ACTIVITIES WITH COMMUNITY PARTNERS (PAGE 2)

3. So far we held three transition fairs for students with developmental disabilities, one in our Modesto office, one in our Stockton office, and one in the Calaveras Library. These events were highly successful and included: information tables on adult services, employment, and post-secondary education, breakout presentations on relevant topics (including an interviewing workshop by our HR staff).
4. We participated in the two day statewide interagency coordinating council for Early Start
5. Several members from our Early Start team attended the Early Start State Partners conference where Mary Sheehan and her staff presented on our work to improve social emotional development.



# ACTIVITIES WITH COMMUNITY PARTNERS (PAGE 3)

9. Claire Lazaro and Dena Hernandez led the Self-Determination advisory committee meeting where we received feedback and criticism from the from stakeholders about the outreach to the community about the program. Our conferences last year netted over 450 attendees, 270 on our internal list, but 47 overall with the department.
10. Claire arranged for a new training to be held on May 14th and 15th and the hope is that we'll increase our numbers from this training. We hope to training 100 people.





# BOARD DEVELOPMENT

1. Our legislative committee presented on the governor's budget proposals. We had 70 people in attendance, 407 reached on Facebook, 24 comments, 111 clicks.
2. Mohamed Rashid presented at the Self-Advocacy conference in Sacramento. Three board members attended his session to give him support.
3. Completed the bill file by categories for the legislative committee which provides a report of the bills monitored by the committee in the following categories: Autism, Children, Criminal Justice, Dental, Early Start, Education, Employment, Financial, General, Health, Housing, Mental Health, Operations, and Providers.
4. We built tabs on our website for the advisory committees and separated them from the board committees. They were previously not list under the board and this is intended to show the connection to the board.



# COMMUNICATION/OUTREACH

1. Cindy Mix and her Communications Committee published the Valley Mountain Regional Center newsletter for the Spring of 2018,
  - It was read online by 1079 people
  - Distributed to all staff in their email and on the inside exchange
2. Last 30 days Facebook:49 posts, 1 440 total followers / LinkedIn: 5 posts and 583 impressions/  
Tweeter: 9 Tweets (120 total since Aug 2017) and 82 total followers. Instagram not active yet and YouTube not built yet.





# DEPARTMENT CORRESPONDENCE



VALLEY  
MOUNTAIN  
REGIONAL  
CENTER

# UPDATED INCOME LEVELS FOR PARENTAL FEE PROGRAM

Welfare and Institutions Code section 4784 requires that the Department of Developmental Services (DDS) update the Parental Fee Chart annually to reflect current Federal Poverty level (FPL). Parent at or above 201% of FPL will be assessed a monthly fee calculated as a percentage of their annual gross income.



# CHANGE IN REQUIREMENTS FOR INJURY CARE IN THE ADULT RESIDENTIAL FACILITY FOR PERSONS WITH SPECIAL HEALTH CARE NEEDS (ARFPSHN)

The purpose of this correspondence is to inform regional center staff of the current requirements for ARFPSHN admission and/or retention of residents diagnosed with Stage 3, Stage 4, Unstageable, or “Deep Tissue” pressure-related injuries. Previously, to provide care for an individual with a pressure injury greater than a Stage 2, the licensee for the ARFPSHN requested an exception from Community Care Licensing Division (CCLD). This is no longer required. Please inform your respective ARFPSHN vendors of the new requirements as stated below.



# CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) HOME AND COMMUNITYBASED SERVICES (HCBS) FINAL AWARDS

In 2017 DDS received \$15 million for service providers to make changes in order to meet the requirements of the federal Centers for Medicare & Medicaid Services (CMS) Home and CommunityBased Services (HCBS) final regulations, or rules. In response to the November 1, 2017, letter, the Department received 310 requests for funding from service providers. Funding for our area provider includes the following awards:

- Manor of Choice, Inc \$67,413



# PERFORMANCE REPORT FOR VALLEY MOUNTAIN REGIONAL CENTER

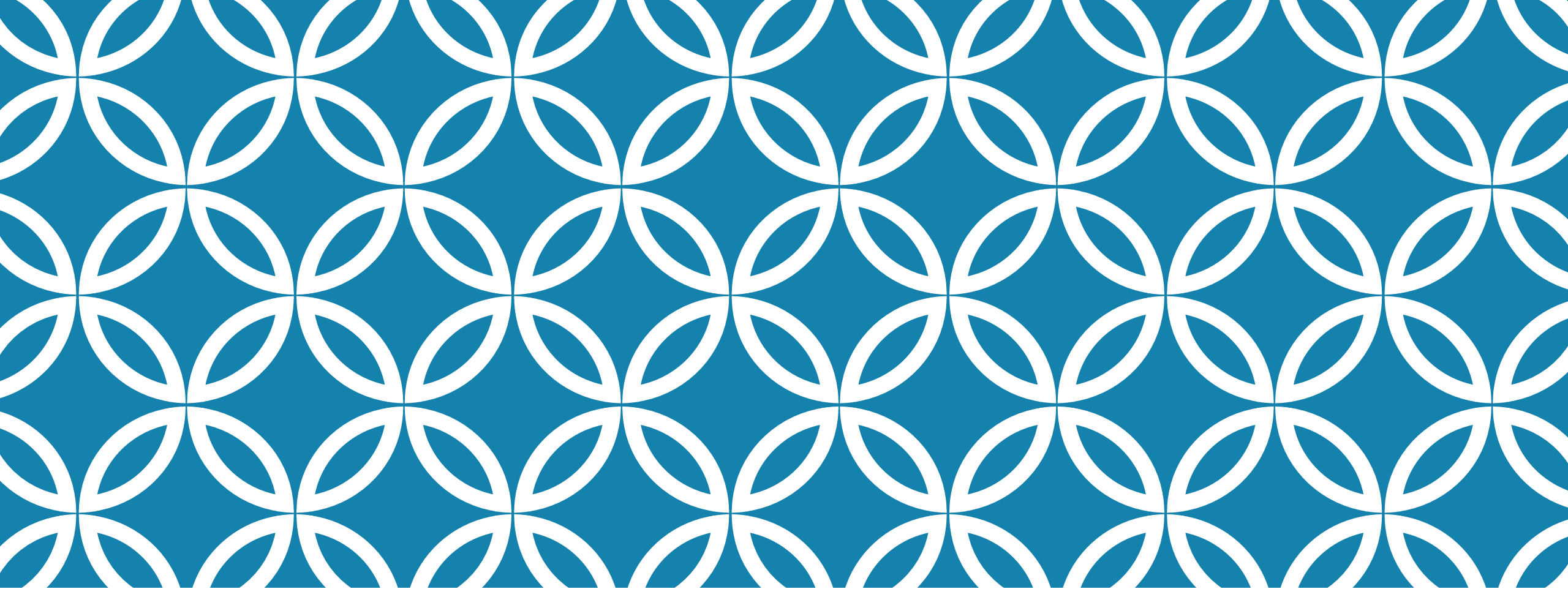
**At VMRC, we want to improve every year, do better than the state average, and meet or exceed the DDS standard. As you can see in this report, we did well in the following areas:**

- Fewer consumers living in Developmental Centers; more adults living in home settings; fewer children living in large facilities; and fewer adults living in large facilities.
- Regarding VMRC consumers working, VMRC is noted to have a higher percentage of consumers who interact with people without disabilities. Of those working, VMRC surpassed the state average for those working 10 hours per week or less. VMRC's percentage of adults earning minimum wage well exceeds the state average by 17%, but has fewer consumers making above minimum wage and demonstrates no salaried positions.
- Concerning reduction in disparities and increasing equity, VMRC either improved or maintained the number of consumers served and expenditures for all ethnicities living in the family home, ILS/SLS, and institutions with the exception of white consumers. Residential services indicate a decrease of 1% for Hispanics only and Medical/Rehab/Psych services show that VMRC either maintained or decreased for all ethnicities with the exception of white, which increased by 13%.

**But, we still need to improve in the following noted areas:**

- VMRC needs improvement on the goal of more children living with families which proved this year to be slightly less than our average one year ago, as well as less than the state average this year.
- VMRC also needs to improve with consumers working more hours per week and/or those with earned income.





# BUDGET UPDATES

- Latest Legislative Budget Hearing





# **VALLEY MOUNTAIN REGIONAL CENTER BUDGET UPDATE**

Senate Budget Subcommittee #3 on Health and Human Services (“Sub 3”) held a special hearing that addressed three new Budget issues related to developmental services.

## **Issue One – Restoration of Social Recreation and Camp**

## **Issue Two – \$25 Million Bridge Funding**

## **Issue Three – Community Living Fund**

Panelists: Jordan Lindsey (The Arc of California), Mark Newton & Sonja Petek (Legislative Analyst’s Office), Jacob Lam (Department of Finance)

- Jordan Lindsey provided a brief summary of the proposal to provide the service system with money generated by the sale or lease of developmental center properties, via an “Integrated Community Living Fund.” That Fund would be used for both housing development and rental subsidies. As an addendum, he said the proposal does not include Sonoma DC, pending ongoing discussions with Sen. Mike McGuire (whose district includes SDC).
- Sonja Petek noted that this would represent a significant shift in the way housing funding is delivered, and recommended that it be given additional consideration by legislative policy committees.
- Jacob Lam added that this could also be accomplished via an appropriation from the General Fund, and that consideration of administrative costs be made.

## **Issue Four – Best Buddies**



**QUESTIONS?**



**VALLEY  
MOUNTAIN  
REGIONAL  
CENTER**

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

1600 NINTH STREET, Room 310, MS 3-3  
SACRAMENTO, CA 95814  
TTY (916) 654-2054 (For the Hearing Impaired)  
(916) 654-3432



**Date:** March 30, 2018  
**To:** Regional Center Directors, Chief Counselors and Chief Administrators  
**From:** Karyn Meyreles, Acting Manager Financial Services Branch  
**Subject:** Updated Income Levels for Parental Fee Program  
**Effective:** April 1, 2018

Pursuant to Welfare & Institutions Code Section 4784, the Department is required to update the Parental Fee Chart annually to reflect current Federal Poverty Levels. Parents with incomes at or above 201% of the Federal Poverty Level (FPL) will be assessed a monthly fee calculated as a percentage of their annual gross income. Parents with annual incomes at or below 200% of FPL will be assessed a \$0 fee.

Attached please find the updated 2018 Parental Fee Chart, which becomes effective April 1, 2018. Please discontinue using the fee chart provided on March 30, 2017 and provide parents with the updated chart. This document will also be available on the DDS website, along with additional information about the program at:

[www.dds.ca.gov/parentalfee](http://www.dds.ca.gov/parentalfee)

If you have any further questions about this change, you may contact the Parental Program at (800) 862-0007.

Sincerely,

  
Karyn Meyreles  
Acting Financial Services Branch Manager

Attachment: 1

cc: Brian Winfield, Deputy Director, DDS Community Services Division  
Amy Westling, Executive Director, ARCA

**"Building Partnerships, Supporting Choices"**

## 2018 Parental Fee Chart

| Family Size | 2018 Fee Percentages by Household Size and Annual Gross Income |                            |                            |                            |                                    |
|-------------|--|----------------------------|----------------------------|----------------------------|------------------------------------|
|             | 0-200% of FPL<br>Fee= \$0                                      | 201-300% of FPL<br>Fee= 3% | 301-400% of FPL<br>Fee= 4% | 401-500% of FPL<br>Fee= 5% | At or above 501% of FPL<br>Fee= 6% |
| 2           | \$0 - \$33,084   | \$33,085 - \$49,544        | \$49,545 - \$66,004        | \$66,005 - \$82,464        | \$82,465 & higher                  |
| 3           | \$0 - \$41,767   | \$41,768 - \$62,547        | \$62,548 - \$83,327        | \$83,328 - \$104,107       | \$104,108 & higher                 |
| 4           | \$0 - \$50,450   | \$50,451 - \$75,550        | \$75,551 - \$100,650       | \$100,651 - \$125,750      | \$125,751 & higher                 |
| 5           | \$0 - \$59,133   | \$59,134 - \$88,553        | \$88,554 - \$117,973       | \$117,974 - \$147,393      | \$147,394 & higher                 |
| 6           | \$0 - \$67,816   | \$67,817 - \$101,556       | \$101,557 - \$135,296      | \$135,297 - \$169,036      | \$169,037 & higher                 |
| 7           | \$0 - \$76,500   | \$76,501 - \$114,560       | \$114,561 - \$152,620      | \$152,621 - \$190,680      | \$190,681 & higher                 |
| 8           | \$0 - \$85,183   | \$85,184 - \$127,563       | \$127,564 - \$169,943      | \$169,944 - \$212,323      | \$212,324 & higher                 |
| 9           | \$0 - \$93,866   | \$93,867 - \$140,566       | \$140,567 - \$187,266      | \$187,267 - \$233,966      | \$233,967 & higher                 |
| 10          | \$0 - \$102,549  | \$102,550 - \$153,569      | \$153,570 - \$204,589      | \$204,590 - \$255,609      | \$255,610 & higher                 |

| Maximum Fees |             |
|--------------|-------------|
| Age Groups   | Maximum Fee |
| 0-2          | \$1,722     |
| 3-5          | \$1,723     |
| 6-8          | \$1,690     |
| 9-11         | \$1,797     |
| 12-14        | \$1,825     |
| 15-17        | \$2,012     |

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

1600 NINTH STREET, Room 320, MS 3-9  
SACRAMENTO, CA 95814  
TTY 654-2054 (For the Hearing Impaired)  
(916) 654-1958



April 23, 2018

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: REQUIREMENTS FOR STAGE 3, STAGE 4, UNSTAGEABLE, OR DEEP TISSUE PRESSURE INJURY CARE IN THE ADULT RESIDENTIAL FACILITY FOR PERSONS WITH SPECIAL HEALTH CARE NEEDS (ARFPSHN)

The purpose of this correspondence is to inform regional center staff of the current requirements for ARFPSHN admission and/or retention of residents diagnosed with Stage 3, Stage 4, Unstageable, or "Deep Tissue" pressure-related injuries. Previously, to provide care for an individual with a pressure injury greater than a Stage 2, the licensee for the ARFPSHN requested an exception from Community Care Licensing Division (CCLD). This is no longer required. Please inform your respective ARFPSHN vendors of the new requirements as stated below.

Effective immediately, the following process applies for all residents or potential residents requiring care for a Stage 3, Stage 4, Deep Tissue, or "Unstageable" pressure injury (PI) in an ARFPSHN:

- The licensee shall submit a written request to the vendoring regional center for their support of a plan to provide care and supervision to a consumer in need of PI care;
- If the regional center supports the licensee's written request, the regional center shall submit the licensee's plan with a letter addressed to the Deputy Director, Community Services Division, requesting the Department of Developmental Services' (DDS) support for the plan;
  - The plan must include the medical treatment plan, the nursing care plan, and both the regional centers' and licensees' plan to provide enhanced nursing oversight for the facilitation of wound healing; and,
- DDS will send a written response to the regional center, licensee and the local CCLD office.

Additionally, pursuant to Health and Safety Code, Section 1538.55 (a) and (b), the licensee is required to report any PI requiring medical treatment to CCLD, the regional center and assigned DDS Nurse Consultant (via email) within 24-hours of its occurrence, and submit a written report to all three entities within seven days.

**"Building Partnerships, Supporting Choices"**

Regional Center Executive Directors

April 23, 2018

Page two

For questions or assistance, please see the contact list below.

Southern California:

|                       |                |  |
|-----------------------|----------------|--|
| Arnold Franco, NC III | (916) 869-8828 | <a href="mailto:arnold.franco@dds.ca.gov">arnold.franco@dds.ca.gov</a> |
|-----------------------|----------------|--|

|                      |                |  |
|----------------------|----------------|--|
| Jaimie Quach, NC III | (916) 698-9875 | <a href="mailto:jaimie.quach@dds.ca.gov">jaimie.quach@dds.ca.gov</a> |
|----------------------|----------------|--|

Northern California:

|                           |                |  |
|---------------------------|----------------|--|
| Christine Gephart, NC III | (916) 698-9567 | <a href="mailto:chris.gephart@dds.ca.gov">chris.gephart@dds.ca.gov</a> |
|---------------------------|----------------|--|

|                       |                |  |
|-----------------------|----------------|--|
| Laura Mefford, NC III | (916) 654-2294 | <a href="mailto:laura.mefford@dds.ca.gov">laura.mefford@dds.ca.gov</a> |
|-----------------------|----------------|--|

Sincerely,

*Original signed by*

BRIAN WINFIELD

Deputy Director

Community Services Division

cc: Regional Center Chief Counselors  
Regional Center Community Services Directors Amy  
Westling, Association of Regional Center Agencies  
Shelton Dent, DDS



**DEPARTMENT OF DEVELOPMENTAL SERVICES**

1600 NINTH STREET, Room 320, MS 3-8  
SACRAMENTO, CA 95814  
TTY (916) 654-2054 (For the Hearing Impaired)  
(916) 654-1954



May 4, 2018

**TO:** REGIONAL CENTER EXECUTIVE DIRECTORS

**SUBJECT:** Home and Community-Based Services Regulations – Provider Funding Concepts

**Background**

As noted in a November 1, 2017, [letter](#) from the Department of Developmental Services (Department), the 2017 Budget Act (AB 97, Chapter 14, Statutes of 2017) contained \$15 million for service providers to make changes in order to meet the requirements of the federal Centers for Medicare & Medicaid Services (CMS) Home and CommunityBased Services (HCBS) final regulations, or rules. In response to the November 1, 2017, letter, the Department received 310 requests for funding from service providers. The purpose of this letter is to inform regional centers of the results of the Department's review of these requests and to outline next steps for regional centers to develop a contract with each provider.

**Initial Approval of Funding Concepts**

The Department reviewed all requests, or funding concepts, submitted by providers. Enclosure One identifies the total number of funding concepts submitted, and the number of concepts approved for funding. Concepts that identified a clear connection between the requested funding and specific federal requirements were considered for initial approval of funding. The Department selected 134 concepts for initial approval of funding (see Enclosure Two for a list of providers selected within each regional center catchment area.) Funding for concepts selected by the Department includes, but is not limited to:

- Train-the-trainer certification in person-centered planning/thinking and training regarding the HCBS rules;
- Support for providers to assist other providers in their efforts to comply with the HCBS rules;
- Staffing related to community integration and employment opportunities; and,
- Transportation/vehicles for more individualized community access.



## **“Building Partnerships, Supporting Choices”**

Regional Center Executive Directors

May 4, 2018

Page two

Separate from this letter, each regional center will receive a list of the selected concepts for vendors within their catchment area with specific comments and/or recommendations for each concept. A copy of each approved concept will be posted by May 18, 2018, at <http://www.dds.ca.gov/HCBS/>.

### **Final Approval of Funding Concepts**

Regional centers must work with the providers selected for initial approval to develop a contract agreement for implementation. This includes development of a budget that, in total, may not exceed the amount approved by the Department (see Enclosure Two.) The costs for each line-item in the budget included in the final contract do not need to match the estimated costs submitted with the concepts so long as the total approved amount is not exceeded. Contracts must be finalized by June 30, 2018. The signed contract, which represents final approval for funding, must include at a minimum:

- Details regarding the project including specifics on how the funding will be used to increase compliance with the federal requirements;
- Details regarding how consumer input will be used in the development, implementation, and ongoing monitoring of the project;
- A detailed budget for the project;
- For projects involving the purchase of items or services, a justification (e.g. multiple quotes) of the cost-effectiveness of the purchase;
- A project timeline identifying key milestones;
- Specific and measurable objective indicators to show progress toward compliance with the federal requirements; ○ Specific and measurable objective indicators should address how the funds will move the delivery of services toward compliance, and address how changes in compliance will be measured; and,
- A requirement for quarterly reporting to the regional center on project implementation, including progress related to key milestones and measurable progress toward compliance with the federal requirements.

Regional Center Executive Directors

May 4, 2018

Page three

If you have any questions regarding this letter or with finalizing approvals of the funding concepts, please contact Susan Crow, at (916) 654-2052, [Susan.Crow@dds.ca.gov](mailto:Susan.Crow@dds.ca.gov) or [hcbsregs@dds.ca.gov](mailto:hcbsregs@dds.ca.gov).

Sincerely,

*Original signed by:*

JIM KNIGHT  
Assistant Deputy Director  
Community Services Division

Enclosures

cc: Regional Center Chief Counselors  
Regional Center Administrators  
Regional Center Community Services Directors  
Regional Center HCBS Program Evaluators  
Amy Westling, Association of Regional Center Agencies

## Valley Mountain Regional Center

Tony Anderson, Executive Director  
702 North Aurora Street, Stockton, CA 95202  
Phone: (209) 473-0951 • Fax: (209) 473-0256  
E-mail: tanderson@vmrc.net www.vmrc.net



*Spring 2018*

### **Performance Report for Valley Mountain Regional Center**

Every year, the Department of Developmental Services (DDS) contracts with regional centers in California to serve consumers and families. And, every year DDS looks at how well the regional centers are doing. This report will give you information about your regional center.

Last year, at Valley Mountain Regional Center (VMRC) we served about 12,050 consumers. The charts on page two tell you about the consumers we serve. You'll also see how well we are doing in meeting our goals and in fulfilling our contract with DDS.

At VMRC, we want to improve every year, do better than the state average, and meet or exceed the DDS standard. As you can see in this report, we did well in the following areas:

- Fewer consumers living in Developmental Centers; more adults living in home settings; fewer children living in large facilities; and fewer adults living in large facilities.
- Regarding VMRC consumers working, VMRC is noted to have a higher percentage of consumers who interact with people without disabilities. Of those working, VMRC surpassed the state average for those working 10 hours per week or less. VMRC's percentage of adults earning minimum wage well exceeds the state average by 17%, but has fewer consumers making above minimum wage and demonstrates no salaried positions.
- Concerning reduction in disparities and increasing equity, VMRC either improved or maintained the number of consumers served and expenditures for all ethnicities living in the family home, ILS/SLS, and institutions with the exception of white consumers. Residential services indicate a decrease of 1% for Hispanics only and Medical/Rehab/Psych services show that VMRC either maintained or decreased for all ethnicities with the exception of white, which increased by 13%.

But, we still need to improve in the following noted areas:

- VMRC needs improvement on the goal of more children living with families which proved this year to be slightly less than our average one year ago, as well as less than the state average this year.
- VMRC also needs to improve with consumers working more hours per week and/or those with earned income.

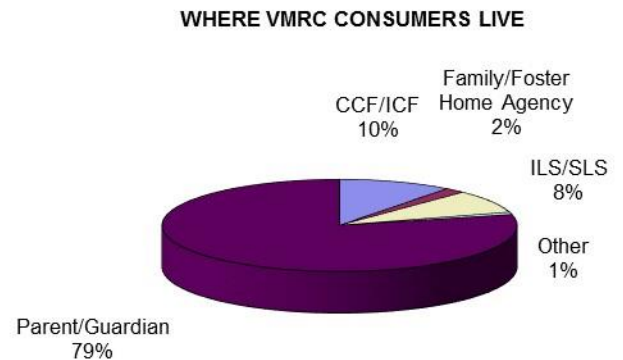
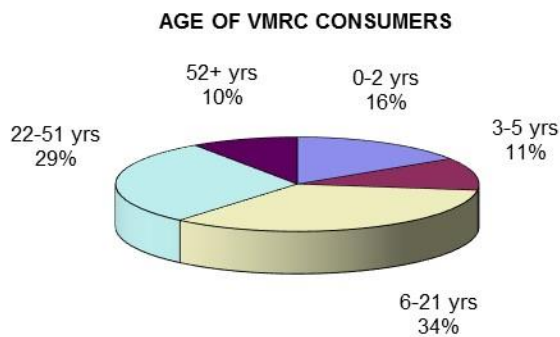
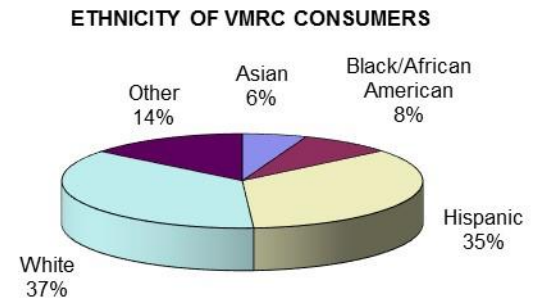
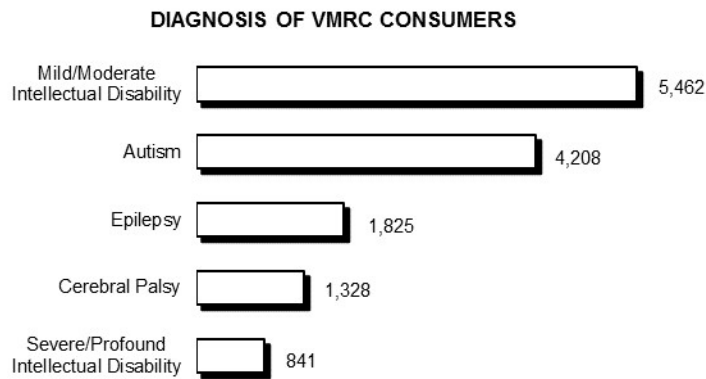
We hope this report helps you learn more about VMRC. If you have any questions or comments, please contact us!

This report is a summary. To see the complete report, go to: [www.vmmc.net](http://www.vmmc.net)  
Or contact Valley Mountain Regional Center at (209) 473-0951

Tony Anderson  
Executive Director, Valley Mountain Regional Center

## Who uses VMRC?

These charts tell you about who VMRC consumers are and where they live.



## How well is VMRC performing?

This chart tells you about five areas where DDS wants each regional center to keep improving.

The first column tells you how VMRC was doing at the end of 2016, and the second column shows how VMRC was doing at the end of 2017.

To see how VMRC compares to the other regional centers in the state, compare the numbers to the state averages (in the shaded columns).

| Regional Center Goals (based on Lanterman Act)               | December 2016 |        | December 2017 |        |
|--|---------------|--------|---------------|--------|
|  | State Average | VMRC   | State Average | VMRC   |
| Fewer consumers live in developmental centers                | 0.30%         | 0.20%  | 0.21%         | 0.16%  |
| More children live with families                             | 99.24%        | 99.11% | 99.32%        | 99.08% |
| More adults live in home settings*                           | 78.89%        | 76.43% | 79.61%        | 77.09% |
| Fewer children live in large facilities (more than 6 people) | 0.05%         | 0.00%  | 0.04%         | 0.00%  |
| Fewer adults live in large facilities (more than 6 people)   | 2.60%         | 4.56%  | 2.47%         | 4.01%  |

Notes: 1) Consumers can be included in more than one diagnosis category. 2) Residence Types: CCF/ICF is Community Care Facility/Intermediate Care Facility; ILS/SLS is Independent Living

Services/Supported Living Services. 3) Home settings include independent living, supported living, Adult Family Home Agency homes, and consumers' family homes. 4) Green text indicates the RC remained the same or improved from the previous year, red indicates the RC did not improve.

## Did VMRC meet DDS standards?

Read below to see how well VMRC did in meeting DDS compliance standards:

| Area Measured  | Last Period   | Current Period |
|--|---------------|----------------|
| Passes independent audit   | Yes           | Yes            |
| Passes DDS audit   | Yes           | Yes            |
| Audits vendors as required   | Partially Met | Partially Met  |
| Didn't overspend operations budget   | Yes           | Yes            |
| Participates in the federal waiver   | Yes           | Yes            |
| CDERs and ESRs are updated as required (CDER is the Client Development Evaluation Report and ESR is the Early Start Report. Both contain information about consumers, including diagnosis.)* | 95.48%        | 96.19%         |
| Intake/Assessment timelines for consumers age 3 or older met   | 98.93%        | 100%           |
| IPP ( <i>Individual Program Plan</i> ) requirements met  | 99.31%        | 98.14%         |
| IFSP ( <i>Individualized Family Service Plan</i> ) requirements met  | 98.2%         | 98.1%          |

Notes: 1) The federal waiver refers to the Medicaid Home and Community-Based Services Waiver program that allows California to offer services not otherwise available through the Medi-Cal program to serve people (including individuals with developmental disabilities) in their own homes and communities. 2) The CDER and ESR currency percentages were weighted based on the RC's Status 1 and Status 2 caseloads to arrive at a composite score. 3) The IFSP calculation methodology was changed from composite to average in order to more accurately reflect the RC's performance by only including children reviewed during monitoring and not all Early Start consumers. 4) N/A indicates that the regional center was not reviewed for the measure during the current period.

VMRC maintained 100% compliance with the intake process and improved in most areas of the DDS Compliance Standards including CDERs and ESR updates. We also did well with our DDS and independent audits, not overspending our operations budget. The IPP and IFSP requirements were met at a slightly lower rate than the previous year.

## How well is VMRC doing at getting consumers working?

VMRC has chosen to include consumer employment as a local measure in their performance contract. The chart below shows how well VMRC is performing on increasing consumer employment performance compared to their prior performance and statewide average:

| Area Measured  | State Average          | VMRC | State Average          | VMRC |
|--|------------------------|------|------------------------|------|
|  | Jan. through Dec. 2016 |      | Jan. through Dec. 2017 |      |
| <b>Of adults in day services, percentage that interact with people without disabilities:</b> |                        |      |                        |      |
| Data Source: Client Development Evaluation Report (CDER)                                     |                        |      |                        |      |
| No people without disabilities   | 9%                     | 15%  | 10%                    | 14%  |
| Few  | 58%                    | 61%  | 58%                    | 61%  |
| Mostly   | 18%                    | 13%  | 18%                    | 14%  |

|  |                               |         |                               |         |
|--|-------------------------------|---------|-------------------------------|---------|
| Only   | 14%                           | 11%     | 15%                           | 11%     |
| <b>Percentage of adults who engage in paid work:</b>                 |                               |         |                               |         |
| Data Source: CDER  |                               |         |                               |         |
| Less than 10 hours/week  | 7%                            | 10%     | 7%                            | 9%      |
| 10-25 hours/week   | 9%                            | 4%      | 8%                            | 4%      |
| 26-39 hours/week   | 5%                            | 3%      | 5%                            | 3%      |
| 40+ hours/week   | 1%                            | 1%      | 1%                            | 1%      |
| <b>Percentage of adults earning:</b>                                 |                               |         |                               |         |
| Data Source: CDER  |                               |         |                               |         |
| Below Minimum Wage   | 57%                           | 50%     | 53%                           | 41%     |
| Minimum Wage   | 26%                           | 30%     | 29%                           | 46%     |
| Above Minimum Wage   | 16%                           | 19%     | 17%                           | 13%     |
| Salaried   | 1%                            | 1%      | 1%                            | 0%      |
| <b>Percentage of Adults who Reported:</b>                            |                               |         |                               |         |
| Data Source: National Core Indicator Adult Consumer Survey           |                               |         |                               |         |
|  | <b>July 2011-June 2012</b>    |         | <b>July 2014-June 2015</b>    |         |
| Having a paid job in a community-based setting                       | 13%                           | 15%     | 13%                           | 11%     |
| Having integrated employment as a goal in their IPP                  | 27%                           | 30%     | 27%                           | 25%     |
| Currently being unemployed, but wanting a job in the community       | 39%                           | 44%     | 45%                           | 47%     |
| <b>Earned Income (Adults age 16-64):</b>                             |                               |         |                               |         |
| Data Source: Employment Development Department                       |                               |         |                               |         |
|  | <b>Jan. through Dec. 2016</b> |         | <b>Jan. through June 2017</b> |         |
| Quarterly number of consumers with earned income                     | 21,817                        | 677     | 23,205                        | 667     |
| Percentage of consumers with earned income                           | 14.2%                         | 11.0%   | 14.6%                         | 10.6%   |
| Average annual wages   | \$7,953                       | \$5,695 | \$8,368                       | \$5,765 |
| <b>Annual earnings of all people with disabilities in California</b> |                               |         |                               |         |
| Data Source: Cornell University Disability Status Report             |                               |         |                               |         |
|  | <b>2015</b>                   |         | <b>2016</b>                   |         |
|  | \$43,100                      |         | \$45,300                      |         |

## How well is VMRC doing at reducing disparities and improving equity?

These tables show you how well the regional center is doing at providing services equally for all consumers.

| Percent of Expenditures and Consumers by Residence Type and Ethnicity/Race<br>Fiscal Years 2015-16 and 2016-17 |              |                                  |      |       |      |                        |      |          |      |   |      |       |      |                         |      |
|--|--------------|----------------------------------|------|-------|------|------------------------|------|----------|------|---|------|-------|------|-------------------------|------|
| Residence Type   | Measure      | American Indian or Alaska Native |      | Asian |      | Black/African American |      | Hispanic |      | Native Hawaiian or Other Pacific Islander |      | White |      | Other Ethnicity or Race |      |
|  |              | 2016                             | 2017 | 2016  | 2017 | 2016                   | 2017 | 2016     | 2017 | 2016                                      | 2017 | 2016  | 2017 | 2016                    | 2017 |
| Family Home  | Consumers    | 0.2%                             | 0.3% | 8%    | 9%   | 8%                     | 8%   | 39%      | 40%  | 0.3%                                      | 0.3% | 32%   | 31%  | 12%                     | 12%  |
|  | Expenditures | 0.2%                             | 0.2% | 9%    | 10%  | 9%                     | 9%   | 32%      | 34%  | 0.2%                                      | 0.2% | 39%   | 37%  | 10%                     | 10%  |
| ILS/SLS  | Consumers    | 0.4%                             | 0.4% | 2%    | 2%   | 15%                    | 14%  | 14%      | 15%  | 0.1%                                      | 0.1% | 65%   | 64%  | 4%                      | 4%   |
|  | Expenditures | 0.3%                             | 0.2% | 1%    | 1%   | 15%                    | 15%  | 14%      | 17%  | 0.0%                                      | 0.0% | 64%   | 63%  | 6%                      | 4%   |
| Institutions   | Consumers    | 0.0%                             | 0.0% | 3%    | 0.0% | 28%                    | 26%  | 24%      | 30%  | 0.0%                                      | 0.0% | 34%   | 26%  | 10%                     | 19%  |
|  | Expenditures | 0.0%                             | 0.0% | 0.0%  | 0.0% | 26%                    | 36%  | 19%      | 26%  | 0.0%                                      | 0.0% | 54%   | 13%  | 1%                      | 25%  |
| Residential  | Consumers    | 1%                               | 1%   | 4%    | 5%   | 8%                     | 8%   | 16%      | 16%  | 0.3%                                      | 0.2% | 66%   | 65%  | 4%                      | 5%   |
|  | Expenditures | 1%                               | 1%   | 4%    | 5%   | 9%                     | 10%  | 17%      | 16%  | 0.3%                                      | 0.4% | 63%   | 62%  | 6%                      | 6%   |
| Med/Rehab/Psych  | Consumers    | 0.0%                             | 0.0% | 1%    | 0%   | 8%                     | 7%   | 14%      | 9%   | 0.0%                                      | 0.0% | 72%   | 77%  | 5%                      | 7%   |
|  | Expenditures | 0.0%                             | 0.0% | 0.0%  | 0%   | 6%                     | 0%   | 14%      | 10%  | 0.0%                                      | 0.0% | 69%   | 82%  | 10%                     | 7%   |
| Other  | Consumers    | 0.0%                             | 0.0% | 4%    | 4%   | 10%                    | 18%  | 13%      | 16%  | 0.0%                                      | 0.0% | 65%   | 58%  | 8%                      | 5%   |
|  | Expenditures | 0.0%                             | 0.0% | 1%    | 1%   | 7%                     | 10%  | 11%      | 13%  | 0.0%                                      | 0.0% | 80%   | 76%  | 1%                      | 0%   |

Note: 1) Institutions include developmental centers, state hospitals, and correctional facilities. 2) Residential includes care facilities intermediate care facilities, and continuous nursing facilities. 3) Med/Rehab/Psych include skilled nursing facilities, psychiatric treatment and rehabilitation centers, acute general hospitals, sub-acute care services, and community treatment facilities. 4) Other includes consumers who are out-of-state, in hospice, transient/homeless, or not listed elsewhere.





| Percent of Consumers and Total Expenditures by Language<br>Fiscal Years 2015-16 and 2016-17 |                      |                         |                      |                         |
|---|----------------------|-------------------------|----------------------|-------------------------|
| Language  | 2016                 |                         | 2017                 |                         |
|   | Percent of Consumers | Percent of Expenditures | Percent of Consumers | Percent of Expenditures |
| English   | 86.47%               | 88%                     | 77.31%               | 88%                     |
| Spanish   | 15.85%               | 9%                      | 14.55%               | 9%                      |
| Cambodian   | 0.42%                | 0.3%                    | 0.35%                | 0.3%                    |

Note: Languages that fewer than 30 consumers chose as their primary language are not included in this table.

### **Want more information?**

To see the complete report, go to: [www.vmrc.net](http://www.vmrc.net)

Or contact Valley Mountain Regional Center at (209) 473-0951.

